

Practice Continuity Guide FOR FAMILY PHYSICIANS

Is your practice prepared for a disaster?



GUIDE (BOOK 1 OF 2)

a guide to creating
your own practice
continuity plan





Ministry of
Health



Victoria
Division of Family Practice
A GPSC initiative

Acknowledgments

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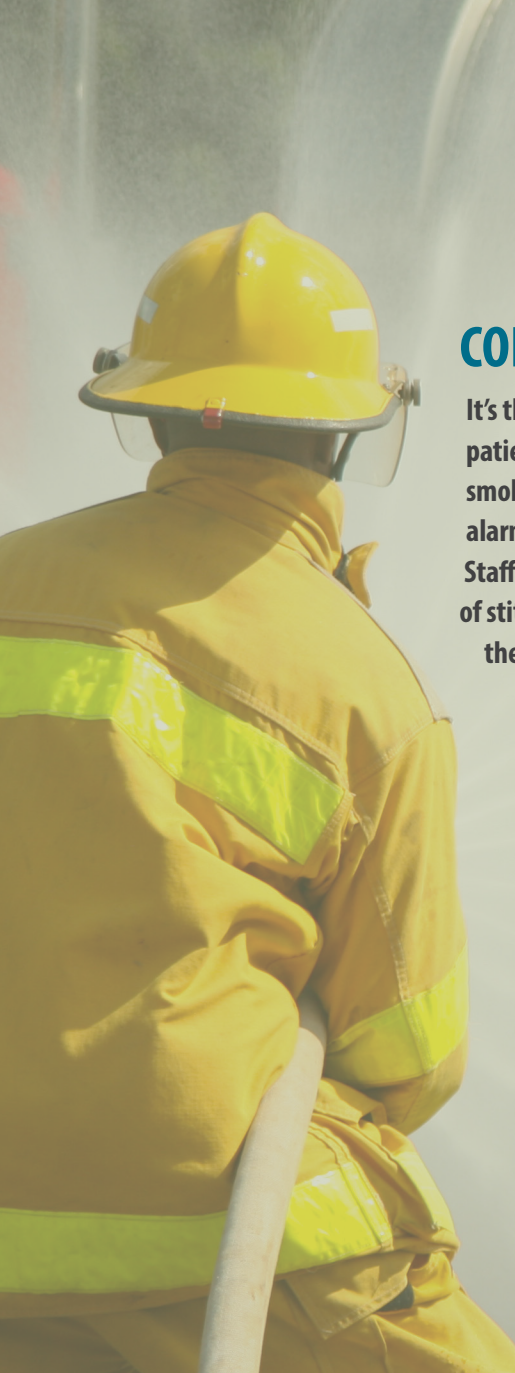
Purpose

Use **BOOK 1: GUIDE** to understand how to create your own plan.

Use this guide's companion, **BOOK 2: WORKBOOK** to create, alter and expand a plan to suit your practice — make it your own.

You, your Medical Office Assistant (MOA), and other staff likely have most information already available; it is a matter of compiling the information into one readily accessible document.

By the time you are finished, you will have created an essential Practice Continuity Plan.



IT CAN HAPPEN:

Arson destroys large part of Vancouver Island strip mall—Sooke, BC | 31 Jul 2013

Early morning fire closes doctors' offices —Stratford, ON | 20 Jan 2014

Family doctors back in business after fire —Stratford, ON | 7 Feb 2014

CONSIDER THIS: Fire in your clinic

It's the middle of the afternoon at your busy group practice, and there are six patients in the waiting room. Your MOA emerges from the washroom and smells smoke. It's coming from the ceiling at the end of the hallway. She pulls the fire alarm, and calls 911. The operator instructs her to evacuate the clinic immediately. Staff and patient safety is the number one priority. One doctor is in the midst of stitching a child's forehead; another is consulting with a patient. Interrupting these patient care visits adds to the stress of the situation.

Staff grab a first aid kit, calmly and quickly ensure each person moves outside to the clinic's pre-identified muster or meeting area, and check that everyone is accounted for. There are five other units in the same building, all of which have been affected. The manager of one unit slips running down the stairs, and potentially has broken his leg; you provide him with emergency care. Suddenly, there is a series of explosions. The fire spreads quickly, and soon much of the clinic is engulfed in flames. By the time the fire department reaches the scene, much of the building is destroyed beyond repair. A new, permanent location will be required in the long-run, but interim quarters are needed now to provide essential services.

Luckily — although all computers and paper-based files were destroyed — a backup of the office's files is stored off-site at one of the partnering physician's homes. What are your next steps?

SCENARIOS IN THIS GUIDE

Throughout this guidebook, you will find a number of disaster scenarios, some of which could affect you and your patients.

As you and your MOA review the process of creating your own Practice Continuity Plan, consider these scenarios.

At the back of this guide, you'll find space to note what steps you would take to mitigate a gap in patient care, to address legal and insurance matters, and to be operational in the shortest period of time.

Consider communication protocols. Who do you need to contact? How will you ensure the questions of staff are answered and the needs of patients are met?

Definitions Throughout this Workbook

| | |
|------------------------|-----------------------------------|
| <i>disaster event:</i> | the thing that happened |
| <i>response:</i> | the work to remove threat to life |
| <i>recover:</i> | the work to get back to normal |

1. Introduction

How would your family practice continue to offer care for your patients if there were a disaster in your building, your neighbourhood, or your region?

Consider the following possibilities if your practice is directly affected because:

- A fire in your building destroys all your equipment and files, and you now need to find a new office;
- A malfunction in the sprinkler system destroys all your electronic equipment and soaks all your paper files;
- Your electronic medical records (EMR) are compromised and the backup is unusable or out of date;
- A pandemic increases patient volume and at the same time your staff members are calling in sick;
- An earthquake shakes your community, affecting your patients, practice, community, and home; or,
- A snowstorm causes car accidents, vehicles stuck in the snow, and patients unable to leave their homes.

Planning ahead and building resiliency before disaster strikes will allow you to continue to assist your patients and get your office back to normal sooner.

The best time to plan for a disaster is before it happens, but the task of actually preparing a plan can seem daunting.

That is why we created this guide — to assist you in the creation of your own Practice Continuity Plan.

A business continuity plan provides you with the information you will need to take care of your staff, to reopen your office, and to get back to helping your patients as soon as possible.

CONSIDER THIS: Earthquake

“Prepare for an earthquake, and you’re prepared for almost everything.”

KATJA MAGARIN | EMERGENCY MANAGER, B.C. MINISTRY OF HEALTH

An earthquake measuring 6.3 on the Richter Scale strikes close to Victoria. Everyone in the wider region around the epicentre felt the violent shaking. Even well-built structures have sustained considerable damage. Infrastructure throughout the city has been damaged, some roadways are blocked, and pipes in many homes and offices have burst.

Patient volume, especially those with critical or acute injuries, skyrockets. Hospitals are overwhelmed and demand spills into doctors’ offices. Power outages are widespread and your EMR is not functioning well. You are treating injuries that you haven’t seen in many years, and supplies are in short supply. The majority of people have MSK injuries and lacerations, and triaging is necessary. Many patients don’t have access to their usual physicians, and you are working with incomplete medical histories. The B.C. Ferries are unable to dock safely, and so far planes have not attempted a landing. The entire supply chain has ground to a halt.

According to the CRD’s Official Community Plan, there is a 32 percent likelihood of a damaging earthquake in Victoria before 2054.

An earthquake could be considered the most challenging disaster situation to prepare for. Now is the best time to do just that.

Note: The Physicians and Surgeons of B.C. Assessment Standard for Safety 2016 identifies (in Section 3) that a clinical office should be prepared for fire, hostile patient, power loss, and earthquake. Documentation and education of staff are expected on hire and upon any change of protocol. The reader is encouraged to consult that document for specific recommendations. Some pertinent expectations include: staff education and training on general emergency preparedness to be documented; emergency instructions to be posted in the medical office for easy reference; and, in the event of an emergency, staff members are to have defined roles and will be able to execute their individual responsibilities.

IT CAN HAPPEN:

B.C. earthquake wakes up Vancouver, Victoria-area residents—Victoria | 31 Dec 2015

Christchurch earthquake: Latest updates—New Zealand | 25 Feb 2011

Wellington picking up the pieces post quake—New Zealand | 22 July 2013

Australian doctor receives bravery award for amputating trapped man’s legs after New Zealand’s 2011 earthquake—New Zealand | 22 June 2014

Doctor reflects on Haiti’s ‘day of doom’—Haiti | 12 Jan 2015

RESOURCES:

Earthquake preparedness in South Australia—2014

Shakeout B.C. — shakeoutbc.ca

2. Plan Development

This planning guide is focused on a one-physician practice that can easily be scaled to an office with more physicians and staff, and to more diverse service offerings.

Planning for a disaster is an iterative process and begins with the basics. We recommend you address the most important things you require to run your practice as you develop your initial **Practice Continuity Plan**.

This guide focuses on two important timelines: *before*, *during*, and *after* a disaster. In **Section 3** you will find the basic steps you can take before a disaster occurs. These can include:

- Preparing emergency supplies;
- Documenting emergency office procedures;
- Confirming adequate insurance coverage;
- Identifying essential services;
- Preparing staff contact list and communication plan;
- Preparing critical records inventory;
- Listing contacts for external services and suppliers; or,
- Considering mutual aid agreements with a colleague.

SECTION 4 will provide you with a checklist of the necessary steps during and after a disaster.

In **BOOK 2: WORKBOOK** you will find tables and templates that you can copy and complete to form your basic Practice Continuity Plan.

Involve your MOA and other staff in this process. They will likely have much of the required information readily available, and can assist you in gathering it. Working together is an excellent way to ensure everyone knows what to do in case of disaster.

This guide will get you started. It is strongly recommended that you and your staff tailor this plan to suit your own practice.

Let's begin!

CONSIDER THIS: Pandemic outbreak

An influenza pandemic has erupted in your community, and you are witnessing the effects first-hand at your clinic. There is a sudden increase in patient volume, at the same time when three of your office staff are sick. This imbalance creates an overall strain, not only in your clinic, but throughout the local health care system.

To accommodate the increase in patient volume, you and other clinics have established dedicated care units to treat the infection. Doctors are taking on much higher than usual caseloads. Patients are being prioritized by level of seriousness and degree of risk. Caregivers who are still well are nearing burnout.

At the residential care facility where you also practice, you are extremely concerned about promoting prevention and resilience within your frail and elderly patients. You are also worried about your own family's health. Pharmacists report a shortage in prescribed medication, and supplies of facial shields and gloves are running out.

IT CAN HAPPEN:

Pandemic influenza and physician offices—June 2007

Flu back for round 2 —Hamilton County, Tennessee | 19 March 2015

Number of influenza deaths in Alberta this season "higher than normal"—Edmonton, AB | 29 January 2015

Primary care physicians' response to pandemic influenza in Hong Kong—September 2012

RESOURCE: *British Columbia's Pandemic Influenza Response Plan—September 2012*

Think about what you might need to get everyone out safely, how long you could be expected to shelter-in-place, and what would help you to return to work as quickly and effectively as possible, then plan accordingly. You can build your own kits or buy them ready-made.

3. Before a Disaster

3.1 Prepare Different Types of Emergency Kits

Consider the number of people and for how many days you may need to shelter, and what equipment and supplies are necessary to cover those needs. **There are two basic types of emergency kits: Grab & Go and Shelter-in-Place.** Each has a different purpose, and should be tailored to your specific needs.

Grab & Go Kits are used when you need to evacuate a location immediately, and are intended for periods of six to 12 hours, or until you reach safety. You can also use these kits to travel between locations such as office and home.

- Everyone should have a Grab & Go Kit. You may wish to provide your employees with basics or a monetary contribution to get them started.
- Each kit needs to be purpose-specific and designed for either office or home.
- Each kit needs to be personalized with items like important documents, medication, or prescription glasses, and should accommodate special needs and food sensitivities.
- Everyone needs to be counted. Think about patients who may need to shelter with you in your office, or visitors to your home.
- Don't forget your pets.

Shelter-in-Place Kits, for office and home, are designed to meet your basic needs when sheltering-in-place (often without utilities like electricity or water) is your safest option. Shelter-in-Place Kits should meet the needs of employees and families for a minimum of 72 hours. Because Victoria is located on an island and may be cut off for a considerable period of time, that recommendation has been extended to a minimum of seven days.

Items you might include in an emergency kit:

- Practice Continuity Guide
- hand-crank dynamo am/fm radio and flashlight
- standard flashlights for all members
- spare batteries for all devices
- adapters for cell phones and other devices
- basic tools (crowbar, utility knife, wrench)
- 8-hour glow sticks
- temporary shelter, i.e. tube tents + tarps
- work gloves, rubber gloves
- food (ready-to-eat, non-perishable, freeze-dried)
- water (4L/person/day)
- collapsible 8L water container
- water purification tablets
- hand disinfectant
- 4L resealable storage bags
- N95 masks
- emergency blankets
- rain ponchos
- duct tape
- signal whistles
- manual can opener
- sturdy shoes (at desk, for broken glass or evacuation)
- whistle & mask (taped under desk)

Supplies for Preparing a Toilet:

- 20L bucket
- toilet seat, chemicals, liners, toilet paper
- heavy gauge garbage bags
- biohazard bag

CONSIDER THIS: Sprinkler malfunction

You arrive early at the office one morning to discover that a sprinkler has malfunctioned overnight. Two of the treatment rooms in the back are flooded with a three centimetre-deep puddle on the floor. There is considerable water damage; all electronic equipment, furniture, medical supplies, paperwork, and carpeting, are ruined.

Other colleagues and staff arrive, and together you mop up, trying to contain the damage. Your MOA contacts patients and promises to reschedule once the situation comes under control.

The office will require extensive restoration. It may be several weeks or months before it is are ready. You contact your building maintenance company, insurance company, and a restoration firm. One of the biggest threats is mould. A special company that has met clearances to handle confidential patient files needs to be hired. Replacement equipment, such as computers and an ultrasound machine, must be ordered.

In the meantime, electronic medical records are affected, and staff must resort to paper-based charting although they aren't used to doing so. The shift causes confusion and more stress.

A situation like this can happen any time. Whether the sprinkler is faulty, or is triggered by a fire alarm, or whether a pipe ruptures in the office, a flood can be devastating to any clinic.

IT CAN HAPPEN:

Flooding closes walk-in clinic for two to three weeks—Kamloops, BC | 7 Feb 2013

Malfunctioning sprinkler system causes water damage to VA—Big Spring, Texas | 14 Oct 2014

Orillia City Centre sprinklers malfunction, flooding municipal offices—Orillia, ON | 25 Jun 2014

3.2 Emergency Office Procedures

Develop **Emergency Office Procedures** outlining how to deal with specific disaster situations that could occur in your office. Procedures do not have to be lengthy, but should be tailored to your needs and circumstances, and should be in place and communicated with all of your staff before an event occurs. Always have both electronic and paper copies.

Your staff members need to be informed as to what to do before an event occurs. It is a good idea to discuss these procedures in staff meetings to ensure awareness. Everyone should know what to do in case of:

- **Fire**
- **Earthquake**
- **Office threats**
- **Medical emergencies**
- **Airborne danger**
- **Extreme weather**

Refer to your workbook for specific steps to address each situation.

Your staff members need to know what to do before an event occurs.

It is a good idea to discuss these procedures in staff meetings to ensure awareness.



CONSIDER THIS: You fall sick for a prolonged absence

You've been handling a heavy patient load and burning the candle at both ends for a long time when you begin to notice extreme fatigue, fever, a sore throat, and swollen glands. You've developed a rash, lost your appetite, your muscles are sore, and you feel very weak. Tests reveal you have contracted the Epstein Barr Virus, and it could be months before you are well enough to work again.

Since you practice alone, there are many things to consider. What steps are required to file an insurance claim? Do you have a pre-arrangement with a locum or colleague who can care for your patients? How will your staff be affected? How will you maintain the income you need to live, pay your staff, and manage your practice?

How will you communicate with your patients, and ensure their smooth transition to another doctor's care? Who will handle the overflow of administrative tasks? Who has signing authority in your absence? Who will pay your clinic's bills such as power supply and internet services? What else do you need to consider so that you are free to rest and recover, knowing your patient and staff needs are taken care of?

3.3 Insurance

Valid and adequate insurance can protect your practice from financial hardship and substantial losses. Every business carries insurance. When reviewing your insurance policies, at least annually, consider the following questions specific to practice continuity. Send these questions to your insurance agent to help you with the process.

- Does your policy provide replacement value or current value?
- Will your insurance provide you with enough funds to bring your practice back to operation?
- Does your policy cover earthquakes, floods, and other natural events?
- Do you need business income insurance or business interruption insurance to help you cover your reoccurring monthly bills as well as payroll?
- Do you thoroughly understand the nature of earthquake insurance deductibles, and the difference between the deductible and damage amounts?

Keep your insurance information in a fireproof, waterproof safety box, stored where it will be accessible in a disaster.

This safety box should include:

- **your insurance company's 24/7 phone number**
- **your policy number**
- **a copy of your insurance policy**
- **type of insurance**
- **photos or video of your practice and inventory**
- **other important information and documents**

Keep digital copies and one physical copy of these records off-site, and also store them in the cloud.

CONSIDER THIS: Snowstorm

Your city is being hammered by a nasty snowstorm, with 20 cm of snow on the ground, and winds blowing up to 75 km/h all morning. You, and most of your co-workers, left home more than an hour early to arrive at the clinic on time, but three administrative staff were unable to make it. Streets are slippery, many people are falling, and the extra workload — especially fielding calls from distressed and injured patients — puts a strain on the team.

Luckily, your property manager has cleared a safe access to the doors, but you are concerned about your frail and elderly patients who need to see you but who are immobilized by the storm. The clinic is much colder than normal because power has been intermittent. The phones are ringing at a high volume, but your EMR system is unavailable.

Although most of your records are stored digitally, you have several paper copies of your practice continuity plan, both in the office, and at home. It contains essential checklists and the critical information you need to keep your office running throughout the storm.

“Plans are sometimes overlooked during emergency situations, but those who have at least thought about a plan are far better off than those who never do.”

KATJA MAGARIN | EMERGENCY
MANAGER, B.C. MINISTRY OF HEALTH

IT CAN HAPPEN:

Doctors don't take snow days—12 June 2011

Doctors and nurses brave brutal Boston blizzard to get to work—Boston, MA | 27 January 2015

3.4 Staff Contact List and Communication Plan

Prepare a staff contact list, and indicate the order in which your staff needs to be notified and who will notify whom. At the bottom of **page 15** (and also in **Book 2: Workbook, Section 7.1**) you'll find a handy checklist of basic tasks for you and your staff. If a staff member has been assigned a specific task in the event of a disaster, include that task in this list. For example, your Office Manager could be assigned to notify all other staff, or patients who have appointments the next day. Consider cross-training staff on these functions.

3.5 Identify Essential Services

All practices have critical functions that support you to see patients (e.g., electricity, phone, water, etc.). Creating a list of essential services will help you to focus on the most important tasks when disaster strikes. Do you have staff members who absolutely must be available in a disaster, and can you cross-train to build resiliency?

Your list of priorities will change depending on the type of disaster. Consider how soon you need these services available again and identify strategies to help you recover in the absence of each of your essential services.

Prepare your Staff Contact List and Communications Plan using the template in BOOK 2: Workbook, Section 7.1

Prepare your list of Essential Services using the template in BOOK 2: Workbook, Section 7.2



IT CAN HAPPEN:

Prolonged power outages can be deadly for people who rely on durable medical equipment—29 Jul 2014

CONSIDER THIS: Prolonged power outage

A strong storm has knocked several trees into power lines throughout the city. You arrive at your practice to discover that there has been a power outage overnight, and your clinic is lit only by emergency exit lighting. You are not sure how long these lights will last, and your clinic does not possess a generator.

Unaware of WCB regulations against entering the premises, your MOA is already inside, having used the flashlight on her cell phone to enter the building. There is no light in the entire unit, the washrooms are windowless and completely dark, and the toilets are not flushing. From health, safety, and sanitary perspectives, it is unsafe to be inside.

Your telephones are not working, but neither of you know how to forward the lines to another number. You need to reschedule appointments with patients, and you are expecting important results from the lab. Most of your contact information is in your computers and inaccessible, with no paper backup. You do have some contacts in your smartphone, but its battery is almost dead.

You're also concerned about refrigerated or frozen vaccines, blood, and urine samples. What are some of the things you should do?

3.6 Critical Records Inventory

It is important to know where your critical files and information are stored, and how you can access them, especially when your practice becomes inaccessible. When thinking about vital records in your practice, ask yourself the following questions:

- Do you back-up your electronic information and files daily?
- Is the back-up information stored at a safe external location?
- Do you know how to access the information? Ensure you, and your staff, know how to retrieve the data.
- What will you do if you have critical paper-based files that you cannot access?
- Have you considered Freedom of Information & Protection of Privacy Act (FOIPPA) implications for storing documents? Refer to B.C.'s *Privacy Emergency Kit* about sharing information during a disaster: oipc.bc.ca/guidance-documents/1538

3.7 External Services and Suppliers — Contacts

All practices depend on a variety of external service suppliers that support you to see patients. Before disaster strikes, prepare a list with the key services these suppliers provide, their contact information, and alternate phone numbers, as well as your account numbers if applicable. Use the list to contact your suppliers and make any necessary arrangements to halt services post-disaster. If you work in a larger office, you may wish to designate one of your staff members as an authorized contact. In that instance, ensure the vendor is aware of the authorization.

Prepare your list of Critical Records using the template in BOOK 2: Workbook, Section 7.3

Prepare your list of External Services and Suppliers using the template in BOOK 2: Workbook, Section 7.4

3.8 Updating Your Plan

Indicate on your **Practice Continuity Plan** when it was last updated, how many copies were made, and where these copies are stored. Be sure to track amendments and updates. Also, indicate when the plan is scheduled to be reviewed — annually is recommended — and who has this responsibility.

If you have a disaster that requires you to use the plan, it is recommended to set some time aside after you have recovered to conduct an **After Action Review** and to update your plan.

After Action Review

Use your *Workbook* to answer the following questions. Update your plan as necessary to incorporate lessons learned.

1. **What was planned?** Outline your intended results.
2. **What really happened?** Provide detail about your actual results.
3. **Why did it happen?** Describe the causes of your results.
4. **What can we do better next time?** What will we sustain? What can we improve?

4. During and After a Disaster

Retrieve your **Practice Continuity Plan** and begin implementation. On the following page you'll find a helpful **checklist** to get you started. Keeping a log of plans and decisions will help with insurance claims, improve the quality of decision making, and allow for handover to other leaders and staff at the end of shifts. Depending on the event, not all steps may be applicable, or you may need to add a few more that apply to your office. Some steps must be taken in order, while others can be taken concurrently and are ongoing.

RAPID DAMAGE ASSESSMENT CHECKLIST

- collapsed/partially collapsed/leaning building
- cracks in walls or ceiling
- structural damage/beams or walls collapsed
- falling hazards (chimney, furniture, etc)
- ground movement/erosion/slope failure/liquefaction
- damaged services (electricity, gas, water)
- smell of rotten eggs (indicates gas leak)
- sparks or smoking
- broken glass/toppled furniture/other hazards

It did happen
and you actually
have to use your plan.
Now what?



Work through the checklist on page 16 (and in **BOOK 2: Workbook, Section 7.5**) to help you during a disaster.

4.1 Rapid Damage Assessment

In the case of an earthquake, you will need the tools to determine whether or not your workplace safe in which to practice. Consider obtaining **Rapid Damage Assessment (RDA) training**, which will help to identify unsafe conditions and to determine whether buildings can be reoccupied. Refer to your Workbook for more information about conducting a rapid damage assessment.

B.C. Housing's Rapid Damage Assessment Program provides instruction on the process to arrange and deliver damage assessment of wood frame, masonry and concrete buildings following a disaster such as a flood, earthquake or wind storm. Visit bchousing.org/aboutus/RDA for details.

Checklist

- Assess the situation
- If the event occurs during office hours, protect yourself and your staff, and evacuate immediately, if necessary.
- Implement communication plan (p. 6 of *Workbook*) to assess if family and staff are OK.
- Are you able to get to your office?
- Is your office functional and safe?
- Contact P-DOC.
- Do you have access to your patient files?
- Do you have enough supplies?
- Assess the damage and the extent of time your practice won't be available.
- Contact patients who have appointments scheduled in the near future.
- Contact your landlord or property manager to report damage (pp 16–21, *Workbook*).
- Contact your utility providers (pp 16–21, *Workbook*).
- Contact your insurance provider (pp 16–21, *Workbook*).
- Contact Practice Support Neighbourhood (pp 16–21, *Workbook*).
- Re-route phone calls and faxes.
- Re-route your mail and couriers. You could use a PO Box.
- Document and track all associated costs for insurance purposes.
- Contact all key vendors and suppliers.
- After damage has been assessed by insurance firm, contact a salvaging or restoration company.
- Update your plan with lessons you have learned.

5. Putting the Plan Together

Now that you have identified your essential services, and inventoried your critical records and external service providers, it's time to put your plan together:

- Use the tables and forms in **BOOK 2: WORKBOOK** (book 2 of 2) to capture the information for your practice. Be sure to involve your staff.
- Keep several hard copies and electronic versions of the plan in different locations (e.g. one in the office and one off-site).
- Practice your plan annually.
- Work with your staff to review and update your plan at regular intervals, but at least annually.
- Be sure to inform new staff about the plan, and add them into the plan as appropriate.

7. Resources

WEBSITES & DATA

PreparedBC

<http://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/preparedbc>

Shakeout B.C.

shakeoutbc.ca

British Columbia's Pandemic Influenza Response Plan

embc.gov.bc.ca/em/hazard_plans/influenza-plan.pdf

Earthquake preparedness in South Australia

ajem.infoservices.com.au/items/AJEM-29-02-10

Pandemic influenza and physician offices

bcmj.org/article/pandemic-influenza-and-physician-offices

Primary care physicians' response to pandemic influenza in Hong Kong

[ijidonline.com/article/S1201-9712\(12\)01179-4/abstract?cc=y](http://ijidonline.com/article/S1201-9712(12)01179-4/abstract?cc=y)

NEWS ARTICLES

Arson destroys large part of Vancouver Island strip mall

Sooke, BC | 31 Jul 2013

bc.ctvnews.ca/arson-destroys-large-part-of-vancouver-island-strip-mall-1.1392380

Early morning fire closes doctors' offices

Stratford, ON | 20 Jan 2014

southwesternontario.ca/news/early-morning-fire-closes-doctors-offices

Family doctors back in business after fire

Stratford, ON | 7 Feb 2014

southwesternontario.ca/news/family-doctors-back-in-business-after-fire

B.C. earthquake wakes up Vancouver, Victoria area residents

Victoria | 30 Dec 2015

<http://www.cbc.ca/news/canada/british-columbia/earthquake-bc-south-coast-1.3384066>

Christchurch earthquake: Latest updates

New Zealand | 25 Feb 2011

nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10708630

Wellington picking up the pieces post quake

New Zealand | 22 July 2013

stuff.co.nz/national/8946666/Wellington-picking-up-the-pieces-post-quake

Australian doctor receives bravery award for amputating trapped man's legs after New Zealand's 2011 earthquake

New Zealand | 22 June 2014

abc.net.au/news/2014-06-23/australian-doctor-receives-new-zealand-bravery-award/5542746

Doctor reflects on Haiti's 'day of doom'

Haiti | 12 Jan 2015

bit.ly/1GkKuGP

Flu back for round 2

Hamilton County, TN (US) | 19 March 2015

timesfreepress.com/news/local/story/2015/mar/19/flu-back-round-2/294073

Number of influenza deaths in Alberta this season "higher than normal"

Edmonton, AB | 29 January 2015

<http://bit.ly/1FuesJj>

Malfunctioning sprinkler system causes water damage to VA

Big Spring, Texas | 14 Oct 2014

newswest9.com/story/26851316/malfunctioned-sprinkler-system-causes-water-damage-to-va

Orillia City Centre sprinklers malfunction, flooding municipal offices

Orillia, ON | 25 Jun 2014

bit.ly/1KEihst

Flooding closes walk-in clinic for two to three weeks

Kamloops, BC | 13 Feb 2013

<http://bit.ly/1Jm6VvY>

Doctors don't take snow days

12 June 2011

kevinmd.com/blog/2011/06/doctors-snow-days.html

Doctors and nurses brave brutal Boston blizzard to get to work

Boston, MA | 27 January 2015

mashable.com/2015/01/27/doctors-nurses-boston-blizzard

Prolonged power outages can be deadly for people who rely on durable medical equipment

29 Jul 2014

huffingtonpost.com/nicole-lurie-md-msph/prolonged-power-outages-c_b_5405068.html

FIRE IN THE BUILDING

EARTHQUAKE

PANDEMIC

SPRINKLER MALFUNCTION

PROLONGED ABSENCE DUE TO ILLNESS _____

SNOWSTORM/ENVIRONMENTAL INTERRUPTION _____

PROLONGED POWER OUTAGE/UTILITY INTERRUPTION _____

MISCELLANEOUS _____



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