

# Practice Continuity Workbook

## FOR FAMILY PHYSICIANS

Preparing your practice for a disaster

### Practice Continuity Plan

INSERT PRACTICE NAME

INSERT PRACTICE LOCATION

LAST UPDATED:

DD / MM / YYYY

UPDATED BY:



### WORKBOOK (BOOK 2 OF 2)

a template to creating  
your own practice  
continuity plan





Ministry of  
Health



**Victoria**  
**Division of Family Practice**  
A GPSC initiative

## Acknowledgments

*This Practice Continuity Guide for Family Physicians* was developed in partnership with the B.C. Ministry of Health Emergency Management Unit and the Victoria Division of Family Practice.

We would like to thank all members of the Victoria Division of Family Practice and other partners who provided input and suggestions for the development of this guide.

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# Table of Contents

## BOOK 1: GUIDE – Practice Continuity Plan Guidebook

1.	Introduction	1
2.	Plan Development	3
3.	Before a Disaster	5
3.1	Prepare Different Types of Emergency Kits	5
3.2	Emergency Office Procedures	7
3.3	Insurance	9
3.4	Staff Contact List and Communication Plan	11
3.5	Identify Essential Services	11
3.6	Critical Records Inventory	13
3.7	External Services and Suppliers—Contacts	13
3.8	Updating Your Plan	14
4.	During and After a Disaster	15
4.1	Rapid Damage Assessment	15
<input checked="" type="checkbox"/>	Checklist	16
5.	Putting the Plan Together	16
6.	Resources	17

## BOOK 2: WORKBOOK – Practice Continuity Plan Template

7.0	Creating Your Practice Continuity Plan	1–5
7.0.1	Preparing Different Types of Emergency Kits	2
7.0.2	Emergency Office Procedures	3
7.0.3	Insurance	4
7.1	Staff Contact List and Communication Plan	6–11
7.2	Essential Services	12–13
7.3	Critical Records Inventory	14–15
7.4	External Services and Suppliers - Contacts	16–21
7.5	During and After a Disaster	22–26
7.6	Completion Form	27

## Purpose

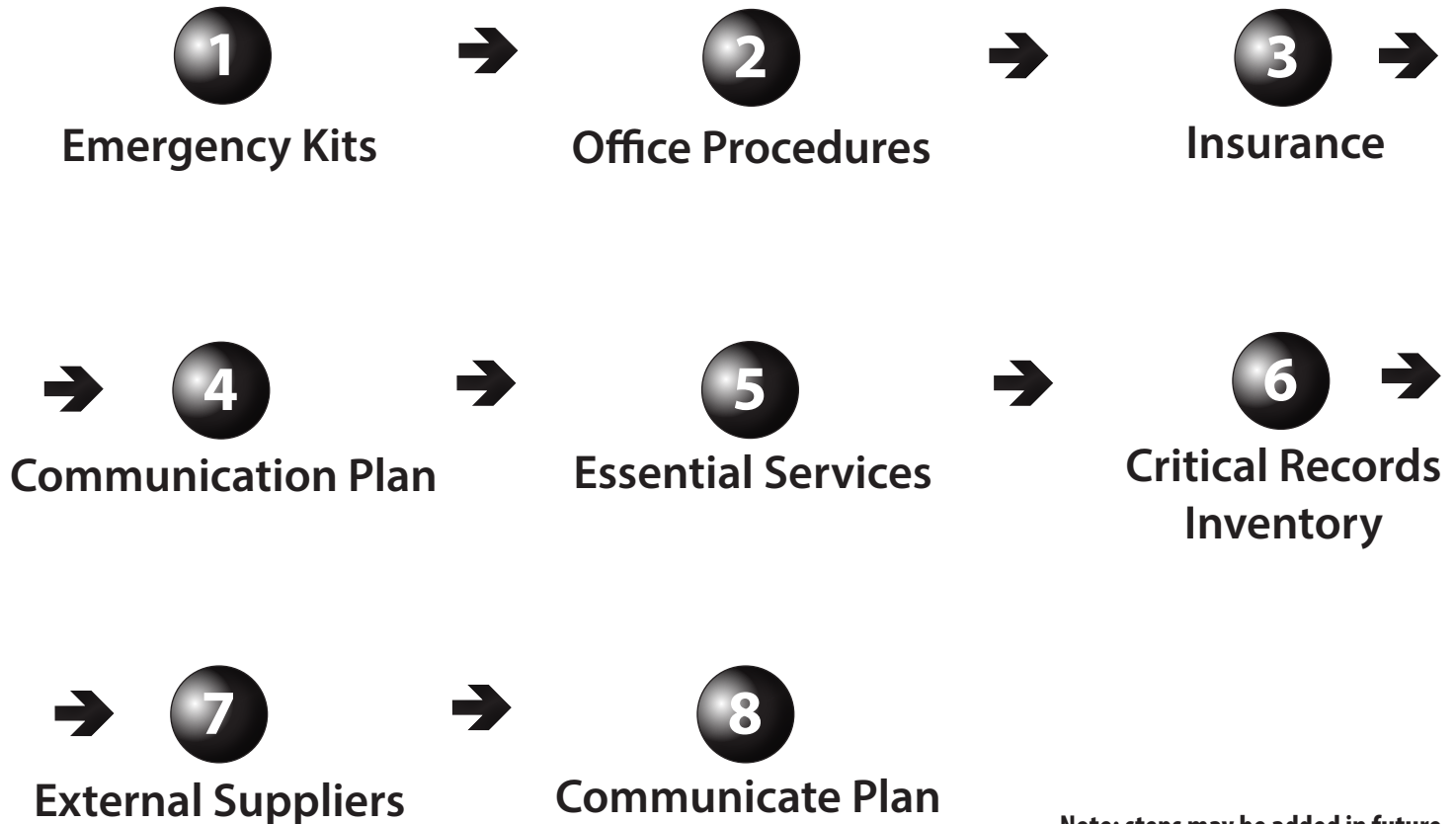
**Use this workbook's companion, BOOK 1: GUIDE to understand how to create your own plan.**

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

**Likely, you and your staff will 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 level Practice Continuity Plan.**

# Steps in Creating Your Practice Continuity Plan



**Note: steps may be added in future editions of this Guide and Workbook.**

## 7.0 Creating Your Practice Continuity Plan

Now that you've read through the *Practice Continuity Guide* that you received with this workbook, you're ready to move through the templates to create a plan that is customized to your needs. This workbook will help you to gather all key information so it's ready if you ever need it. You will build **emergency kits**, review **office procedures**, and prepare information to support an **insurance** claim.

Clear communication between all members is essential during a crisis. By the time you've completed this workbook, you'll have **contact information** for all of your colleagues, and the plan regarding who will contact whom.

You'll assess all of your **essential services** and determine how long you can cope without them, as well as strategies to minimize disruption. Your **critical records inventory** will help you locate, track, and protect your valuable data.

This workbook also includes space to organize contact information for **external suppliers**, introduces basic steps in conducting a **Rapid Damage Assessment (RDA)**, and finishes with a handy **checklist** to follow if an event does occur.

By working with your whole team to develop your plan, together you will increase resiliency within your workplace and your homes, and you will be well prepared to address a disaster or spike in demand for patient care.



### Definitions Throughout this Workbook

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

## 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

## 7.0.1 Prepare Different Types of Emergency Kits

See Section 3.1 of your Guide for information on preparing your emergency and grab-and-go kits.



### Prepare a Grab-and-Go Kit

Have each person on your team prepare his or her own grab-and-go kit to travel between home and office.

- important documents
- medication
- prescription glasses
- dust mask
- sturdy shoes
- snack
- beverage

Consider patient needs in your office, and the needs of visitors and pets at home.



### Prepare an Office Emergency Kit

Work with colleagues to develop a robust kit for your office (see Section 3.1 of the Guide for details). Use the list on the left of this page as a guide, and supplement for your unique needs.

Be sure each person prepares a similar emergency kit at home. Accommodate special needs and food sensitivities.

Refer to Province of B.C. emergency kit guidelines for more information:

[www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/preparedbc/build-an-emergency-kit](http://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/preparedbc/build-an-emergency-kit)

**!** **IMPORTANT.** See Page 26 for Checklist: During and After a Disaster



## Activity: Plan Office Procedures

Complete this worksheet with basic actions you would take in each situation.

Add as necessary.

### 7.0.2 Office Procedures (Add as necessary)

Discuss and document procedures with staff before an event occurs.

#### FIRE

- Pull the fire alarm and evacuate.
- Ensure staff and patient safety.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### EARTHQUAKE

- Drop! Cover! Hold On!
- Be aware of aftershocks. Do not evacuate unless necessary due to fire, gas leaks, or unsafe building.
- Know how to shut off gas, water, electricity, and HVAC.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### OFFICE THREATS

- Discuss how to react to a dangerous patient.
- Plan and practice the best way to call for help.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### MEDICAL EMERGENCIES

- Detail procedures for your office when a medical emergency occurs in your practice.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### SHELTER-IN-PLACE

- A hazardous airborne substance incident may require you to stay within your office, requiring you to shut off HVAC and close doors and windows.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### EXTREME WEATHER EVENTS

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### 7.0.3 Insurance

Valid and adequate insurance can protect your practice from financial hardship and substantial losses. Every business carries insurance.

Keep documentation that proves the ownership and value of your office contents.

Begin with the most expensive items. Photographs are more descriptive, and are a faster and easier method of record-keeping. Store photos off-site with your policy info.

It is a good idea to email these images and documents to yourself.

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





## Get to know your insurance policy

Answer the following questions, and confirm with your insurance agent.

If desired, upgrade your coverage.

1. Does your policy provide replacement or current value?  
 Yes    No
2. Will your insurance provide enough funds to bring your practice back to operation?  Yes    No
3. Does your policy cover earthquakes, floods, and other natural disasters?  
 Yes    No
4. Do you need business income/ interruption insurance to cover monthly bills and payroll?  
 Yes    No
5. Do you thoroughly understand earthquake insurance deductibles, and the difference between the deductible and damage amounts?  
 Yes    No



## Protect your records

Prepare a fireproof, waterproof safety box with the following items:

- 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



## Prepare for Good Communication

Fill in the worksheets on the following pages with contact details for each of the people who work in your office. In the space provided, indicate who will contact whom within your team.

### Questions to Consider

- Who will launch the communication plan?
- If staff has not been contacted, who do they call?
- How will you protect the privacy of staff contact information?
- How will you track communication attempts and results?

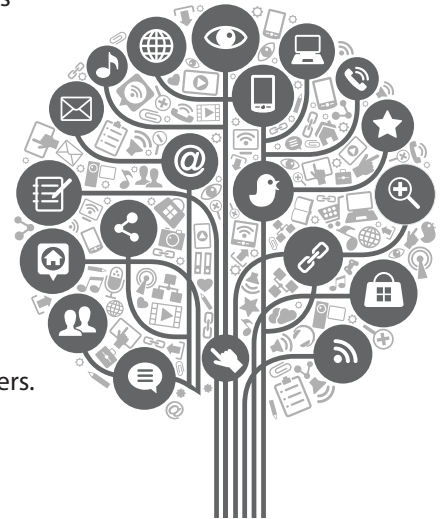
## 7.1 Staff Contact List and Communication Plan

It is beneficial for all staff, whether in the office or not, to communicate with one another during a disaster. You can keep all colleagues apprised of response and recovery efforts, describe how they can be involved if desired, and update them regarding adjustments to their work schedules and task assignments. Having a communication plan will reduce anxiety and improve efficiency.

There are many ways to develop your communications plan; they all begin with a comprehensive list of contact information (to be documented on the following pages) that is updated frequently.

### When constructing your communications plan, consider:

- A simple, versatile plan is best. Document tasks required so they can be assigned to anyone.
- Texting is preferred for its reliability.
- Use a fan-out approach to distribute the communication work. Document who will contact whom.
- Consider drafting some general messages to use if needed.
- Discuss what to say, and what not to say (particularly on voice mail) with all staff members.



# Staff Contact List and Communication Plan

NAME \_\_\_\_\_

POSITION / BACKUP POSITION \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

HOME NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

ROLE IN THE COMMUNICATION PLAN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_

POSITION / BACKUP POSITION \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

HOME NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

COMMENTS \_\_\_\_\_

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\*THIS PERSON SHOULD CONTACT THE FOLLOWING IN THE PLAN:

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# Staff Contact List and Communication Plan

NAME \_\_\_\_\_

POSITION / BACKUP POSITION \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

HOME NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

COMMENTS \_\_\_\_\_

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COMMENTS \_\_\_\_\_

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**\*THIS PERSON SHOULD CONTACT THE FOLLOWING IN THE PLAN:**

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NAME \_\_\_\_\_

POSITION / BACKUP POSITION \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

HOME NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

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CITY/TOWN \_\_\_\_\_

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EMERGENCY CONTACT RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

COMMENTS \_\_\_\_\_

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# Staff Contact List and Communication Plan

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HOME ADDRESS \_\_\_\_\_

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EMERGENCY CONTACT RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

COMMENTS \_\_\_\_\_

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**\*THIS PERSON SHOULD CONTACT THE FOLLOWING IN THE PLAN:**

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Next scheduled update: \_\_\_\_\_  
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NAME \_\_\_\_\_

POSITION / BACKUP POSITION \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

HOME NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

COMMENTS \_\_\_\_\_

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**\*THIS PERSON SHOULD CONTACT THE FOLLOWING IN THE PLAN:**

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## Activity: Mitigation Planning

**Fill in the worksheet on the following page to prioritize the most critical services, and determine how you can minimize problems if you must operate without them.**

## 7.2 Essential Services

The following pages can be used to prioritize your continuity efforts following a disaster event. Before one occurs, these pages will assist you in planning your potential mitigation strategies.

Consider what you could add to reflect your staff and office needs. Remember that some things are nice to have, while others are essential.

Determine how long you can cope without each service (e.g. one day, one week, one month). Consider how you will work without this service. What can you do to lessen the impact?





## Essential Services

Essential Service	How long can you cope without it?	Mitigation Strategies (how can you lessen the impact?)
RECEPTIONIST/MOA/OFFICE MANAGER		
EMR		
INTERNET		
PAPER PATIENT FILES		
TELEPHONE		
ELECTRICITY/OFFICE EQUIPMENT		
HEAT		
AIR CONDITIONING		
WATER		
OFFICE SPACE		

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## 7.3 Critical Records Inventory

The table on the following page can be used in a disaster event to assist staff in locating key documents and records. Add as necessary.



### Records Management

Fill in the worksheet on the following page with details about the different kinds of critical records you maintain for your practice.

## Critical Records Inventory (Add as necessary)

Type of Information	Media Type <i>paper/electronic</i>	Manager of Data	Alternate Staff	Location & Recovery Process	Back-up Cycle <i>daily, weekly</i>
PATIENT FILES					
EMR					
BILLING INFORMATION					
CONTACT LIST					

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Updated by: \_\_\_\_\_

Next scheduled update: \_\_\_\_\_  
DD / MM / YYYY



## Prepare to Restore Your Office

Fill in the worksheets on the following pages with contact details for all of your external suppliers.



## 7.4 External Services and Suppliers — Contacts

Your practice relies on key service providers to function in the event of a disaster event. Add as necessary.

### Practice Support Neighbourhood

Collaborating with other family practices in your neighbourhood is a very effective way of preparing for crises of all sizes. A crisis that prevents the operations of one office can be mitigated by another office providing a temporary space with power, internet, telephones, and an exam room for seeing urgent patients and coordinating an office recovery. After meeting with neighbourhood clinics and agreeing on how to support one another, record practice support neighbourhood clinic information in these pages.

## External Services and Suppliers — Contacts

**VENDOR TYPE** Electricity

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**VENDOR TYPE** Gas

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**VENDOR TYPE** Computer Hardware

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**VENDOR TYPE** Air Conditioning

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

## External Services and Suppliers — Contacts

**VENDOR TYPE** Janitorial Service

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**VENDOR TYPE** Medical Supplies

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**VENDOR TYPE** Laboratory Services

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**VENDOR TYPE** Moving Company

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

## External Services and Suppliers — Contacts

**VENDOR TYPE** Practice Support Neighbourhood

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

**VENDOR TYPE** Office Supplies

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

**VENDOR TYPE** Nearest Hospital

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

**VENDOR TYPE** Property Management Company

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

## External Services and Suppliers — Contacts

**VENDOR TYPE** Restoration Company  
**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_  
**BUSINESS PHONE** \_\_\_\_\_  
**ALTERNATE 24/7 PHONE** \_\_\_\_\_  
**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_  
**EMAIL ADDRESS** \_\_\_\_\_  
**OTHER** \_\_\_\_\_  
**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_

**VENDOR TYPE** Telephone Company  
**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_  
**BUSINESS PHONE** \_\_\_\_\_  
**ALTERNATE 24/7 PHONE** \_\_\_\_\_  
**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_  
**EMAIL ADDRESS** \_\_\_\_\_  
**OTHER** \_\_\_\_\_  
**COMMENTS: Ask how to re-route phone calls and faxes** \_\_\_\_\_  
\_\_\_\_\_

**VENDOR TYPE** Security Company  
**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_  
**BUSINESS PHONE** \_\_\_\_\_  
**ALTERNATE 24/7 PHONE** \_\_\_\_\_  
**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_  
**EMAIL ADDRESS** \_\_\_\_\_  
**OTHER** \_\_\_\_\_  
**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_

**VENDOR TYPE** Water Supplier  
**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_  
**BUSINESS PHONE** \_\_\_\_\_  
**ALTERNATE 24/7 PHONE** \_\_\_\_\_  
**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_  
**EMAIL ADDRESS** \_\_\_\_\_  
**OTHER** \_\_\_\_\_  
**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_



## External Services and Suppliers — Contacts (Add as necessary)

**VENDOR TYPE** EMR Software

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**VENDOR TYPE** \_\_\_\_\_

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

Last update:      /      /       
DD / MM / YYYY

Updated by: \_\_\_\_\_

Next scheduled update:      /      /       
DD / MM / YYYY

**VENDOR TYPE** Other Software

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**VENDOR TYPE** \_\_\_\_\_

**VENDOR OR CONTRACTOR NAME** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**ALTERNATE 24/7 PHONE** \_\_\_\_\_

**CONTRACT OR ACCOUNT NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

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

Work through the checklist on page 26 to help you during a disaster.



## Office Safety

In the event of a disaster, note damage to structures or services on your Rapid Damage Assessment worksheet on page 23. Determine if it is safe to practice.

## 7.5 During and After a Disaster

In the midst of a disaster event, it can be difficult to keep calm and to follow an established plan. This section will help you to act quickly when disaster strikes.

By conducting a basic **rapid damage assessment**, you can assess the extent of the damage to your workplace, and determine whether it is safe to continue or reopen your practice. The **checklist** on page 26 will help to ensure you cover all necessary steps. Add as necessary.

### CONTACT P-DOC

The **Physician Department Operations Centre (P-DOC)** is the central communication point for the GP's response. In the event of a disaster, **report your status as soon as possible.**



#### HOW TO CONTACT P-DOC:

**Phone/Text: 250-370-8123**

**Email: [pdocvictoria@viha.ca](mailto:pdocvictoria@viha.ca)**

**P-DOC** is the place to call to ask questions or to request more resources. **P-DOC** can also direct physicians to patients in need, such as to clinics, residential care, acute care or reception centres.

Be sure to **contact P-DOC daily**, during and after a disaster to integrate with the community response. P-DOC also acts as the 'source of truth' in times of possible mixed messages.

## Rapid Damage Assessment (Add as necessary)

Structures & Services	Description of Damage	Safe to Practice? YES/NO
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		
DAMAGED SERVICES (ELECTRICITY, GAS, WATER)		
SMELL OF ROTTEN EGGS (INDICATES GAS LEAK)		
SPARKS OR SMOKING		
BROKEN GLASS/TOPPLED FURNITURE/OTHER HAZARDS		

Last update: \_\_\_\_\_  
DD / MM / YYYY

Updated by: \_\_\_\_\_

Next scheduled update: \_\_\_\_\_  
DD / MM / YYYY

**Dealing with waste and debris following a disaster can be challenging. Good hygiene and hand washing are critical to prevent the spread of illness and disease. In the absence of water, use hand sanitizer, but it's less effective than soap and water.**

## Managing Waste in an Office with No Running Water

**Dealing with waste and debris following a disaster can be challenging. In the absence of running water, follow the suggestions below.**

1. Obtain some gray water or clean water from any nearby source, such as a neighbouring office, swimming pool, stream, or pond.
2. Flush your toilet with a bucket of water. It requires one gallon of water, poured directly into the toilet bowl. Start slowly at first, then quickly add the rest of the water into the bowl. The shape of the toilet and the pressure from the water in the bucket pushes everything through the pipes. For more information visit: [wtop.com/news/2013/07/water-shut-off-heres-how-to-flush-your-toilet](http://wtop.com/news/2013/07/water-shut-off-heres-how-to-flush-your-toilet)

OR

Remove the toilet tank reservoir lid. If you have already flushed the toilet once since the running water stopped, the tank will be empty. Use any bucket or container to collect water from a nearby source. Fill the toilet tank until two-thirds full, which may be enough to obtain a full flush. Flush the toilet. For more information, visit: [modernsurvivalblog.com/survival-skills/how-to-flush-a-toilet-without-running-water](http://modernsurvivalblog.com/survival-skills/how-to-flush-a-toilet-without-running-water)

### **Creating an Emergency Toilet**

1. Use a watertight container, such a bucket with a tight-fitting cover.
2. Line the container with a plastic bag.
3. Every time the emergency toilet is used, add a small amount of household disinfectant into the container, such as bleach, to reduce odour and germs.
4. Keep the emergency toilet sealed when it's not being used.
5. Dispose of waste properly to avoid contamination by digging a pit two to three feet deep, at least 50 feet downhill and away from a fresh water source. For more information visit:

[vancouver.ca/home-property-development/store-emergency-food-and-water.aspx](http://vancouver.ca/home-property-development/store-emergency-food-and-water.aspx)

### **Using Your Existing Toilet to Collect Feces**

1. Lift the toilet seat.
2. Scoop out the water in the bowl.
3. Line the toilet bowl with a double garbage bag (to protect against leakage).  
You may wish to add this product to your emergency kit:

[relianceproducts.com/products/sanitation/191.html](http://relianceproducts.com/products/sanitation/191.html)

4. Put the seat back down.
5. After you use the toilet, cover the feces in the bag with a liberal dose of hydrated lime to control odour, bacteria, and flies, which can spread disease. Hydrated lime also helps to dehydrate the waste for ease of disposal.

[saanich.ca/sep/prepared/ways/sanitation.html](http://saanich.ca/sep/prepared/ways/sanitation.html)

**Water and sewage infrastructure may be damaged, leaving you with no water or working toilets. If water supply is cut off, you may need to create an emergency toilet.**



**IMPORTANT. See Page 3 for Emergency Office Procedures**

## Checklist: During and After a Disaster

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



# Activity

Your feedback is important to us. Completion of this form helps us to know who is prepared, and how to improve this prototype workbook so the whole community may benefit from resilient GP offices.

## Completion Form

Upon receipt on this form, the VDFP will issue **Verification of Completion** to display in your office. Questions about the guide and workbook can be directed to [victoria@divisionsbc.ca](mailto:victoria@divisionsbc.ca).

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

CLINIC ADDRESS (No./Street) \_\_\_\_\_

EMAIL \_\_\_\_\_

I have completed the workbook and now have a Practice Continuity Plan.  Yes  No

If no, please explain why you didn't complete the workbook:

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

Was your office staff involved?  Yes  No

If yes, how many people worked on the plan? \_\_\_\_\_

How much time did you (GP) spend on the plan? \_\_\_\_\_

How much time did your MOA spend on the plan? \_\_\_\_\_

Which section was the hardest/took the longest to complete?

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

What section did you think was most useful? \_\_\_\_\_

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

What other information would you include in this Practice Continuity Guide and Workbook? \_\_\_\_\_

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

Would you recommend the guide and workbook to colleagues?

Yes  No Why/Why not? \_\_\_\_\_

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

Other comments? \_\_\_\_\_

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

Please return this form to the Victoria Division of Family Practice by fax 1-250-597-0889 or email [victoria@divisionsbc.ca](mailto:victoria@divisionsbc.ca).















**Victoria**

**Division of Family Practice**

A GPSC Initiative

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