

**Nutrition Services**

UCLA Health

Business Continuity Plan

Acknowledgements

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Section I: General

The function of the Business Continuity Plan is to assist impacted areas with ensuring that critical business functions are maintained, restored, or augmented to meet the designated Recovery Time Objective (RTO) and recovery strategies outlined in the areas’ business continuity and business resumption plans.

With the command/HICS structure, the Business Continuity Operations Branch will lead BCP activities to:

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

Section II: Department 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 UCLA Health emergency planning effort. In developing this plan and all associated procedures, checklists and forms, the continuity between the UCLA Health 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 Ronald Reagan UCLA Medical Center’s Nutrition Services department 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.

## MISSION CRITICAL SERVICES AND PROCESSES

The Ronald Reagan UCLA Medical Center Nutrition Services department provides the following mission critical services 7 days/week:

1. Procure, prepare and deliver food and dietary for all patients in Ronald Reagan and 1-West CHS
2. Provide food and dining services for staff, faculty and visitors
3. Provide full service event catering for UCLA Health

The Nutrition department operates out of the Kitchen, located on the B1 level, the Dining Commons, located on the 1st floor, the B-level Café, Administrative Offices (B145 & B147), and numerous Nourishment Rooms located throughout the hospital.

The department provides room service-style menu ordering, including regular and special/restricted diet menus, and dietary services to all patient populations in the Ronald Reagan Medical Center, Neuropsychiatric Hospital and the 1-West Rehabilitation Unit. The central kitchen produces approximately 1,000 room service meals per day, plus an additional 500 patient meals from prepared sandwiches, floor stock and tube feedings.

The department oversees the operation of two retail cafeterias (Ronald Reagan Dining Commons and Café Med). The Dining Commons operate 16 hours per day Monday through Friday and 12 hours per day on weekends and holidays, typically serving 5,000 meals per day.

## PERSONNEL

# The Nutrition department employs 197 full-time-equivalent staff and 10 additional contract food vendors who provide services in the Dining Commons. Essential staff classifications include:

* Kitchen staff
* Registered Dietitians
* Licensed Dietetic Technicians
* Call center staff
* Room Service Ambassadors
* Cafeteria staff – food service
* Cafeteria cashiers
* Catering staff
* Storeroom staff

**Staffing Requirements by Service Type:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **FTEs required during normal conditions** | **Minimum FTEs required during crisis** | **FTE who may be available for re-assignment** |
| Patient dietary services | 105 | 100 | 5 |
| Staff, faculty, student and visitor dining services | 10 | 0 | 10 |
| Event catering | 77 | 65 | 12 |

Section III: Activation

In an event that disrupts normal operations and impacts essential operations of the Nutrition department, 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 Hospital Command Center (HCC) responds to events that can impact the ability of Ronald Reagan Medical Center to perform its normal daily functions. The HCC is comprised of personnel with the knowledge and authority to provide support to the Emergency Response and Recovery activities.



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

 Section IV: Department Plan

This section of the BCP includes the Nutrition department’s mission critical services and processes, personnel, alternate operating location(s). This information is to be completed and maintained by Director of Nutrition Services, unless otherwise noted.

This plan will remain accessible to staff at all times in the Disaster and Emergency Response Manual (DERM) 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, only processes deemed mission critical for continuity of the Ronald Reagan Nutrition department.

|  |
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| **Mission Critical Service/Process** |
| **RECOVERY TIME 0 – 2 HOURS** |
| Obtain and validate dietary orders for all patientsPrepare patient meals in accordance with dietary ordersDeliver patient meals**RECOVERY TIME 2 – 12 HOURS**Ensure proper storage and refrigeration of perishable items according to food safety standardsInitiate emergency feeding plan for staff and faculty**RECOVERY TIME 12 – 72 HOURS**Resume cafeteria/dining services, perhaps in a reduced capacity |
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## Interdependencies

To perform mission critical services the Nutrition department depends on the following internal and external services.

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| **Dependency** | **Service** | **Actions if Service is Unavailable** |
| Cogeneraton Plant | Steam for cleaning and cooking | Switch all meal service to disposable flatware and utensils. Boil water to produce steam required for cooking. |
| Communications | Call Center phones and paging system | Initiate pre-printed, non-select patient menus.  |
| Information Technology | Mission critical applications and data storage servers | Implement downtime procedures. Initiate non-select preprinted emergency menus if prolonged outage. |
| Facilities Management | Mission critical utility systems | If kitchen space is unable to support operations, move operations to backup kitchen in Center for Health Sciences. Close down Dining Commons. |
| Purchasing | Issue purchase orders for routine food and supply procurement | Contact vendor directly to activate emergency stand-by order, per contract. |
| Cashiering / Corporate Accounting / Bruincard | Point of sale and cash deposits | If point of sale stations are unavailable, implement open cash drawer protocol. Ensure appropriate cash handling policies are followed. |
| Vendors | Provide daily food, water and supply deliveries | In the event of a supply chain or transportation disruption, implement disaster feeding plan to mobilize stockpiled food caches and meals ready to eat (MRE).  |

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| Mission Critical Equipment and SuppliesDuring activations, the On-Duty Manager/Supervisor in coordination with the Storeroom staff will assess the Nutrition department’s Essential Equipment and Supplies and report the status to the Hospital Command Center (HCC) as requested. During this process the following steps will be taken:* Document status of major equipment or critical supplies, both on hand and in use, 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 to equipment and goods.
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|  **Quantity** | **Description** |
|  | Walk-in Refrigerators |
|  | Walk-in Freezers |
|  | Reach-in Refrigerators |
|  | Ticket printers (Computrition) |
|  | Slicers |
|  | Dish machine |
|  | Pot machine |
|  | Grills |
|  | Ovens |
|  | SOMAT system |
|  | Dumbwaiter elevators |
|  | Coffee brewers, Iced tea machines, Soda dispensers |
|  | Point of Sale (POS) stations |
|  | Food – shelf stable pantry stock |
|  | Food – perishable stock |
|  | Food – meals ready to eat (MRE) |
|  | Bottled drinking water |

 |

## Vendors/Resources Call List

| Company | Point of Contact | Phone Number | Emergency contract in place? Y/N |
| --- | --- | --- | --- |
| **CONTENT REDACTED TO ENSURE** **CONFIDENTIALITY** |  |  |  |
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## Mission Critical IT Applications

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| **Mission Critical Applications** |
| **RECOVERY TIME 0 – 2 HOURS** |
| Care ConnectComputrition – Food Service |
| **RECOVERY TIME 2 – 12 HOURS**EMPACEmailEvent Reporting System**RECOVERY TIME 12 – 72 HOURS** |
| EDBPayrollPoint of Sale (POS)  |

##

## 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.

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| Downtime Procedures Checklist |
| **Computer & Network****Disruption** | * Activate the downtime procedures.
* Obtain latest patient list and dietary orders from Computrition backup server and/or downtime report from Care Connect BCA PC.
* If Computrition is available and Care Connect is down, manually update orders in Computrition and proceed with normal kitchen line operations.
* If Computrition is down, obtain downtime triplicate meal ticket forms and proceed with downtime protocols for meal production on the line.
 |
| **Recovery** | * If downtime is less than 4 hours in duration, downtime forms will be back entered into the system manually by Nutrition clinical personnel.
* If downtime is greater than 4 hours in duration, downtime forms will be scanned and uploaded to the system.
 |
| **Downtime Procedures for Telephone Disruption** | * In the event of a telephone outage, room service ordering will be replaced by pre-printed, non-select menus.
* Ambassadors will communicate the change in meal ordering protocols to each patient care area.
 |
| **Recovery** | * Once telephone system is restored, room service call center operations will resume with the following meal.
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| Mission Critical Vital RecordsVital Records are documents that have been pre-identified as critical to the continued operations of Nutrition 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.

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| --- | --- | --- | --- | --- | --- |
|  |  | **Record #** | **Record Name** | **Type** |  |
|  |  | 11434  | Bariatric: Post-Surgery Nutrition Evaluation  | Clinical  |  |
|  |  | 11433  | Bariatric: Pre-Surgery Nutrition Evaluation | Clinical  |  |
|  |  | 520204  | CCS Pediatric Neuromuscular Initial Nutrition Assessment Note  | Clinical  |  |
|  |  | 520205  | CCS Pediatric Neuromuscular Nutrition Reassessment/ Follow-up Note | Clinical  |  |
|  |  | 520693  | Nutrition & Symptom Management Plan  | Clinical  |  |
|  |  | 510222  | Pediatric Endocrinology Nutritional Assessment & Education | Clinical  |  |
|  |  | 16079  | Nutritional Supplement Consent | Consents  |  |
|  |  | 33311 | Adult Parenteral Nutrition (PN) Orders - Downtime | DownTime |  |
|  |  | 86569  | Neonatal Parenteral Nutrition (PN) Order Form - Downtime  | DownTime  |  |
|  |  | 10423  | Nutrition Evaluation Pediatrics  | DownTime  |  |
|  |  | 10078  | Nutrition- Adult Evaluation Downtime | DownTime  |  |
|  |  | 33310  | Pediatric Parenteral Nutrition (PN) Order - Downtime  | DownTime  |  |
|  |  | 16098  | Dietary Guidelines: A Guide to Average Serving Sizes for Children  | Pt Info  |  |
|  |  | 16327  | Dietary Guidelines: Celiac Nutrition Therapy  | Pt Info  |  |
|  |  | 11933  | Dietary Guidelines: Chyle Leak Nutrition Therapy  | Pt Info  |  |
|  |  | 10742  | Dietary Guidelines: Coumadin (Warfarin)  | Pt Info  |  |
|  |  | 10729  | Dietary Guidelines: Eating for Good Health | Pt Info  |  |
|  |  | 10739  | Dietary Guidelines: Gestational Diabetes and Nutrition  | Pt Info  |  |
|  |  | 16100  | Dietary Guidelines: Healthy Meal Planning for Children with Diabetes  | Pt Info  |  |
|  |  | 16101  | Dietary Guidelines: High Fiber Diet | Pt Info  |  |
|  |  | 14007  | Dietary Guidelines: Nutrition Facts Panel Guide  | Pt Info  |  |
|  |  | 10732  | Dietary Guidelines: Nutrition Goals After Heart Transplant  | Pt Info  |  |
|  |  | 10759  | Dietary Guidelines: Nutrition Goals after Lung Transplant  | Pt Info  |  |
|  |  | 10701  | Dietary Guidelines: Nutrition Guidelines Adult Pre-Liver Transplant  | Pt Info  |  |
|  |  | 11205  | Dietary Guidelines: Nutrition Guidelines Kidney for Transplant Candidates | Pt Info  |  |
|  |  | 14006  | Dietary Guidelines: Nutrition Guidelines for Heart Healthy Diet  | Pt Info  |  |
|  |  | 10398  | Dietary Guidelines: Nutrition Guidelines for Kidney Disease  | Pt Info  |  |
|  |  | 10734  | Dietary Guidelines: Nutrition and Breastfeeding | Pt Info  |  |
|  |  | 10733  | Dietary Guidelines: Nutrition and Pregnancy  | Pt Info  |  |
|  |  | 10731  | Dietary Guidelines: Phenytoin (Dilantin) | Pt Info  |  |
|  |  | 10730  | Dietary Guidelines: Purine Restricted Diet for Treatment of Gout  | Pt Info  |  |
|  |  | 16096  | Dietary Guidelines: Tips for Managing Constipation | Pt Info  |  |
|  |  | 16102  | Dietary Guidelines: Tips for Managing Diarrhea  | Pt Info  |  |
|  |  | 10728  | Dietary Guidelines: Trans Fatty Acids | Pt Info |  |

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# Personnel

The personnel listed in the table below are those that have been deemed essential to their specific role 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.

#### NUTRITION Business continuity reponse 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 HCC 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 |
| --- | --- | --- | --- | --- |
| **CONTENT REDACTED TO ENSURE** **CONFIDENTIALITY** |  |  |  |  |
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| **Loss of Staffing** |
| **Nutrition Director, or designee** | * 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:
	+ - Reduce or discontinue catering and cafeteria services and utilize those staff to support patient dietary services functions.
		- Utilize labor pool staff as runners.
* 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.
	+ Finalize contingency staffing schedules.
* Prepare and implement contingency staffing schedules.
 |

# Operations: 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**

* Notify employees of BCP activation.
* Document status of major equipment and critical supplies (see Equipment and Supplies List).
* Evaluate and document immediate staffing levels.
* Determine how long you can operate in current state.
* Assess the need to switch from room service to non-select patient menu.
* Assess need to close down unit and/or relocate services.
* Communicate unit status, including resource needs, unit closure requirements, and staffing shortages to Hospital Command Center (HCC).
* Communicate need to close down unit and/or relocate services to the HCC.
* 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.
* Identify runners/labor pool staff for continuity of services, including:
	+ - Meal delivery to patient rooms
		- Employee emergency food and water distribution
		- Collection and sorting of downtime meal tickets
		- Validation/reconciliation of patient dietary orders
* 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.

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| **Loss of Power** | * Outlets served by the emergency generator are identified by red outlets.
* 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.
* Assess availability of emergency power for essential equipment.
* Remove ice from ice machines and place into freezers that are supplied by the emergency generator.
* Establish alternate lighting for food production line. Request additional resources from Facilities Management as needed.
* Ensure operation and availability of flashlights and batteries.
* In the event of the loss of the generator serving the facility, and the commercial power source, the following would be required:

Essential Services That Power is Needed For:* Refrigeration
* Food prep equipment
* Illumination of critical areas
* Exit and directional signs
* Communications and fire alarm system, and computer systems
* Elevators/dumbwaiters
* Air handling units
 |
| **Loss of HVAC** | * Notify Facilities Management.
* Should there be a failure of any equipment or portion of the HVAC system that cannot be corrected by the Facilities Management:
	+ Use fans. Request additional from HCC as needed.
	+ Open doors and windows if possible, to take advantage of available breezes.
	+ Consider relocation to alternate facility, as necessary, if outage is expected to be extended duration.
* Turn off unnecessary heat-producing appliances whenever possible.
* Provide plenty of liquids for patients and staff.
 |
| **Loss of Steam** | * Notify Facilities Management.
* Consider switching to disposable flatware and utensils for food service.
* Implement manual pot and utensil cleaning protocols, boiling large volumes of water as necessary.
* Replace menu items requiring steam to cook with alternate items.
* Access emergency supply of canned foods as needed.
* Consider relocating to alternate facility as necessary, if outage is expected to be extended duration.
 |
| **Loss of Natural Gas** | * Notify Facilities Management.
* Replace menu items requiring gas cooking with alternate items.
* Access emergency supply of canned foods as needed.
* Consider relocating to alternate facility as necessary, if outage is expected to be extended duration.
 |
| **Loss of Water** | * Notify Facilities Management.
* Initiate water rationing plan.
* Mobilize cache of emergency bottled drinking water.
* Assign staff to bottled water distribution. Request additional labor pool support from HCC as needed.
 |

## Alternate Locations

UCLA Health’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:

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

In an event where a primary Nutrition department location is deemed to be inoperable or unsafe, the Director of Nutrition, 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.

|  |  |
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| **🗹 Full Operational Capability** | **🞎 Limited Operational Capability** |
| **Address: Center for Health Science Kitchen** |
| **Contact Number/s: ###-###-####** |

|  |  |
| --- | --- |
| **🗹 Full Operational Capability** | **🞎 Limited Operational Capability** |
| **Address: Residence Hall Dining Commons – Events and Catering Kitchen** |
| **Contact Number/s: ###-###-####** |

|  |  |
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| **🞎 Full Operational Capability** | **🗹 Limited Operational Capability** |
| **Address: B-level Café**  |
| **Contact Number/s: ###-###-####** |

|  |  |
| --- | --- |
| **🞎 Full Operational Capability** | **🗹 Limited Operational Capability** |
| **Address: Medical Plaza Deli** |
| **Contact Number/s: ###-###-####** |

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| Close Down Checklist |
| **Nutrition Director, or designee** | * Coordinate with HCC: criteria to shut down, location of alternate location, set up, supplies needed, transport of equipment/supplies, security of building, and I.T. accessibility.
* Notification of closure and relocation site with exact date/time to staff and departments.
* Determine staff schedule that correlates with needs in alternate location.

**Equipment and Supplies*** Request par level for supplies and determine essential needs for alternate site.
* Contact HCC to have transport brought to loading area dock 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 of needed.
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| Relocation Checklist |
|  | **Transportation*** Notify Command: transport vehicles needed at loading dock for equipment and supplies
* Contact alternate site when en route to relocation site.
* Relocate to alternate site.

**Alternate Location*** Designate locations for equipment, supplies and vital records.
* Place supplies in designated area and secure.
* Inventory relocated supplies and equipment.
* Designate staff to unload equipment/supplies and equipment to designated areas.
* Designate area for staff breaks and rest periods.
* Ensure security of building.
* Post signage.
* Provide breaks and rest periods to staff.
* Re-evaluate staff schedule and needs per shift and adjust as needed.
* Collaborate with I.T. and Business Office: assignments of data entry not captured at alternate care site to be entered.
* Do not dispose of unsalvageable equipment. Everything must be inventoried and evaluated for insurance purposes.
* Use pre-existing order lists of products and supplies for each area to inventory supplies and create resupply lists.
* Identify any equipment and/or supplies currently in storage that can be used to replace missing or damaged items.
* Work with IT and Communications to identify missing or damaged computers or communications equipment.
* Work with Facilities team to ensure that all utilities are working correctly.
 |

## 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. Preparations to initiate these actions should be taken at the earliest time possible.

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| Recovery and Resumption of Mission Critical Services Checklist |
| **Nutrition Director, or designee** | * Confirm with the HCC to validate all clear to return to facility.
* Assign staff to gather supplies.
* Collect hard copy vital records.
* Contact IC on transport of equipment/supplies/meds, staff and records.
* Load supplies, equipment, records and return to facility.
* Designated staff to return to facility to meet patients upon arrival.
* Contact IC to inform facility depts. of return to normal site.
* Return to facility.
* Designate staff to return of supplies/equipment and inventory.
 |

Appendix A: Schedules

A1 - BCP Update Schedule

A2 - 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 Director of Nutrition is responsible for maintaining and carrying out the Update Schedule. Once updated, the Plan must be provided to all responsible parties and previous version 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 the 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.

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| **Scheduled Update** | **Plan Version** |
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## 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 Director of Nutrition is responsible for ensuring the exercises and trainings are carried out and documented.

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| **Scheduled Update** | **Plan Version** |
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