

Royal College of General Practitioners  
&  
British Medical Association's  
General Practitioners Committee

# Service Continuity Planning Framework



The Royal College of General Practitioners and the British Medical Association acknowledge  
the contribution of Dr Simon Stockley in the development of these guidelines.  
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# Introduction

Emergencies within practices are rare occurrences, which have the potential for serious impact on both the service provided and the business of the practice. It is recognised that pre-planning for such emergencies can reduce the impact of the emergency on both aspects. This plan is part of that process. It aims to cover all risks that is any and all foreseeable emergencies and threats (see page 5) The plan seeks to incorporate the roles of all members of staff and the responsibilities of the practice to the wider health community, the range of incidents can vary from a very local practice emergency such as a telephone system failure, to a wide incident such as extensive flooding of severe weather, to a national or international threat such a disease outbreak, pandemic or terrorism. The degree to which we plan to manage any emergency is usually a balance of the risk of the event occurring and the impact on practice operations and those of the wider health community such an event would have

**Aim of Plan** To bring together existing plans for emergencies into a single document capable of dealing with “All risks”, mitigating their impact on the business and service delivery of the practice.

**Method** To build on existing procedures and command structures within practice for “Common” emergencies to ensure that they are robust enough to deal with the less common emergencies.

To identify gaps in current plans and plan appropriate remedies

**Implementation** All staff to have input to the development of the plan, and to be aware of the contents of the plan. The plan should be exercised annually, and any implementation of the plan or parts thereof to be reviewed through existing critical incident procedures.

## Overview of the Management of an Incident

The process in managing an incident is much the same irrespective of the cause of the incident

- Identify the problem
- Alert wider team
- Prevent escalation of incident
- Seek outside assistance as appropriate
- Communicate widely
- Institute process to return to normality

## Identifying the Problem

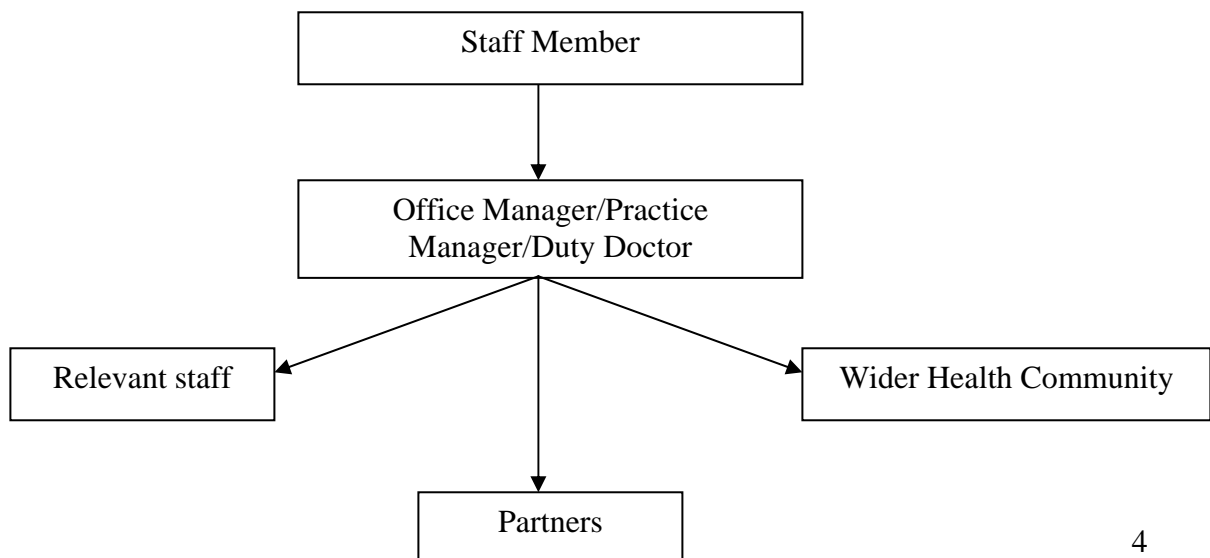
It is the responsibility of all staff to be alert to possibility of threats to the business and to be aware of the need to raise the alarm appropriately and implement the emergency plan to deal with these as necessary.

## Examples of Possible Hazards

Emergency	Likelihood	Potential Impact
Fire	Low	Severe
Computer failure	High	Moderate
Utility Failure- Gas	Low	Low
Utility Failure- Electricity	Moderate	High
Telephone failure	High	Moderate
Flooding to practice	Low	Moderate
Localised flooding	Moderate	Low
Severe weather	High	Low
Infrastructure problems e.g. Fuel	Low	Moderate
Infectious disease single case	High	Low
Infectious disease outbreak	Low	High
Pandemic Flu	Moderate	High
Contamination Incident	Low	High
Major Casualty Incident	Low	Moderate
Catastrophic Incident including terrorism and CBRN	Very Low	High

## Alerting Process

These follow usual lines of responsibility within the practice, on recognition of a potential or actual hazard there needs to be widespread alerting to the nature of the problem. This would normally be by the means of wider alerting below but when appropriate by activation of the fire alarm. Occasionally incidents affecting the wider health community will be notified to us by the PCT, it will be the duty of the staff member receiving such notification to alert the practice using the model below



## **Preventing escalation of the Incident**

It is necessary to identify early in the process what is required to protect staff, unaffected patients, the practice, and finally any directly affected patients from further harm. Depending on the nature of the problem this may require isolation of a patient, evacuation of the practice, or controlling access to the practice (Closing).

### **Isolation**

All patients with high temperature, rash, or severe breathing problems will be isolated in the dedicated examination room, the door labelled and the duty doctor informed of the patients location and apparent condition

Any patient presenting in a contaminated state will be placed outside on a chair, if possible, Where this is not possible (Patient unable to stand, inclement weather) the patient will be placed in the dedicated examination room.

### **Evacuation**

This should be considered if there is a threat to safe working within the practice, this may be immediate as in the case of fire, or chemical contamination, or delayed as in loss of power, and flood.

### **Communication**

Consider communicating incident to the following persons

- Partners
- Practice Managers
- Ambulance Service
- Out of Hours Service
- PCT
- Secondary Care
- Health Protection Agency
- Consultant in Communicable Disease Control

### **Restoration of Normality**

Make alternative arrangements as appropriate, particularly for communications with patients

### **Identification of staff**

It is not current policy to provide staff with photographic ID documents, photographs will be held electronically of all staff to facilitate their production should this be required.

## Evacuation Plan

This may be required for a variety of emergencies, including fire and contamination. Ideally we should be able to verify who was in the building at the time of evacuation and that all people are accounted for, given the large number of members of the public who visit the building often only for a few minutes this may prove difficult. It is therefore important that all areas are cleared and checked.

Evacuation may be required as an emergency when the fire alarm is sounded, or as an urgent procedure on instruction of clinical staff due to contamination with chemicals etc or a suspicion of a highly contagious patient having presented.

On the sounding of the fire alarm or a decision to evacuate the areas will be cleared as follows

Where possible the names of all people will be collected as they are evacuated.

Reception Staff	Waiting room, Health Visitors Room, and District Nurses treatment area
Secretarial Staff	All consulting rooms and treatment rooms.
Nursing Staff and Doctors to assist any persons with special needs	Remove Major Emergency Box and resus equipment from the building.
Office and Reception Managers	First Floor
Duty Doctor	Coordinate evacuation and list of persons in the building.

# **Specific Problems**

## ***Telephone Failure***

Communication is a key part of our service and therefore we are vulnerable when it fails. It will be affected by internal failure of the phone system, including loss of power, and outside failure of cable or exchange.

### **Establish the size of the problem**

- Is it one phone or all phones and faxes?
- Are phones working in other parts of the building? (District Nurse treatment room) if yes then it is likely to be a problem with our system, if no then is probably a problem outside the building.

### **Contact**

Duty Doctor and Practice Manager (or Deputy)

Consider contacting Phone Company

### **Actions**

Connect emergency phone to socket (does not require PABX to be working) it will receive incoming calls and allow out going calls. Delegate someone to man this phone, if necessary with a runner.

Use mobile phones to make outgoing calls.

Establish when a repair is likely to be achieved.

If required phones can be diverted by prearrangement with BT to either an answering machine with message and alternative phone number for emergencies (desirable) or direct to another phone number or mobile (less desirable). See Phone diversion (there is a charger for Nokia phones in the emergency box if required.)

## **Diverting calls from another phone.**

Dial the BT Call diversion Access number 01642 855100

### **You will hear a dial tone**

Press \*

Dial the diversion code 44

Press \*

Dial the PIN number #####

Press\*

Dial the surgery number 01999123456

Press\*

Dial the number to be diverted to 01789 654321 (If using answering machine at Dr Bloggs's Home) or any other number remembering to include full STD code.

Press#

*The exchange will tell you which number the calls will be diverted to.*

## **Diverting calls from the surgery (01999 123456)**

Press \*

Dial the diversion code 21

Press \*

Dial the number to be diverted to, 01789 654321 (If using answering machine at Dr Bloggs's Home) or any other number remembering to include full STD code.

Press#

The exchange will tell you which number the calls will be diverted to

## Change outgoing message on remote answer machine.

Dial 01789 654321

As soon as the machine answers enter access code

####

This will be followed by two short beeps, enter

9421

Record the message after the long single tone.

*The recording space is short approximately 15 seconds  
(Caduceus Medical Practice is currently experiencing difficulties at the moment if you have  
a medical emergency only please phone XXXXX)*

The recording will be played back to you after the recording is completed.

For further information on remote operations such as deleting messages see the appendices.

## **Power Loss**

This can be partial or complete and may be due to causes within the building or events outside.

### **Establish the size of the problem**

- Do other houses or businesses have power?
- Is power off in only part of the building? ( A single phase fault)

### **Establish what is working?**

- Light
- Phones
- Computer
- Alarm

### **Contact**

Duty Doctor and Practice Manager (or Deputy)

Site Services North Tees and explain the situation ask for an engineer to attend as an emergency

Consider contacting power supply company

### **Actions**

If it is dark or will soon be consider closing surgery to patient, as a safety matter. (Priority)

Establish temporary communications (delegate this duty and pass on the prompt card for lost communication)

Check location of most recent computer back up tapes.

Alarm system will detect local power failure and will sound internally this can be silenced by entering alarm code #####

Establish an estimate of time to restoration by liaison with power supply company and local maintenance.

Depending on time to effective repair consider cancelling routine surgeries and make arrangements for emergencies only surgery; for logistic reasons this will ideally be based at the health centre but consider an alternative location if the surgery is no longer suitable for safety reasons.

When it is clear what the situation is consider contacting the PCT and/or other practices for assistance.

Inform deputising service and ambulance control of temporary arrangements as patients may contact them if they cannot get through to the practice.

Prepare notices for the surgery doors informing of circumstances and arrangements as required.

## ***Infectious Patient***

The infectious patient presents a threat to staff and patients in the surgery at the same time, therefore the earlier any isolation takes place the less the exposure and associated risk. The problem is identifying the patient as contagious is difficult for all staff and doctors alike.

### **Identifying the problem may be by**

- Patients suspicion (“ I think my child has chicken pox”)
- Symptoms (“High temperature and cough”)
- Signs (“Unusual rash”)
- Intelligence (“There is a new threat about”)

### **Consider**

- Arranging a home visit if appropriate
- If in surgery consider isolation in **Doctor Bloggs’s side room** and inform the doctor due to see them or duty doctor.

### **Doctor actions**

If diagnosis is of a serious infectious disease consider

- Do I need to continue to isolate
- Do I need to wear mask, gown, gloves, eye protection or coverall
- Do I need to treat this patient urgently
- Do I need to discuss hospital admission with public health, health protection agency, consultant in communicable disease, or infectious disease consultant

Remember it is important to protect the ambulance and hospital staff

Aide Memoire New diseases New Threats is in emergency box with protective clothing and masks

Depending on potential diagnosis may require surgery to close, take details of those in the surgery at the time, advice on this will be obtained from your Local Health Protection Unit

This will allow post exposure prophylaxis or immunisation to be carried out.

## **Contaminated Patient**

The contaminated patient may arise as a result of accident or deliberate intent; the contamination may be on the clothing skin or hair of the patient. In rare circumstances it may have been inhaled or ingested. There management is not to that dissimilar from that of an infectious patient. Ideally the contamination will be recognised early to prevent contamination of other people and of the practice.

### **Identifying the problem may be by**

Patient suspicion                    (“I think I have been covered in something”)  
Nature of the incident                (explosion, covered in dust)  
Symptoms        (Difficulty in breathing, eye irritation)  
Signs (Unconscious, burn marks)  
Intelligence (Prior warning from another source)

### **Consider**

Contacting emergency services  
Isolate the patient, preferably outside until an assessment can be made of the risks presented.  
Initiation of Evacuation Plan

### **Doctor actions**

Assess the threat presented from history and symptoms. If a hazard is identified contact the ambulance service giving as much information about patient and your concerns so that appropriately protected staff can further assess and if required decontaminate your patient.

It may be appropriate to ask the patient to remove their outer clothing whilst outside the building so as to reduce the patients continuing exposure to the contaminant.

*(Please note that the protective clothing in the emergency box is intended for use against infection and although it will offer some limited protection against dusts and splash it is not sufficient to protect you adequately against an unknown contaminant. It would provide a degree of modesty protection for an ambulant casualty who has removed their own clothing)*

# Appendix 1

## Telephone Numbers

Caduceus Medical Practice	Main Number	01999123456
	Fax Number	
	Third Line	

### Doctor Contact details

Dr Able	Home	
	Mobile	
	Pager	
Dr Bravo	Home	
	Mobile	
Dr Charlie	Home	
	Mobile	
Dr Delta	Home	
	Mobile	
Dr Foxtrot	Home	
	Mobile	
Dr Golf	Home	

### Key Staff

Practice Manager	Home	
	Mobile	

### Health Centre Services

Site Services		
BT operator services		
Electricity supply co.		
Computer supplier		
Gas		
Water		
Alarm		

Other Health Care providers

Ambulance Service		
Prime Care	Out of Hours Service private line	
Local Pharmacy	Office Hours	
	Home	
Hospital		
University Hospital		
Health Protection Unit – (Public Health)	Ambulance control switch board	
	Hospital (1) switchboard	
	Hospital (2)	
	Hospital (3)	
Social Services Out of Hours		
Neighbouring Surgery	Main Line	
	Direct Line	
Health Protection Agency emergency division		

## Appendix 2

### Contents of Emergency Box.

- Torch
- Spare Batteries
- Standard phone for use with emergency line
- Re-charger adaptor for Mobile Phone (Nokia)
- Space Blanket
- Copy of emergency Plan
- New diseases, New threats
- Prepared signs for surgery

Protective equipment			Reorder details
Respirator type masks level FFP3D	Small/ medium	3	Arco: 3M mask 8835 S/M
	Medium/ large	3	Arco: 3M mask 8835 M/L
Coveralls with hood	Small	2	Arco Microgard 2500 small
	Medium	2	Arco Microgard 2500 medium
	Large	2	Arco: Microgard 2500 large
Eye Goggles		3	Arco
Rubber Gloves, standard	Various sizes		Stock item

# Appendix Three

## Pandemic Plan

This is not a complete plan but forms part of a toolkit for practices to explore the issues, and a structure on which to develop plans as a pandemic develops

**Introduction** There have been influenza pandemics around the world in the past with the last occurring in 1967. Pandemics have the potential to disrupt both the service provision by the practice in a variety of ways and although we cannot specify precise details of how it would be managed in advance of the actual disease presenting itself there are certain situations that are worthy of consideration at that point. This Appendix to our plan looks at what the threats may consist of and offers some strategies it is likely that the practice will need to be flexible and innovative in its approach, the headings listed below will need to be assessed prior to a pandemic and at a regular basis during a pandemic by a practice management team perhaps in collaboration with other neighbouring practices and/or PCT.

### Threats

- Transmission of Flu to Staff and Doctors
- Absenteeism and Extended duration
- Increased work load
- Family commitments
- Wider Health community needs
- Loss of Utilities

### Transmission of Flu to Staff and Doctors

There is a risk of transmission of Flu from patients to Doctors and Staff, as there is from anyone that we meet who is unwell, eventually at least 75% of the population will have been exposed sufficient to the virus. Due to the nature of our work we are likely to be exposed large quantities of virus. Spread of the virus is likely to be due to airborne particles and expelled particles that have landed on surfaces with which we have contact. Spread of the disease within the practice can be reduced by infection control methods, though it is unlikely to be a complete process

Plans will change as the risk and workloads alter but will include

- Segregation of Flu patients using different waiting areas and dedicated consulting rooms
- Segregation of doctors and staff managing flu patients, one doctor and receptionist dedicated to flu patients, running an open house surgery
- Wearing of appropriate Personal Protection Equipment by staff dealing with Flu patients according to guidance at time
- Prophylactic antiviral medication may be appropriate for some staff and will follow guidance issued at the time.
- Staff who become sick will not be expected to attend work<sup>3</sup>
- Use of recovered (immune) staff to deal with flu patients

## **Absenteeism and Extended duration**

It is anticipated that the first wave of the pandemic will last 3- 4 months with a peak of activity lasting at least 6 weeks. It is also likely that absenteeism within health workers will be in the region of 25% at anyone time and possibly higher. Plans to deal with this will vary through the course of the pandemic but it is useful to consider the following

- Cancellation of outside activities (Meetings, teaching etc)
- Define minimum safe staffing levels
- Suspension of Chronic Disease Management
- Suspension of New routine referrals
- Increase repeat medication requests to 90 days for most drugs
- Suspension of Minor Surgery, Coil fittings
- Emergency Only open surgeries
- Team working with neighbouring practices
- Identify retired or non practicing colleagues who might be utilised

We would not expect planned holidays to be altered as breaks for hard working staff are accepted as necessary during an extended incident.

## **Alteration of Workload**

This may be altered by patient concerns and behaviour, need for antiviral therapy, capacity issues within secondary care. It is anticipated that the practice will need to alter some of its work patterns to provide extra capacity. See list above

## **Family commitments**

It is recognised that General Practice staff and Doctors have a high level of dedication to their patients, but that it is sometimes necessary to put family in front of service to others. It is likely that at times during a pandemic there may be issues for members of staff in dealing with sick family members or where normal child care arrangements cause problems (Schools closed et c.). We will try to support and accommodate this where possible by flexible shift working, crèche/babysitting facilities at work, and if unavoidable unscheduled leave of absence. We will expect that this supportive approach from the practice will foster a similar approach from its staff and doctors.

### *Emergency Baby sitting requirements*

Healthy Children only  
Using Common Room  
Video recorder/DVD player  
Computer with access to games and internet  
Games, Music, Paper and crayons et c.  
Baby sitter to be employed as required

## **Wider Health Community Needs**

It is possible that we will be asked to contribute towards support of the wider health community's needs. It is difficult to be precise as to what these may be but may include

- Support of neighbouring practices and single handed practice
- Support of Out of Hours service
- Mass treatment distribution centres
- Mass vaccination strategies
- Support and advice to Pandemic Management teams

These will be considered according to the threat and available man power but it may be necessary to adapt staffing levels within the practice to accommodate this important role.

## **Loss of Utilities**

It is not expected that there will be extended periods of power loss during a pandemic, but fuel and food supplies may be difficult at times. This may need special arrangements to be made such as ID passes.

# Appendix Four

## Action Cards for Fire/Evacuation

- Main Office Receptionist
- Back Office/Secretarial Staff
- Clinical Staff
- Practice / Office Manager
- Front Receptionist

## Action Cards for Evacuation/Fire

### Main Office Receptionist

On hearing the Fire alarm or the decision to evacuate being made

- You will contact the relevant emergency services if not already informed giving the
  - Nature of the incident *Fire, Contamination, etc*
  - Location of the incident, *Caduceus Medical Practice, High St, Anytown, TBI 9OF*
  - Number of people involved
  
- Leave the building and assemble in the **Shops Car Park**

## Action Cards for Evacuation/Fire

### Secretarial Staff/Back Office

On hearing the Fire alarm or the decision to evacuate being made

- You will ensure that all clinical rooms and common rooms are cleared
- Assemble with all staff and patients in the **car park by the shops**
- Assist reception staff in taking names of staff and patients involved

## Action Cards for Evacuation/Fire

### Clinical Staff inc Drs and Nurses

On hearing the Fire alarm or the decision to evacuate being made

- You will assist patients to clear the building and assemble in the car park by the shops
- If time permits collect the resuscitation equipment and the emergency box if not already in use.
- Assemble with patients and staff in the shops car park giving any first aid treatment required

**Duty Doctor**, you will delegate a member of staff to prepare a definitive list of people involved, and liase with emergency services and practice manager as required

## Action Cards for Evacuation/Fire

### Practice/Office Manager

On hearing the Fire alarm or the decision to evacuate being made

- You will ensure that the rest of the building is informed and evacuating as appropriate
- Assemble with staff and patients in the shop car park
- Liase with the Duty Doctor

## Action Cards for Evacuation/Fire

### Front Receptionist

On hearing the Fire alarm or the decision to evacuate being made

- You will ask those in the waiting room to clear the building and assemble in the shops car park.
- In the car park or as people leave the surgery take a brief note of peoples names