

## Contingency Planning toolkit

### 1. Assemble your emergency kits

- Use the [Emergency Checklist](#) to help prepare your clinic. Specific lists for 'Grab & Go' and 'Shelter-in-place' kits are available here.
- Review the [College of Physicians and Surgeons of British Columbia \(CPSBC\)](#) emergency preparedness requirements for clinical offices.

### 2. Confirm your insurance coverage

- Contact Westland Insurance or your current provider to confirm you have adequate commercial insurance coverage. [Read more](#) about protecting your office and clinic.
- If you do not have an insurance provider, you can get preferred rates to [Westland Insurance](#)\* through Club MD. \*Member login required.
- To protect your records, keep a safety box that includes:
  - insurance company contact
  - policy number
  - copy of policy
  - photos/video of practice and inventory
  - any other important documents
- Keep digital and physical copies of your policy off-site.

### 3. Write down office procedures and assign key roles and responsibilities

- Prepare a plan outlining specific actions required to address the situations you have identified as threats using the [Office Procedures template](#).
- Assign specific roles and responsibilities to staff and identify alternates in case a lead role is unavailable. A [list of key roles](#) can help you delegate the key roles for your clinic.
- Group practices should have governance agreement that includes contingency planning. Solo practitioners should consider making an alliance with another solo practitioner.

### 4. Create contact lists and a communication plan

- Create a staff contact list, which will include key roles and responsibilities, and indicate who will contact whom. Also create a list of all external suppliers and vendors who will need to be notified during and after an adverse event.

- Plan for how critical information will be communicated to staff, patients, and other key contacts. Use the [Staff Contact and Communication Plan template](#) to start your contact lists and communication plan.

## 5. Identify essential services

- Identify critical functions of your clinic (i.e., patient appointments/procedures, inputting medical records, etc.) and the essential services they depend on (i.e., receptionist, EMR, internet, electricity, water, etc.).
- Consider how long your clinic could remain open without certain services, and list strategies to deal with the absence of those essential services using the [Essential Services template](#).

## 6. Complete a critical record inventory

- Use the [Critical Records Inventory template](#) to help you document where critical files and information are stored and consider how you will access them during and after an adverse event. Contact your EMR vendor to coordinate appropriate recovery procedures. If your records need to be converted to digital files, connect with [MedRecords](#).
- Use the [Closing Practice resources](#) on the Doctors of BC website to make a continuity plan for patient care and medical records in the event you are suddenly unable to practice.

## 7. Implement and regularly review your plans

- Communicate plans with staff and provide additional training when necessary. Keep digital and physical copies of your plans and review them annually and/or after an adverse event has occurred.
- Connect with your [health authority](#) and community to integrate with [local emergency plans](#). Find information on active provincial emergencies from [Emergency Info BC](#).

## 8. Solidify your personal contingency plans and estate

- Work with [Doctors of BC Insurance](#) and a [legal professional](#) to confirm that your personal contingency plans are adequate, and you have a personal will.
- Use the [Practice Transition template](#) to help you develop a contingency plan in the event you are unexpectedly unable to work.

## Emergency Kits

There are two emergency kits located in the clinic:

is responsible for maintaining the two emergency supply kits in accordance with the College of Physicians and Surgeons of BC Safety Assessment Standards for emergency kits.

1. For more minor staff medical emergencies a level one emergency kit emergency kit is available, located in
2. For patient and more serious medical emergencies, there is an emergency kit is located in

This kit includes:

### Emergency Medication:

- Epinephrine (1 mg of 1/1000 solution or prefilled syringe)
- Diphenhydramine (50 mg of oral/parenteral preparations)
- Salbutamol metered dose inhaler
- Nitroglycerin spray (0.4 mg)
- Acetylsalicylic acid (80 mg)
- Lorazepam (1 mg sublingual preparation)
- Oral and parenteral benzotropine (if haloperidol is given in office)
- Glucose gel
- Naloxone (for risk-appropriate clinical settings)
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- 
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**Emergency Equipment:**

- Bag valve mask ventilator
- Blood pressure cuff (pediatric, small adult, large adult)
- Glucose meter
- Oral airways (pediatric, small adult (size 3-4), medium adult (size 4-5), large adult (size 5-6))
- Nebulizer or metered dose inhaler spacer and face masks
- Personal protective equipment (latex-free disposable gloves, fluid-resistant mask, eye protection)
- Oxygen source, oxygen mask (pediatric, adult) and tubing
- Portable suction device and catheters, or bulb syringe
- Intravenous extension tubing and T-connectors
- Pulse oximeter for child and adult usage
- Resuscitation tape (color-coded) for pediatric dosage determination
- Automated external defibrillator
- ECG machine
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- 
- 

**Emergency Exits**

Our clinic has  emergency exits. They are located: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ambulance Exits** [Include details about ambulances entering and/or leaving the clinic property].

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

## **Protecting Your Office & Clinic – Wildfires and Other Events**

July 2021

Written by Westland Insurance

Doctors of BC offers members specialty and discounted commercial insurance for offices and clinics through its partner, Westland Insurance.

Owning and operating a medical practice is a serious business and one which requires a significant financial investment to set up. Here are some key points to consider when purchasing insurance to protect your investment.

### **Leasehold Improvements, Office Contents and Medical Equipment**

When renting office space, most leases typically make the tenant responsible for all improvements and renovations made to the space, even if the tenant did not have to pay for them at the start of the lease. As a result, most tenants are responsible for repairing or replacing any improvements which have been done to their space following a fire or a water damage loss. This can amount to many thousands of dollars and it is critical to make sure any improvements are included in the limits chosen under your insurance policy.

Contents of a typical medical office include computers, laptops, filing cabinets, office and waiting room furniture, various types of medical equipment ranging in cost from small stethoscopes to large laser machines and x-ray machines. It is important to make sure that these items are all insured on a replacement costs basis so that the items will be replaced with brand new items if they are lost, damaged or stolen. The total replacement cost of all office contents and equipment should be taken into account when choosing a limit of insurance. Failure to do this can lead to you having to contribute towards a claim out of your own pocket if it is found that you had underinsured the total value of your contents.

The importance of choosing a limit which reflects all of your Leasehold Improvements, Office Contents and Medical Equipment becomes even more critical in areas prone to forest fires. While damage caused by forest fires is covered under the policy, these types of losses tend to cause major damage and many policies will have to pay out to the full policy limit in the event a medical clinic is destroyed.

Smoke damage is also a major issue in forest fires. In Fort McMurray, whilst the medical clinics in the downtown area were spared from the fire, they suffered major smoke damage to the insides of the clinics. Most were forced to evacuate on very short notice and left the heating and air conditioning systems running. This allowed the smoke to be sucked into the clinics. Again, while smoke damage is covered, it is important to make sure you choose an adequate limit of insurance to ensure there is enough money to repair or replace all of the damage items following the fire.

### **Loss of Business Income**

Sometimes a fire or major water damage loss, even at your neighbor's premises, can result in the closure of your business for a few weeks. Loss of income resulting from such a forced closure can be recouped by ensuring your insurance policy contains loss of income coverage.

For most offices, make sure the loss of income limit is at least 12 months and is not capped by a dollar limit. The policy should also provide 30 days of coverage for mass evacuation. In the past several years whole communities have been ordered to evacuate for several days or weeks on short notice and this mass evacuation coverage can provide some immediate emergency funds to cover the clinic while it is under an evacuation order.

Take a moment to review your current insurance policy and to make sure the medical office is adequately protected. Having the right type of policy that will respond to the various exposures faced by a commercial medical office is a critical part of protecting your business investment.

Westland Insurance, a commercial insurance partner of Doctors of BC

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## Office Procedures

**Complete this worksheet with basic actions you would take in each situation. Regularly update and discuss the process with staff.**

### FIRE

- Pull the fire alarm and initiate an evacuation plan.
- Ensure staff and patient safety.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### EXTREME WEATHER EVENTS (heat wave, white out, etc.)

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

### MEDICAL EMERGENCIES

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

### EARTHQUAKE

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

### SHELTER-IN-PLACE (hazardous airborne substances, etc.)

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

### OFFICE THREATS

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

## Key Roles in Disaster Response and Business Continuity Planning

Consider the following when establishing and assigning key roles for your practice.

### **Impact on business operations:**

- Patient safety and continuity of care.
- Timeline for recovery and maximum amount of loss that can be incurred before complete loss of business.
- Timeline for practice operations if a critical person is unavailable or only partially available.



### **Resources that have been compromised:**

- Minimum required staff to operate the business.
- Computer and medical equipment requirements.
- Access to secured areas and required communication systems.
- Alternate banking service and billing processes.



### **Damage mitigation actions to consider:**

- Hours of operation and temporary employees or staff from other clinics.
- Referring patients elsewhere and alternative methods for notifying staff and patients of a disruption or closure.
- Entry or re-entry of data once systems are available.
- Budget to develop the recovery strategy, resources available after an adverse event, and access to funding during recovery.
- Back-up facilities options (i.e., arrangements with another practice).





## **Potential roles for your staff**

### **Business Continuity Plan Coordinator**

Typically assigned to a lead physician or practice/office manager, with a backup assigned in case the lead is unavailable or indisposed.

Responsibilities:

- Determine how threats can be eliminated or mitigated and develop plans to recover from damage caused by specific threats.
- Hold the master copy of the plan and coordinate all updates, and retain an offsite copy.
- Review and update the plan on an annual basis including periodic tests.
- Initiate the plan and coordinate its implementation when an adverse event occurs.
- Train staff so they can fulfil their role(s) in the plan when it is implemented.
- Collect contact information for staff, building manager, suppliers, and insurance and restoration companies.
- Approve interim expenses such as new purchases, payroll and ongoing expenses.
- Accept overall responsibility for re-establishing normal operations.

### **Clinic Communications Coordinator**

Primary communications conduit for the clinic, supporting the clinic BCP coordinator.

Responsibilities:

- Retains an offsite copy of the Business Continuity Plan.
- Maintains contact with staff.
- Initiates contact with the EMR vendor. (This responsibility may be delegated to EMR Vendor BCP Coordinator or Clinic EMR Liaison.)
- Maintains contact with the local Health Authority, Doctors of BC, and others as required.
- Contacts patients, vendors, and suppliers.

## EMR Vendor BCP Coordinator

Works with the clinic to re-establish access to the EMR and patient data, both in the short term during immediate recovery and long term should the physical clinic environment need to be re-established. This role may be combined with Clinic EMR Liaison role.

### Responsibilities:

- Obtains new equipment for the clinic.
- Facilitates reconnection to the Internet and the vendor data center.
- Facilitates data recovery if required.
- Assists with establishment of temporary facilities if required.
- Facilitates EMR setup in the clinic including re-establishing roles and permissions, configuration and resetting preferences.
- Tests the environment before implementation.

## Clinic EMR Liaison

Representative who can act as the primary liaison with the EMR vendor to support the clinic BCP coordinator. This role may be combined with EMR Vendor BCP Coordinator role.

### Responsibilities:

- Retains an offsite copy of the Business Continuity Plan.
- Provides access to facilities for the EMR provider.
- Works with the vendor during EMR setup.
- Identifies training requirements for replacement personnel.
- Assists with pre-implementation testing.
- Assures verification of data recovery.

## Evacuation Warden

### Responsibilities:

- Assist others in case of an evacuation.
- Account for employees after evacuation.
- Retrieve emergency kits.

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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ROLE IN THE COMMUNICATION PLAN:

\_\_\_\_\_

\_\_\_\_\_

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NAME \_\_\_\_\_

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COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ROLE IN THE COMMUNICATION PLAN:

\_\_\_\_\_

\_\_\_\_\_

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External Services and Suppliers — Contacts

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

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

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

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

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

OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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

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

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OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Essential Services

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Essential service	How long can you cope without it?	Mitigation Strategies - How can you lessen the impact?
Receptionist/MOA/Office Manager		
EMR		
Patient files (paper)		
Internet		
Telephone		
Electricity/Office Equipment		
Heat		
Air conditioning		
Water		
Office space		

Critical Records Inventory

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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					

## Practice transition

### Plan for the unexpected

Preparing for a prolonged absence or the unexpected closure of your practice due to illness or death is a necessary part of your business plan. Consulting with legal and financial experts will help you understand the implications of a sudden change in your work circumstances.

These professionals can advise on topics which may include:

Accountant and/or Financial Planner:

- Business viability for an incoming family physician.
- Practice asset review.
- Audit requirements.
- Cost/benefit analysis of your contingency plan.
- Personal economic implications of implementing your plan, especially for incorporated companies.
- Superannuation.
- Personal tax implications.
- Economically sound timing to change work arrangements.

Legal professional:

- Legal requirements and implications of your estate plan.
- Conditions and contracts for an incoming family doctor.
- Insurance, particularly indemnity insurance.
- In addition to consulting professionals, it is important to talk to your colleagues about a plan for covering any absences and the impact on workloads and/or on-call arrangements.



## Important questions to ask a legal professional

If a representative of the physician is left to handle the closure of a practice, a legal professional can assist with answering the following questions.

Though not an exhaustive list, when meeting with a lawyer, these are some important questions to ask:

In case of death:

- Did the deceased physician have a will (or wills)? Is it with the lawyer?
- If so, does the will have to go to probate?
- Who is named the executor of the estate in the will?
- What happens if there is no will?
- What happens to the deceased's property in the interim, such as a vehicle or home?
- Are there any insurance or tax requirements that need to be addressed?
- Am I/we eligible for any CPP-related payments?
- How do we claim any life insurance money?
- How do we deal with any investments in the deceased's name?

In case of sudden illness:

- Does the physician have an appointed Continuing Power of Attorney for Property?
- Does the physician have an emergency plan in place?
- How do we claim any disability insurance money?

General questions:

- How do we wind down the physician's practice?
- How do we deal with the physician's employees? What are our obligations?
- How do we deal with the physician's office lease, utilities payments, and any rented equipment?
- What happens to the physician's medical records? What are our obligations, if any?
- What happens to the physician's medicine professional corporation?
- How do we inform the College of Physicians and Surgeons of BC (CPSBC), the Canadian Medical Protective Association (CMPA), Doctors of BC, etc. that the physician is deceased or has ceased to practice?

## Create your asset plan

Consider what you would like to do with practice assets if your work circumstances changed. Use the table below to outline your proposal for each asset.

Asset	Proposal
Clinical workload	
Clinical equipment	
Patient records	
Practice staff	
Computer hardware and software	
Goodwill	
Practice furniture	
Practice location	
Ongoing contracts or agreements	