

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Waitemata and Counties Manukau

Auckland Regional Public Health Service

Business Continuity Framework

MASTER DOCUMENT

Distribution

The ARPHS Emergency Management and After Hours Team are to ensure the BCP Framework is available to:

- Senior Management Team (within Activation Toolkits)
- Emergency Management Team (EOC computers)
- ARPHS Activation Toolkits
- After Hours USBs

The BCP Framework will also be available on 'The Hub' site, from which individuals are expected to print or make their own soft copies.

NOTE: This Framework excludes ARPHS Refugee Health Screening Service. For this plan see [ARPHS RHSS BCP Sections 2 and 3 – Procedures 2013](#).

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1 Definitions

After Hours Manual	This document outlines key roles, responsibilities and actions for staff working after hours. It is the 'master' reference for ARPHS processes that only come into effect after hours. This document is a supplement to – rather than a duplicate or replacement for – existing Auckland District Health Board (ADHB) policy and/or ARPHS protocols and processes.
After Hours Service	The 'After Hours Service' (AHS) at ARPHS refers to the rostered on-call staff who are the first point of contact for new after-hours workload and high-priority workload handed over from business-as-usual (BAU), e.g. sampling, disease investigations and pre-planned ship sanitation inspections.
Business As Usual (BAU)	Is the normal execution of ARPHS work being completed by individuals or teams.
Business Continuity Plan (BCP)	A holistic management process that identifies potential impacts that threaten an organisation, and provides a framework for building resilience and the capability for an effective response to a disruption. It outlines the strategies and resources required for the recovery of services according to pre-determined priorities.
Clinical Management Protocols	Is a set of procedures for the identification of causes or contributing factors relating to illness, as well as case and contact management in order to prevent the spread of infection or manage environment hazards as required by ARPHS' contract with the Ministry of Health. Protocols are primarily developed by clinical and technical staff and go through an approval/sign-off process. ARPHS protocols are processed and governed by ARPHS Protocol Working Group. All public health staff are obliged to use these protocols during normal and after hours work
Disruption	<p>An event that results in an interruption to one or more services. There are seven principle disruptions outlined in this framework:</p> <ul style="list-style-type: none"> • Computer / Network System Failure • Telecommunications Failure • Loss of Offices • Power Failure • Supplier Failure • Transport Failure • Staff Absenteeism
Emergency	<p>An ARPHS emergency is confirmed and authorised by the General Manager (or delegate) signing the Response Declaration Form in the ARPHS Emergency Plan.</p> <p>An 'emergency' at ARPHS is "an adverse event/s that overwhelms the available public health resources or capabilities at a local or regional level. Public Health emergencies may, or may not be declared civil defence emergencies." (Environmental Health Protection Manual, 2005, Section 10).</p> <p>Triggers for an ARPHS Emergency could be the result of any of the following:</p> <ul style="list-style-type: none"> • An internal surge event, or new notification escalating beyond the available resources/capability at ARPHS, • A direct request from regional Health agencies (via Health CEG

	<p>Chair) to escalate the Regional Health Emergency Plan,</p> <ul style="list-style-type: none"> • A MoH Code Yellow or Red email alert for an emergency affecting the Auckland region – sent to ARPHS Single Point of Contact (SPOC), • A regional or national Civil Defence emergency, notified to ARPHS by the regional Civil Defence Group EOC or through the National Warning System via the MoH SPOC alert system.
<p>Maximum Acceptable Outage'</p>	<p>The maximum period of time that ARPHS can tolerate the disruption of a critical business function (disruption may include both the discontinuance of an activity or the inability to perform it to an acceptable quality or with sufficient reliability)¹</p>

¹ AS/NZS 5050:2010

2 Introduction

2.1 Mandate

“All health and disability providers are... required to plan for management of any significant risks to the continuity of their service.”² “Without limiting their overall responsibilities, health providers must, as appropriate... maintain current business continuity plans.”³ “Public health units...have a responsibility to... advise local agencies and lifeline utilities about public health aspects of their business continuity planning.”⁴

2.2 Purpose

The ARPHS Business Continuity Planning (BCP) Framework identifies potential risks and vulnerabilities and includes guidelines to prepare for, respond to, and recover from a disruption directly affecting ARPHS.

The purpose of ARPHS BCP Framework is to:

- provide guidance for the organisation to respond to an event resulting in disruption to ARPHS services, and
- serve as the point of reference for establishing and maintaining an organisational culture of resilience and continuous improvement.

The ARPHS BCP Framework can be implemented partially, or fully, depending on the situation.

2.3 Overview

2.3.1 Relationship with other documents

ARPHS Protocols

All ARPHS Protocols should consider business continuity elements, including:

- Recognition of the relative importance of the actions described in the protocol compared with other ARPHS contractual/legislative actions.
- Contingency and/or alternative practices to achieve protocol outcomes.
- Identification of trigger points (e.g. in relation to scale, delay, cost, etc.) that may negatively impact on protocol outcomes.
- Staff support and backup arrangements, if necessary, to achieve protocol outcomes. This may include backup within teams, across teams or external stakeholder support.

ADHB Emergency Preparedness and Response Manual (EPARM)

The ADHB EPARM outlines emergency preparedness and response actions for all units based at ADHB, including ARPHS.

The ARPHS BCP serves as the organisational ‘Unit Contingency Plan’, as outlined in Part 19 of the ADHB EPARM.

ARPHS Emergency Plan

The ARPHS Emergency Plan describes the actions for responding to an emergency (i.e. how ARPHS will set up an incident management structure and take on emergency response activities, in addition to those services it already provides).

The ARPHS BCP describes actions for maintaining continuity of priority services during disruption – including those classed as “business-as-usual” (BAU).

² National Health Emergency Plan (NHEP) 2008, page 8

³ National Civil Defence Emergency Management (CDEM) Plan Order 2005, 5(4)(j)

⁴ National CDEM Plan Order 2005, 5(31)(c)

2.3.2 Compliance with business continuity standards

ARPHS uses the Standard AS/NZS 5050:2010 'Business Continuity – Managing disruption-related risk' as the basis for business continuity planning. Although it is not a requirement for ARPHS as a Public Health Unit to comply with the AS/NZS 5050:2010, this Standard – as well as other current industry references – have been used to ensure ARPHS follows good business continuity planning practice.

2.4 Monitoring and Review

The ARPHS Emergency Management and After Hours Team are the owners of the Business Continuity Framework and responsible for its maintenance. Periodic or ad hoc monitoring and review will ensure that strategies are up to date and incorporate lessons from testing and activation.

All teams are responsible for maintaining their own Service Continuity Plans and resource lists. This should be discussed at Team Meetings and key messages reinforced on a regular basis.

2.5 Implementation

To support the implementation of the revised BCP Framework a presentation will be delivered at an Emergency Management Forum. The final documents will be placed on the HUB and on the After Hours USBs. In 2019, the Emergency Management and After Hours Team will facilitate training exercises with SMT and Programmes.

3 Business Continuity Principles

ARPHS provides resource-intensive services that are susceptible to many natural and man-made risks. When these risks materialise into a disruptive event the effects of the disruption may impede ARPHS ability to continue providing these critical services leading to unacceptable outcomes. This document and related resources provide a framework for decision-makers to delineate between essential business activities that must be re-established within set pre-defined timeframes, and less critical business activities which may be temporarily suspended and its resources redirected to higher priority areas.

At a minimum, ARPHS can function on an After Hours roster for up to four days if required.

This Framework will help reduce the occurrence and scale of events that could cause disruption as well as equipping the organisation with the capacity to:

- stabilise any disruptive effects as soon as possible;
- continue and/or quickly resume those operations that are most critical to the organisation's objectives;
- expedite a return to normal operations and a full recovery;
- capitalise on any opportunities created by the event; and
- assume additional risk with confidence.

As well as having a robust BCP document, the performance by ARPHS to meet these business continuity planning principles is conditional on full management and staff commitment, a structured continuity and resilience training programme, adequate staff and resources for ensuring continuity, and an on-going process of monitoring and continual improvement of resilience within the organisation.

BCP don't necessarily imply the resumption of BAU activities. A reduced, but tolerable, activity level may be enough to ensure critical elements of the activity are fulfilled. Strategies should include a minimum acceptable level and sustainable level of activity.

Some of the strategies the organisations and teams have adopted in this document include:

- temporarily suspending the business activity
- workarounds
- importing staff from other services to maintain essential activities
- transferring staff and resources to another team/service
- working from home (generally non-clinical activities)
- relocating the service and/or resources to a back-up location.

Once the strategies have been determined, the resources required to implement the strategies need to be mapped. Resources include people, systems, specialist equipment, key consumables, premises and services. This will be discussed and agreed to at the Business Disruption Meeting. Level 4 Managers are required to pre-populate BCP Checklist prior to this meeting.

Unless previous agreements or Memorandum of Understandings have been formalised between health services, relocation strategies should be generalised rather than specific to allow for flexible arrangements to be implemented.

For some teams/services, the list of key consumables/equipment may be extensive. Rather than detail an exhaustive list here it will be the responsibility of teams to maintain their own equipment and consumable registers e.g. pharmaceutical supply lists (CDC) and mosquito trap equipment (EH).

The responsibility for the successful implementation of this Framework is with every staff member of ARPHS. Clear, regular and on-going communication is essential to adequately respond to a disruption.

While services have been defined, these may require re-prioritisation at the point of disruption subject to other competing demands on resources. This may include current outbreaks/incidents being managed which may adjust essential services at any given time.

This is an iterative document that will be tested, maintained and updated to reflect changes in the organisation.

4 Business Continuity Approach

4.1 Reduction / Readiness Phase

Process	Activities
Risk identification and business impact analysis	Identify and prioritise critical business activities, and resources necessary to resume these activities when they are disrupted. <ul style="list-style-type: none"> • identify risks • identify business activities • establish the possible effects of a disruption • determine how long critical business functions can be disrupted • identify resources and requirements for business continuity.
Identify response options	<ul style="list-style-type: none"> • identify options for maintaining business continuity, covering people, IT systems and networks and facilities
Develop Business Continuity Plans	<ul style="list-style-type: none"> • organise resources to ensure the right people are available to continue critical business activities and/ or deliver essential services
Training, testing and maintenance	<ul style="list-style-type: none"> • train staff involved in delivering critical business activities • conduct tests or exercises to validate the completeness and accuracy of the plan • maintain the plan to ensure it remains current

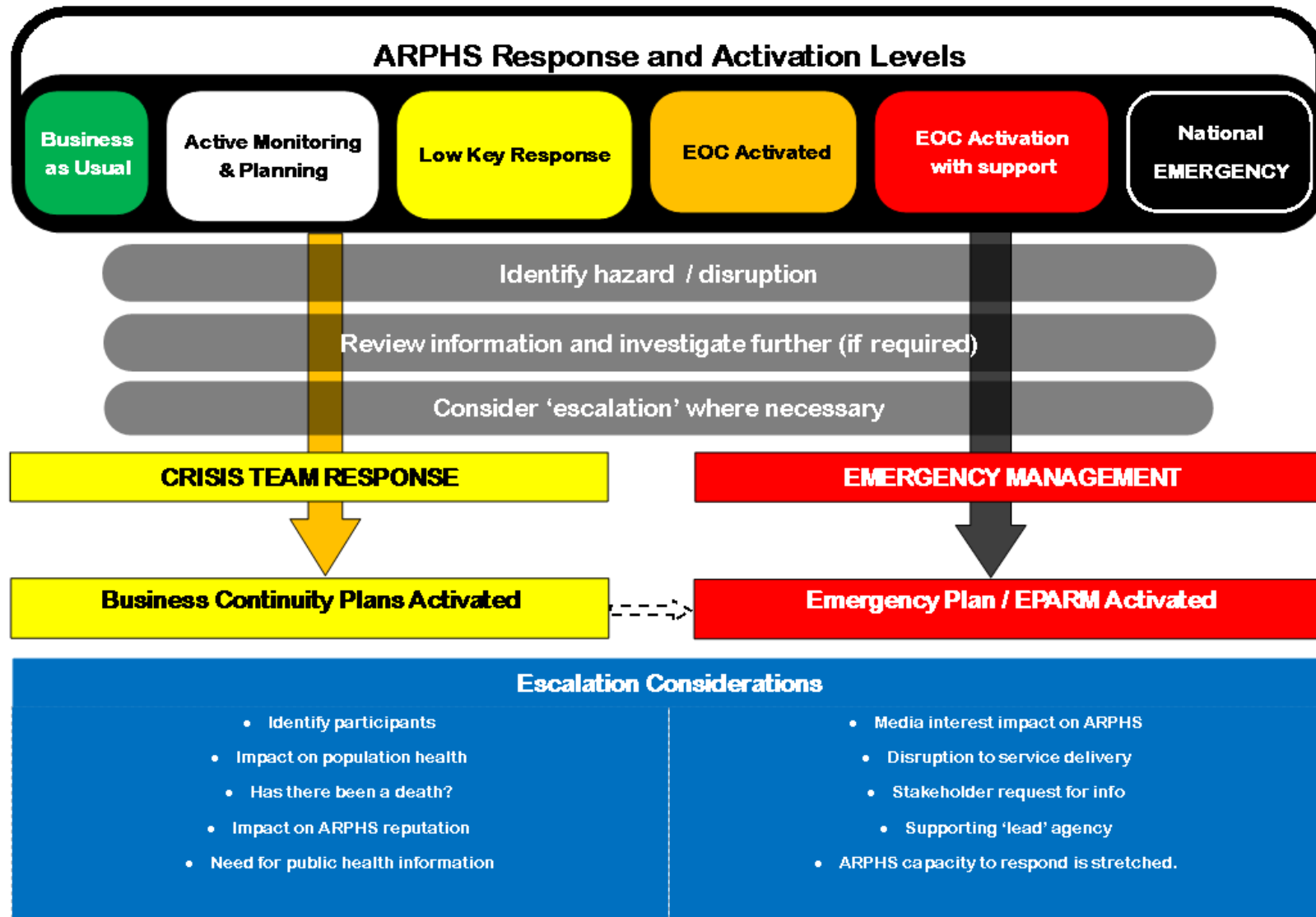
4.2 Response Phase

Process	Activities
Emergency response	Initial response to a disruptive event, with the first priority being safety, followed by securing assets.
Crisis management	Strategic management response to the disruptive event, aiming to stabilise the situation and communicate with stakeholders to limit further deterioration.

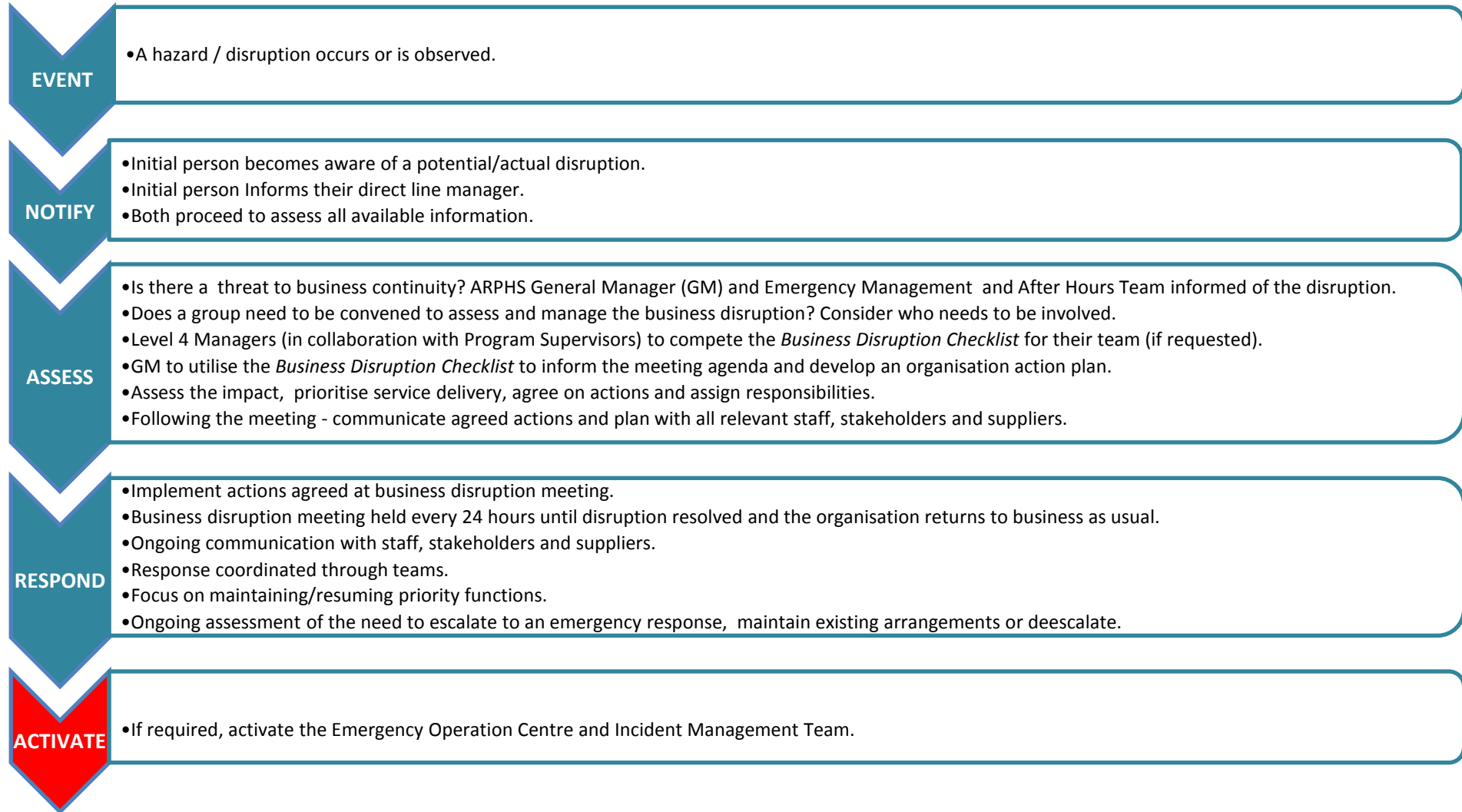
4.3 Recovery Phase

Process	Activities
Continuity response	Processes, controls and resources made available immediately following a disruptive event to ensure we resume critical functions.
Recovery response	Process, resources and capabilities that help us to resume normal activities. Also presents an opportunity to assess responses and improve business continuity processes and capabilities.

5 Using and Activating the Business Continuity Planning Framework



6 The Framework



7 ARPHS Service Categories

In order to properly plan for the complete restoration of BAU, all of ARPHS services have been assessed to determine service categories.

According to the Ministry of Health Service Specifications for Public Health Units, ARPHS must:

- Maintain sufficient staff to respond to and report on significant events or emergencies 24/7.
- Notify the Ministry of Health (MoH) Office or the Director of Public Health of any public health event involving any of the diseases listed in the International Health Regulations (IHR) 2005.
- Notify the MoH Senior Advisor Border Health Protection within two hours of identification of suspected exotic mosquitos of public health significance and ongoing situation reports.
- Ensure the MoH has the contact details of nominated contact officers (including after hours). This information is provided to Sally Gilbert at the MoH to inform information about ARPHS listed in the Directory of Public Health Statutory Officers.

ARPHS also has a responsibility to take urgent action to investigate and manage new public health risks. Some actions – described in ARPHS protocols – need to take place immediately on notification and cannot wait until the next working day.

ARPHS service categories are defined below. Prioritisation and service categories are assigned based on the risk to:

1. Individual life and safety
2. Population health
3. Stakeholder coordination
4. Contractual commitments
5. Organisational reputation
6. Other risks

This involves rostered on-call staff who are the first point of contact for new after-hours workload and high-priority workload handed over from business-as-usual (BAU), e.g. sampling, disease investigations and pre-planned ship sanitation inspections. This service operates and supports the critical functions of ARPHS for up to 4 days and has will be used as the baseline for defining an essential / critical service.

Category	Description	Maximum acceptable outage
1	Services which cannot be delayed and are supported by ARPHS operationally 24/7. To disrupt service delivery would create unacceptable risks to the life and safety of people in the community.	Max. 24 hours
2	Services which must be performed on demand as they are critical to protect population health and to maintain confidence in ARPHS by key stakeholders and the community; but a small time delay is tolerable.	Max. 96 hours (4 days)
3	Services which are an important part of the SDP and must be performed as contractual commitments but may be limited or delayed in order that Category 1 and 2 services are delivered. Services may also need to be performed in order to protect reputation of ARPHS.	Max. 1 Week (7 actual days)

4	<p>Services which are in the SDP but may be suspended indefinitely in order that Category 1, 2 and 3 services are delivered.</p> <p>Services in this category are deemed to be low risk to public if not performed and will not impact on contracts held or the overall reputation of the organisation.</p>	Longer delays tolerable
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ARPHS CATEGORY 1 SERVICES

TEAM	SERVICES	FURTHER INFORMATION
Environmental Health	Essential Border Protection Services*	<p>Services include:</p> <ul style="list-style-type: none"> • IHR (2005) compliance • Identifying and managing exotic infections • Responding to sick passengers on inbound flights or ships • Surveillance, especially during an exotic mosquito incursion • Ship sanitation inspections • Rodent surveillance and response • Pratique and Quarantine
Environmental Health	Essential Disease Investigations*	<p>These include:</p> <ul style="list-style-type: none"> • Acute Gastrointestinal Illness Outbreaks (including foodborne illness outbreaks and seafood) • Gastroenteritis (Single Case) • Enteric diseases • Legionellosis • Contaminated shellfish
Environmental Health	Essential HSNO Services*	<p>Services include:</p> <ul style="list-style-type: none"> • Chemical Poisoning & Hazardous Substance Inquiry • Incident Response • Lead Absorption • Mercury Spill • Radiation Incident <p><i>Urgency varies as to chemical and level of exposure</i></p>
Environmental Health	Essential water and recreational water* services	<p>Services include:</p> <ul style="list-style-type: none"> • Wastewater • Recreational Water • Drinking Water incidents • Cyanobacteria in Freshwater • Swimming Pools and Spas

Communicable Diseases	Essential Infectious Disease* notification, assessment, investigation and management of notified vaccine preventable diseases and others	These include but are not limited to: <ul style="list-style-type: none"> • Acute Rheumatic Fever • Invasive Hib Disease • Hepatitis A, B and C • MMR • Meningococcal • Pertussis • Tuberculosis
Communicable Diseases	Assessment and Management Team*	Multidisciplinary assessment and management of incoming work for disease outbreaks, clinical queries and environmental health risks from clinicians and members of the public.
Communications Team	Outgoing Critical Communication Services* (Public Information Management - PIM)	These services include: <ul style="list-style-type: none"> • incident response – internal communication to staff as well as external communication to stakeholders. • Provision of public health emergency communications • Communications/Public Information Lead • Communications support/Media Liaison • Provision of online message updates to inform the public including social media and ARPHS internet webpage • Provision of message updates via the Hub to inform staff of situation including changes to protocols or procedures as required
Communications Team, Systems, Intelligence and Planning	Incoming Critical Communication Services* <i>Excl. after hours and on-call phones</i>	Receipt of incoming calls to <ul style="list-style-type: none"> • Media enquiries • Reception Services

*Service Continuity Plan available

ARPHS CATEGORY 2 SERVICES		
TEAM	SERVICES	FURTHER INFORMATION
Health Improvement	Alcohol regulatory	There is a statutory requirement for reports to be completed within a 15 day timeframe.
Health Improvement	Tobacco regulatory – enforcement of Smokefree Environments Act 1990	Respond to complaints within 5 days (MoH guidelines). Ensure workplaces that have had complaints complete investigations & take steps to resolve the issue within 20 working days.

Health Improvement	Cervical screening information line*	Reputational risk. Information line, cervical screening information line, case follow ups for at-risk clients.
Environmental Health	Burials and cremations*	Applications for import or export of bodies (or higher if in a mass casualty event).
Environmental Health	Non-Notifiable Illness*	Receive, investigate and manage non notifiable illnesses-self notified suspected food poisonings and Outbreaks
Systems, Intelligence and Planning	Public Health Informatics*	Public health surveillance – IMTS required to support effective emergency responses.

*Service Continuity Plan available

ARPHS CATEGORY 3 SERVICES		
TEAM	SERVICES	FURTHER INFORMATION
Communicable Diseases	Tuberculosis	Investigate TB contacts using Mantoux testing and chest x-rays Facilitate further investigation of contacts of those with TB disease.
Environmental Health	Built Environments (Air Quality, Contaminated Sites, Housing and ECEC)*	1. Receive, investigate and manage environment – related disease notifications 2. Stakeholder engagement activities. Collaborate with the three Auckland DHBs’ sustainability programmes
Communicable Diseases	Refugee and Asylum Seeker Screening (RHSS)	Improve health of refugees, asylum seekers, their families & other migrants (highly dependent on where in refugee cycle loss of continuity occurs).
Systems, Intelligence and Planning	Emergency Planning	BAU planning requirements for the Emergency Management Team.
Systems, Intelligence and Planning	Finance	
Systems, Intelligence and Planning	Business projects - incl. organisational quality and risk management	Some contractual commitments, e.g. SDP/Ops Plan/Quality Plan development.

*Service Continuity Plan available

ARPHS CATEGORY 4 SERVICES		
TEAM	SERVICES	FURTHER INFORMATION
Health Improvement	Health Promotion activities to reduce alcohol & tobacco harm.	Delays require agreement from MoH. No legislative timeframes for completion. Readiness assessment of ability to mobilise local board alcohol policies; coordination of Smokefree activities and needs assessments for settings re: Smokefree interventions.
Health Improvement	Other Programmes Workplace Health, Early Childhood Ed.	Delays require agreement from MoH. No legislative timeframes for completion.
Health Improvement	Cervical screening – programmes (NCSP)	Education programs & training.
Communicable Diseases	BCG vaccination	BCG vaccination program
Environmental Health	Drinking Water Assistance Programme (DWAP)*	Assist small communities to meet the Drinking Water Standards-supply of acceptable potable water
Environmental Health	Housing, Resource management submissions*	Minor role in housing (non-regulatory). Only submit on large resource management issues.
Environmental Health	Psychoactive Substances*	<ol style="list-style-type: none"> 1. Respond to requests from the Office of the Psychoactive Substances Regulatory Authority (OPSRA), Police and members of the public 2. Liaise with Police regarding Control Purchase Operations (CPOs) as required.
Systems, Intelligence and Planning	Public Health Informatics*	Internal operational reporting, external operational reporting and core service planning functions.
Systems, Intelligence and Planning	Workforce training	
Systems, Intelligence and Planning	Resource centre and administration	Includes non-critical business support functions.
Systems, Intelligence and Planning	Business support	Includes planning, reporting and policy submissions
Systems, Intelligence and Planning	Workforce development	Strategic workforce planning

*Service Continuity Plan available

8 Roles and Responsibilities Guide

This section outlines the necessary action before, during and after a business disruption.

8.1 Reduction / Readiness Phase

BCS – staff details:

- **All staff** are responsible for maintaining their own records on BCS.
- **Managers and Programme Supervisors** are responsible for ensuring staff have updated their BCS records.
- **SIP Informatics Team** ensures BCS is operational.
- **SIP Emergency Management and After Hours Team:**
 - Monitors the number of staff with up-to-date BCS records.
 - Manages the process for access to staff details in an emergency.

Equipment:

- **All staff** are responsible for carrying current (non-expired) ARPHS ID and relevant security cards (i.e. Port/Airport ID).
- **Managers and Programme Supervisors** are responsible for:
 - Keeping accurate records of critical equipment (e.g. list of equipment, amounts, supplier, location and expiry dates).
 - Conducting stock audits as required.
 - Ensuring equipment is repaired/maintained/replenished.
 - Following processes for contingency/backup (off-site/duplicates/manual, including alternative suppliers) of equipment and related processes.
- **SIP Emergency Management and After Hours Team** is responsible for:
 - Ensuring teams undertake standardisation of record-keeping, storage processes, and audit/testing schedules throughout ARPHS.
 - Coordination of contingency equipment used service-wide (ARPHS and remote sites), including EOC equipment, satellite phones, emergency EOC packs and PPE 'grab bags', and arrangements for remote working (or alternative work-sites).

Documentation and Planning:

- **SMT** are responsible for:
 - Leading the development of policy/procedures for organisational leadership continuity.
 - Confirm organisational 'Mandate and Commitment'⁵ by:
 - Defining and endorsing the organisational policy for managing disruption-related risk, including working to ensure organisational culture and risk management policies are aligned.
 - Ensuring legal and regulatory compliance.
 - Assigning accountabilities and responsibilities at appropriate levels, and allocating the necessary resources to manage identified risks.
 - Generating awareness by endorsing the organisational resilience strategy, and communicating benefits of business continuity to relevant stakeholders.
 - Ensuring the framework for managing this type of risk remains appropriate, including overseeing the ongoing measurement and assessment of organisational progress against indicators for resilience⁶.

⁵ See AS/NZS 5050:2010 – Principles, Framework and Process

- **Managers and Programme Supervisors** are responsible for:
 - Documenting any team protocols/processes, in particular all processes relating to Category 1 and 2 service categories.
 - Ensuring all key processes identify and (preferably) mitigate specific vulnerabilities (e.g. identifying manual contingency if process is heavily dependent on electrical power or access to computer networks).
 - Identifying and keeping an accurate record of key operational stakeholders.
 - Identifying and supporting the strengthening of cross-team dependencies/vulnerabilities
 - Develop team contingency planning to reprioritise core workload in times of disruption.
 - Develop Standard Operating Procedures (SOPs) for each team based on their core tasks for maintaining essential / critical services
- **SIP Emergency Management and After Hours Team** is responsible for:
 - Leading organisational planning, including on-going BCP “monitoring and review”.
 - Ensuring data backups are maintained by managing service-wide backup systems (e.g. Protocols on on-call staff USBs; key templates, resources, etc. are available via ‘The Hub’) and by liaising with teams to ensure teams are complying with backup storage and audit processes, and
 - Developing service-wide continuity processes (e.g. office relocation process in the event of site failure).
 - Documenting and reporting to SMT on service-wide levels of resilience and business continuity practices.
 - Lead in liaison with the Business Support team, organisational business continuity planning and action items relating to facilities and infrastructure.
- **SIP Communications and Emergency Management and After Hours Teams** are responsible for identifying and ensuring consistent, agreed methods for emergency communication with key stakeholders.
- **SIP Emergency Management and After Hours, Communications and Informatics Team** are responsible for liaising with Health Alliance to confirm the security and access to data backups, and for ensuring key Internet, Extranet (The Hub) and associated sites (e.g. FindMyShift) are operational.
- **All staff** are responsible for:
 - Understanding their own roles and responsibilities, in relation to;
 - service categories,
 - top hazards,
 - effects of business disruption, and knowledge of potential ‘knock-on’ organisational effects of disruption to own work,
 - maintaining personal readiness, including keeping recorded personal information up-to-date in ARPHS and ADHB databases.
 - Participating in training.

Training:

- **All staff** are responsible for:
 - Ensuring they are familiar with the ARPHS Business Continuity Framework and the ADHB Emergency Preparedness and Response Manual.
 - Ensuring appropriate deputies or alternative back-up arrangements for any core services they are involved in (in particular Category 1 and 2 services).
- **Managers and Programme Supervisors** are responsible for
 - Ensuring staff have the appropriate training in key team responsibilities.
 - Ensuring the team has appropriate backup arrangements.

⁶ Indicators may be action items against known vulnerabilities, performance targets and/or level or frequency of continuity related training and planning.

- Ensuring staff are trained in organisational and team contingency plans.
- **SIP Emergency Management and After Hours Team** is responsible for:
 - Providing training to staff to ensure there are a number of staff who can take responsibility for service-wide continuity actions during a disruption.
 - Monitoring service-wide resilience and coordinating with Teams on the delivery of training to improve business continuity practices.

8.2 Response Phase

All staff has a responsibility in supporting business continuity in the event of a disruption. Below are some of the general areas of responsibility teams are accountable for (as directed by the SMT) in the event of a business disruption.

- The ARPHS Operational Management Team is expected to participate in the Crisis Management Meeting if required.
- The ARPHS Operational Management Team is expected to follow through agreed actions from this meeting and all staff are required to follow the direction of their manager.
- For assessment of BAU impacts assess likely timeframe for disruption (short/long term):
 - This should be undertaken at the Crisis Management Meeting level initially (assessing impact specific to teams) and revisited daily.
 - Assessment should be based on the impact to the organisation.
- Priority of resourcing should at all times be given to critical / essential services.
- If workloads are not manageable within the team
 - The Programme Supervisor should escalate this matter to their reporting manager.
 - During a disruption, Managers will authorise additional staff to be rostered as required. This is done on an as-required basis.
 - If there is disruption after hours, the MOH would contact the ARPHS General Manager (or delegate) to authorise more staff or other resources to be called in and/or to escalate any media query that cannot be deferred to the next working day. The ARPHS General Manager should also be notified after hours if there is any significant emergency incident that requires notification to the MoH, MPI or EPA.
 - If the General Manager or Clinical Director are unavailable the on-call MOH should contact any Level 4 Manager.

8.3 Recovery Phase

- Identify cause and look to mitigate where possible to prevent future instances
- Perform debriefs around the disruption to determine if/where improvements are required.
- Review procedures and subsequent failures in procedure – mitigate as needed.

The Recovery process for teams is dependent upon the type and extent of business continuity disruption experienced by the ARPHS. Recovery steps for specific business continuity hazards/disruptions are also listed within Organisational Response of ARPHS Business Continuity Disruptions.

Following a disruption to business continuity all teams will be responsible for ensuring that all appropriate steps are taken to return to BAU processes as quickly and smoothly as possible.

All teams will be responsible for:

- Contacting and informing their key stakeholders in liaison with the Communications Team
- Providing any additional information/reports associated with the outage

- Prioritisation of, and actioning of any work backlogs, which may require support/back up from other ARPHS teams or use of external stakeholder support
- Conducting a team debrief

The **SIP Emergency Management and After Hours Team** will be responsible for arranging organisational-level debriefs and incident assessments when appropriate as part of ARPHS recovery strategy.

The **SIP Business Support Team** will be responsible for ensuring 'corporate' supplies and stocks (i.e. for kitchen, bathroom, stationery and equipment consumables) are replenished, mail processing is re-established if affected and fleet vehicle readiness is confirmed.

The **SIP Informatics Team** will be responsible for liaising with providers to ensure our systems are running properly (i.e. for Intergen, EpiSurv/ESR, Medtech, healthAlliance and ADHB's IMTS teams), and to assist with BAU recovery/infrastructure needs if required.

It is envisaged that reasons for a business continuity failure may be identified as part of the debrief process. This process could also lead into an investigation of failure causes, capturing lessons learnt and possible mitigation strategies for future implementation.

9 Organisational-Level Response

This section is focused on direct ‘disruptions’ to ARPHS operations. These are **impacts** that may result from a variety of **causes**.

For example, a ‘Loss of Power’ impact may result from an external (e.g. tsunami damage), human error (e.g. vehicle accident affecting power grid) or a very local event (e.g. a problem with switching GCC Building 15 back to mains power after a generator test) but the actions required by ARPHS to manage this impact are the same regardless of the cause.

Likewise, by focusing on impacts rather than causes we reduce the amount of prior assumptions about how a hazard may directly affect ARPHS. *It is possible to have – for example – an earthquake or tsunami without a resulting power failure to GCC Building 15, or to have a pandemic without a significant amount of ARPHS staff absenteeism.*

The organisational-level response includes those activities / issues that should be managed by the organisation rather than individual team/service level. Often these activities would be led by the Emergency Management and After Hours Team, Informatics, Communications and Business Support. The organisational-level response may be used:

- Before a response – To check the specific business continuity ‘Readiness’ requirements for all Team workplans.
- During a response – To check what actions specific ARPHS teams should take to resolve the issue on behalf of the whole organisation.
- During a response – To use as a reference when completing any actions described in the BCP Organisation-Level Response.

There are **seven** disruptions considered in ARPHS Business Continuity Planning Framework. These include:

9.1 Computer/Network System Failure

Reduction / Readiness		Responsibility
8.1.1	<ul style="list-style-type: none"> • Maintain register of computer and related hardware; identifying location, employee, role, etc. – including: <ul style="list-style-type: none"> ○ Desktop computers, laptops, printers, scanners, cameras, digital projectors, televisions, wireless headsets, audio equipment (e.g. speakers, amplifiers) – IT Hardware Register 	EM&AH Team
8.1.2	<ul style="list-style-type: none"> • Maintain register of software applications and specialty databases – Critical Applications Register 	
8.1.3	<ul style="list-style-type: none"> • Ensure all ‘key’ ARPHS templates (e.g. letterhead, faxes, case report templates) and protocols are held on After-Hours laptops, After Hours USB sticks, the EM&AH Team portable HDD as back-up copies, and are available for emergency response laptops to access if required. 	

8.1.4	<ul style="list-style-type: none"> Ensure ARPHS SMT/IMT have remote VPN access to critical applications and the N:/drive for off-site access as per their user profile – maintain remote working capability for key staff, routinely test and train to ensure capability can be activated. 	
8.1.5	<ul style="list-style-type: none"> Ensure emergency email profiles are available 24/7 via network or ADHB Intranet webmail portal. 	
8.1.6	<ul style="list-style-type: none"> Ensure critical applications are accessible via VPN and 3G-enabled On-call and emergency response laptops. 	
8.1.7	<ul style="list-style-type: none"> Ensure process in place to allow access to critical applications from ACH and GCC sites (e.g. EpiSurv, WINZ, NDCMS, AMT logger, BCS and MedTech, etc). 	EM&AH Team <i>In liaison with I&P Informatics Team</i>
8.1.8	<ul style="list-style-type: none"> Ensure relationship with Health Alliance (hANZL) for support and backup: <ul style="list-style-type: none"> Back-up of critical (clinical) applications/databases is managed by Health Alliance and occurs nightly (Monday to Friday). All SQL systems are backed-up on a 15-minute continuous cycle during the day. Databases are backed-up to tape overnight. hANZL hold copies of all essential/authorised software 	
8.1.9	<ul style="list-style-type: none"> Ensure all critical information is kept on the N:/drive and subject to ADHB computer back-up systems (i.e. nightly back-up (Monday to Friday)). 	Business Support Team – Archivist
8.1.10	<ul style="list-style-type: none"> Ensure internet and intranet, Hub sites are included in routine back-up systems. 	Communications Team <i>In liaison with IMTS</i>
8.1.11	<ul style="list-style-type: none"> Ensure critical work programmes have manual (paper-based) contingency processes (refer to team contingency plans) that facilitate workflows while meeting accepted, routine guidelines (i.e. privacy rules, file storage, notifications). 	All Teams – Programme Supervisors

Response		Responsibility
In the event of computer failure – Recovery Time objective is 4 hours		
8.1.12	<ul style="list-style-type: none"> Liaise with Health Alliance Information Service as ARPHS first point of contact to determine timeframe for restoring computer system and status of outlying offices. <ul style="list-style-type: none"> Ascertain which forms of computer systems are functioning and available Retrieve/reload critical software applications as required 	EM&AH Team – Infrastructure Coordinator
8.1.13	<ul style="list-style-type: none"> Switch to manual (paper-based) contingency systems for critical work programme processes (refer to team contingency plans) and use back-up methods of communication as required (i.e. satellite phone, fax machines, could be used in place of email). <ul style="list-style-type: none"> Refer to hard copies of ARPHS’ essential response-related protocols kept in the EOC Resource cupboard within the Tamaki-Makaurau meeting rooms and the complete set held with the Programme Administrator for the Protocol Working Group 	All Teams – Programme Supervisors

	<ul style="list-style-type: none"> ○ Refer to hard copies of ARPHS' essential procedures (<i>refer to Service Continuity Plans</i>) 	
8.1.14	<ul style="list-style-type: none"> ● Assess what communication messages to key stakeholders are required (e.g. to advise of situation and alternative system in place) and action as necessary via ARPHS Communications team. 	Communications Team <i>Liaison with SMT and EM&AH Team</i>
If recovery is expected to take more than 4 hours:		
8.1.15	<ul style="list-style-type: none"> ● Continue to use paper-based systems. <ul style="list-style-type: none"> ○ Utilise back-up systems (e.g. send case reports by fax) 	All Teams – Programme Supervisors
8.1.16	<ul style="list-style-type: none"> ● Communicate to key stakeholders (refer to team contingency plans) advising computer system is down and alternative options available (e.g. fax, face-to-face contact). <ul style="list-style-type: none"> ○ Continue communicating updates of any changes in operational arrangements to key stakeholders 	Communications Team <i>Liaison with SMT, EM&AH Team and all teams</i>
8.1.17	<ul style="list-style-type: none"> ● Utilise On-call and emergency response laptops with wireless capability as required. 	EM&AH Team – Infrastructure Coordinator
8.1.18	<ul style="list-style-type: none"> ● Facilitate diversion of '09 623 4600' number as necessary. 	
8.1.19	<ul style="list-style-type: none"> ● Transfer Assessment and Management Team (AMT) to alternative accommodation as required. 	EM&AH Team – Infrastructure Coordinator <i>Liaison with AMT</i>
Recovery		
8.1.20	<ul style="list-style-type: none"> ● Reinstate systems and procedures to support the '09 623 4600' number and Category 1 notifications as a priority. 	All Teams <i>Liaison with SIPS Team</i>
8.1.21	<ul style="list-style-type: none"> ● Re-establish functionality of routine systems once computer services are restored, in liaison with IMTS. 	EM&AH Team <i>Liaison with I&P - Informatics</i>
8.1.22	<ul style="list-style-type: none"> ● If stakeholders were notified of the failure ensure they are advised once normal services resume. 	Communications Team <i>Liaison with All Teams</i>
8.1.23	<ul style="list-style-type: none"> ● Review procedures and subsequent failure in procedure – mitigate as necessary. 	EM&AH Team <i>Liaison with All Teams</i>

9.2 Telecommunications Failure

Also refer to ADHB Emergency Preparedness and Response Manual (EPARM) – **Part 10 Telecommunications Failure** for overall responsibilities.

The information below details how to apply this EPARM section to the ARPHS site, as well as any items specific to ARPHS in addition to what is listed in the EPARM.

ARPHS voice network is located on the Greenlane Clinical Centre (GCC) site

- *The system comprises two identical CPUs (computer processing units) – one replicating the other in real time. The microwave voice link between Auckland City Hospital and GCC allows for 90 lines of voice communication in the event of cable failure*
- *Incoming calls to ARPHS are managed by an automated call pilot system that is administered by Health Alliance in conjunction with ARPHS Infrastructure Coordinator*

Reduction / Readiness		Responsibility
8.2.1	<ul style="list-style-type: none"> • Ensure the PABX (Private Automatic Branch Exchange) battery is maintained, charged and tested. <ul style="list-style-type: none"> ○ Ensure PABX remains on essential power circuit for backup generators ○ Batteries last 4 hours but generators are activated within 1 minute of power failure at the GCC site ○ Batteries are changed yearly and are monitored by Health Alliance 	EM&AH Team <i>Liaison with BS Team</i>
8.2.2	<ul style="list-style-type: none"> • Ensure all On-call staff have working cellphones which are monitored at all times and ensure On-call Environmental Health HPO monitors 'phpratique' email account at all times. 	
8.2.3	<ul style="list-style-type: none"> • Maintain an essential phone list for SMT, On-call staff (available as appropriate) and emergency response staff, that identifies the following information: <ul style="list-style-type: none"> ○ DDI numbers as applicable, fax numbers, cellphone numbers – work and personal, home numbers, email addresses 	
8.2.4	<ul style="list-style-type: none"> • Maintain standardised cellphone contact lists for On-call staff, CIMS Lead phone handsets as appropriate (i.e. both for phone numbers and email addresses). 	
8.2.5	<ul style="list-style-type: none"> • Maintain automatic recorded prompt system for incoming telephone calls to '09 623 4600' line (i.e. include emergency message providing On-call mobile numbers). 	
8.2.6	<ul style="list-style-type: none"> • Maintain ARPHS satellite phone/radio telephone (RT) network – batteries to be kept fully charged. <ul style="list-style-type: none"> ○ Staff trained to use satellite phone/radio telephones 	
8.2.7	<ul style="list-style-type: none"> • Maintain equipment information that identifies alternative communication equipment (e.g. battery operated radios, 	

	satellite phones, TV, etc.).	
8.2.8	<ul style="list-style-type: none"> Confirm process for standardised collection of stakeholder records, maintain oversight (e.g. ensure regular review and contingency backup). Identify key stakeholders and external agencies, and ensure contact information is up-to-date. 	SIP Team All Teams – Programme Supervisors
8.2.9	<ul style="list-style-type: none"> Provide key stakeholders with alternative methods of contact if the main '09 623 4600' telephone contact number fails as required (e.g. On-call staff cellphone numbers or emergency email address), including regional/national health emergency services, incl.: <ul style="list-style-type: none"> Regional Civil Defence Group EOC: 09 365 2619 / 027 473 8357 Fire Service Communications Centre: 09 487 7948 St John Communications Centre: 0800 262 665 	All Teams – Programme Supervisors <i>Liaison with EM&AH Team</i>
8.2.10	<ul style="list-style-type: none"> Staff need to keep their work cellphones charged and switched on during working hours. 	All staff

Response		Responsibility
Recovery Time Objective is one to two hours		
Multiple telecommunications failure		
8.2.11	<ul style="list-style-type: none"> Check all telecommunications systems (i.e. cellphone, desktop, fax) and confirm their operational status. 	EM&AH Team and Comms Team <i>Liaison with All Teams – Programme Supervisors</i>
8.2.12	<ul style="list-style-type: none"> Initiate and coordinate the use of system alternatives such as public radio station messages, satellite phones and radio telephones as required. <ul style="list-style-type: none"> First priority for the use of satellite phones/RTs are the IMT, On-call teams, and those working on Category 1 services Utilise radio telephones on the "Hospital" channel for office to office contact, communication with St John, and other hospital services (e.g. ADHB's 24-Hour Centre, Emergency Department) as necessary Utilise emergency mobile radio services operated by Police, Fire and Ambulance (St John) services to assist communication during any public emergency response if required, or seek assistance from Auckland CDEMG 	
8.2.13	<ul style="list-style-type: none"> Advise all key external stakeholders of situation and contingency/alternative communication methods. <ul style="list-style-type: none"> Undertake direct person to person contact where possible (e.g. communication for Pratique or EpiSurv notifications) 	Communications Team <i>Liaison with All Teams</i>
PABX failure		
8.2.14	<ul style="list-style-type: none"> Contact Health Alliance Information Services Help Desk (24/7 service – ph 631 0797 ext 27000 option 2). Calls are triaged by the hANZL Help Desk to the appropriate person. 	EM&AH Team – Infrastructure

8.2.15	<ul style="list-style-type: none"> Divert incoming calls: <ul style="list-style-type: none"> Arrange for main phone line (09 6234600) to be diverted to 'Answer Services' (i.e. if disruption occurs during work hours or after hours). Activate/nominate contingency cellphones for key roles (e.g. On-call staff and/or emergency response cellphones) Nominate contingency fax number (e.g. functioning ADHB line) where possible 	Coordinator <i>Liaison with BS Team</i>
8.2.16	<ul style="list-style-type: none"> Consider relocation/remote working arrangements during a period of extended failure where possible (refer to 'Loss of offices failure' section). 	SMT
8.2.17	<ul style="list-style-type: none"> Consider/utilise contingency communications for key field staff, including: <ul style="list-style-type: none"> Satellite phones Other agencies' systems (e.g. MoH, ADHB or St John systems) 	All Teams – Programme Supervisors <i>Liaison with EM&AH Team</i>
8.2.18	<ul style="list-style-type: none"> Advise all key external stakeholders of situation and contingency/alternative communication methods. 	Communications Team <i>Liaison with All Teams</i>
'09 623 4600' failure		
8.2.19	<ul style="list-style-type: none"> If the '09 623 4600' line fails, divert calls to 'Answer Services' (or alternate number) if necessary by using call pilot failure process on main phone. <ul style="list-style-type: none"> For longer failures of '09 623 4600' number at Cornwall Complex, Reception staff should follow response procedure identified for PABX failure above, until the line is restored 	EM&AH Team – Infrastructure Coordinator

Recovery		Responsibility
8.2.20	<ul style="list-style-type: none"> Advise stakeholders that ARPHS has returned to 'business-as-usual' and regular contact methods. 	Communications Team <i>Liaison with SMT / Programme Supervisors - All Teams</i>
8.2.21	<ul style="list-style-type: none"> Re-establish '09 6234600' service or other direct line once equipment has been fixed. 	EM&AH Team
8.2.22	<ul style="list-style-type: none"> Identify cause and conduct risk management/treatment for any identified issue. 	<i>Liaison with All Teams</i>
8.2.23	<ul style="list-style-type: none"> Review procedures and subsequent failure in procedure – mitigate as necessary. 	

9.3 Loss of Offices

Offices may be deemed inhabitable from a variety of causes including loss of water, hazardous substances or a shared service failure. *Independent structural engineering assessments (IEPs) were undertaken in 2011 and have rated Building 15 as being grade ‘C’ (i.e. not ‘earthquake prone’). ADHB is working with Auckland Council to be compliant with Earthquake Prone Building legislation and are preparing their own plans to ensure business continuity for residents of Building 15, Greenlane Clinical Centre.*

LOSS of WATER

Also refer to ADHB Emergency Preparedness and Response Manual (EPARM) –

Part 11 Utility Failure: Failure of water supply and Failure of sewage system for overall responsibilities.

The information below details how to apply this EPARM section to the ARPHS site, as well as any items specific to ARPHS in addition to what is listed in the EPARM. *ADHB Facilities Management uses a bore and a water treatment plant to supply water for the GCC site and this source can be self-sufficient if required (i.e. the bore pump can be connected to an emergency generator). If the bore system fails then water is provided via town water supply services. The bore is serviced by Aquamation – they will reengage the bore pump system once water levels are compliant.*

HAZARDOUS SUBSTANCES

Also refer to ADHB Emergency Preparedness and Response Manual (EPARM) – **Part 14 Hazardous Materials (HAZMAT) Incident**.

Also refer to **ADHB Occupational Health and Safety policy**

SHARED SERVICES

The majority of ‘shared service’ functions and systems are managed and maintained by ADHB/Health Alliance (i.e. ARPHS is dependent upon their systems for the provision of these services).

Reduction / Readiness		Responsibility
8.3.1	<ul style="list-style-type: none"> • Liaise with ADHB Facilities Management as building owner to ensure SMT/SIPS Manager/Infrastructure Coordinator informed of any potential risks and consider ways to mitigate these risks 	EM&AH Team <i>Liaison with Programme Supervisor – Business Support</i>
8.3.2	<ul style="list-style-type: none"> • Liaise with ADHB Property Manager to ensure contingency plan for relocation to alternative accommodation in the event ARPHS’ floor space is unavailable for any reason <ul style="list-style-type: none"> ○ Maintain current staff list by team for evacuation register 	
8.3.3	<ul style="list-style-type: none"> ○ Maintain registers of critical equipment likely to be required for office relocation such as Assets Registers (including IT equipment, port numbers), IT Hardware Register, Dual Port Grid Layout, Response / Contingency Equipment, Emergency CIMS Leads and EOC Equipment Lists, Team Critical Equipment Lists, Team Critical Equipment Lists. 	

8.3.4	<ul style="list-style-type: none"> Ensure spare fleet vehicle keys are located away from ARPHS' offices with the ADHB Fleet Coordinator for the Greenlane site (refer to Transport Failure section) 	
8.3.5	<ul style="list-style-type: none"> Ensure building security systems are in place and adhered to 24/7 (e.g. use of access cards, etc.) 	EM&AH and BS Teams
8.3.6	<ul style="list-style-type: none"> Retain access to water sterilisation tablets and containers suitable for filling via ADHB Facilities Management's bore as required. 	EM&AH Team
8.3.7	<ul style="list-style-type: none"> Ensure health and safety policies and requirements are complied with (e.g. provision of first aid kits, safe practice processes, provision of/access to Personal Protective Equipment (PPE)). 	All Teams – Programme Supervisors
8.3.8	<ul style="list-style-type: none"> Maintain and update applicable risk/incident registers (e.g. ARPHS Organisational Risk Register, ADHB Occupational Health & Safety occurrence report interface). The hazard register for levels 2, 3, 4 and the Biosecurity/HSNO Workshop at basement level is held by the Programme Supervisor Business Support and complies with Accident Compensation Corporation (ACC) Occupational Health & Safety (OHS) audit requirements. <ul style="list-style-type: none"> Ref: See Health and Safety notice board levels 2, 3 and 4 	BS Team Liaison with All Teams – Programme Supervisors / Technical Leads
8.3.9	<ul style="list-style-type: none"> Maintain readily accessible/visible health and safety notice boards for all sites including resources such as ADHB's EPARM, health and safety manuals, emergency response information, etc. 	ARPHS H&S Representatives
8.3.10	<ul style="list-style-type: none"> Provide training in the correct use of safety equipment as required (i.e. fire evacuation drills, storage of gas cylinders, infection control processes, etc.). 	All Teams – Programme Supervisors
8.3.11	<ul style="list-style-type: none"> Coordinate all 'planned' site work for ARPHS offices; liaise with ADHB Facilities Management, etc. as applicable. 	EM&AH Team – Infrastructure Coordinator
8.3.12	<ul style="list-style-type: none"> Maintain a Logistics / Infrastructure / Rostering & After Hours Stakeholder contact list for BAU and emergency response purposes. 	EM&AH Team
8.3.13	<ul style="list-style-type: none"> Maintain up-to-date copies of protocols, plans and SOPs for critical activities (e.g. Emergency Response Plan, staff contact lists, Health Protection protocols, etc) in a location separate to the N-drive folder. <ul style="list-style-type: none"> Retain copies of Emergency Management-related core files on a portable HDD, updated fortnightly. 	EM&AH Team
8.3.14	<ul style="list-style-type: none"> Ensure contingency options / actions covering team work plans and vital paper (hard) copies of team documents are in place. 	All Teams – Programme Supervisors Liaison with BS Team
7.3.15	<ul style="list-style-type: none"> Ensure paper copies of staff timesheets are kept by Team Administrators (i.e. those responsible for processing staff paperwork) to facilitate 'manual' pay processing if required. <ul style="list-style-type: none"> Paper copies should include staff timesheets, leave record sheets for non-timesheet employees, Alcohol and Tobacco team call hours, etc. 	All Teams – Programme Supervisors Liaison with BS Team
8.3.16	<ul style="list-style-type: none"> Ensure paper copies of HR files, legal contracts, etc are kept in a secure location by Manager's Team 	All Teams –

	Administrator/appropriate staff members (i.e. those responsible for organising/managing these types of files) for access as required.	Programme Supervisors Liaison with BS Team
8.3.17	<ul style="list-style-type: none"> Ensure paper copies of Purchasing, Financial files, etc. are kept in a secure location (as applicable) by appropriate staff members (i.e. those responsible for organising/managing these types of files) for access as required – Finance Handbook for Team Administrators 	All Teams – Programme Supervisors Liaison with BS Team

Response		Responsibility
Recovery Time Objective is 24 to 48 hours (building either reoccupied or staff relocated within this time frame) and 4 hours for water failure.		
8.3.18	<ul style="list-style-type: none"> Liaise with ADHB Facilities Management/IMT to assess time delay before office/building access is restored (note- water failure will within a short time become a health and safety issue creating building/locality issues) <ul style="list-style-type: none"> SIPS Manager to liaise with ADHB Facilities Management if the offices/building is uninhabitable. 	SIP Manager / EM&AH Team / Infrastructure Coordinator <i>Liaison with Program Supervisor BS</i>
8.3.19	<ul style="list-style-type: none"> Contact ADHBs Emergency Manager (021 893603) if an alternative location for ARPHS' EOC is required. 	
8.3.20	<ul style="list-style-type: none"> Undertake risk assessment in liaison with the affected team, to determine the risk to ARPHS staff operating in an environment absent of water if outage likely to be for an extended period. 	
8.3.21	<ul style="list-style-type: none"> Arrange additional water bottle supplies for use with ARPHS independent water cooler units if required. <ul style="list-style-type: none"> Water cooler units use 15L water container bottles (i.e. an empty bottle is kept in the Level 3 tearoom, a water cooler unit reserved for use in the vicinity of ARPHS default EOC is kept in the Infrastructure storeroom) 	
8.3.22	<ul style="list-style-type: none"> Liaise with ADHB Facilities Management/OCS to ascertain appropriate storage/disposal process for toilet waste if biohazard double-bagging is necessary. 	
8.3.23	<ul style="list-style-type: none"> Apply water conservation guidelines as outlined in EPARM if appropriate: <ul style="list-style-type: none"> Do not flush toilets after use Do not use showers Do not use dishwashers – use disposable plates, cups, cutlery, etc Use Sterigel as an alternative to washing hands with water 	All staff
8.3.24	<ul style="list-style-type: none"> Advise staff as to situation (i.e. likely time outage) and activation of interim processes (i.e. workplace options; water conservation guidelines), providing updates as required. 	EM&AH Team - <i>Liaison with Comms and BS Teams</i>
8.3.25	<ul style="list-style-type: none"> Ensure arrangements are in place for 09 623 4600 number to be either call forwarded to 'Answer Services' or redirected to alternative number (refer to Telecommunications section). 	EM&AH Team – Infrastructure Coordinator <i>Liaison with BS Team</i>

8.3.26	<p>Consider options for relocation include:</p> <ul style="list-style-type: none"> • If short term only (2-3 days) staff to work remotely (where possible) or liaise with ADHB to arrange short term accommodation for key staff • If medium term (up to 3 months) look to relocate all staff to alternative accommodation • If long-term (more than 3 months) look to rent or lease elsewhere • Capture staff relocation information 	SMT
8.3.27	<ul style="list-style-type: none"> • Ensure staff with responsibility for emergency response, On-call function and/or Category 1 and 2 functions are either relocated or have access to the building as a priority. <ul style="list-style-type: none"> ○ Access critical equipment (including PPE) and relocate as required ○ Acquire additional or inaccessible critical equipment via ADHB 	
8.3.28	<ul style="list-style-type: none"> • Encourage staff working on Category 3 and 4 services to work from home where feasible. 	
8.3.29	<ul style="list-style-type: none"> • In the event of an ‘unplanned’ hazard occurring (i.e. water leak, gas leak, chemical spill) - move out of the immediate vicinity of the hazard and notify ARPHS Infrastructure Coordinator and/or your Programme Supervisor/Manager. 	All staff
8.3.30	<ul style="list-style-type: none"> • Ensure staff who need medical assistance have quick access to treatment. 	
8.3.31	<ul style="list-style-type: none"> • Use the ADHB Occupational Health & Safety Occurrence Report function via Kiosk to notify managers of other occurring hazards (i.e. use to report hazardous substance, biological, physical environment occurrence) as applicable. 	
8.3.32	<ul style="list-style-type: none"> • Provide regular updates to inform staff of what is required of them, risk levels, action being taken, etc. 	EM&AH and BS Teams <i>Liaison with Comms Team</i>
8.3.33	<ul style="list-style-type: none"> • Payroll: In the event of a Payroll system failure notify Programme Supervisors/ Managers, who can escalate the issue to ADHB managers. <ul style="list-style-type: none"> ○ ADHB’s Payroll Services team have various contingencies in place if the Payroll system was to fail. ○ Generally failures have a lead time before the actual wages are due to be in employee bank accounts, giving the Payroll team time to mitigate the failure. If mitigation is not successful the Payroll team can revert to using the previous fortnight’s pay cycle data and make journal corrections at a later date. 	BS - Finance Team
8.3.34	<ul style="list-style-type: none"> • HR/Legal: In the event of a HR (e.g. Kiosk, RiTA) or Legal system failure notify Programme Supervisors/ Managers, who can escalate the issue to ADHB managers. <ul style="list-style-type: none"> ○ ADHB’s HR Systems and Legal team have various contingencies in place if their respective systems were to fail. 	BS Team <i>Liaison with All Teams – Programme Supervisors</i>
8.3.35	<ul style="list-style-type: none"> • Admin, etc.: In the event of an Administrative (e.g. Purchasing, Finance, etc.) system failure, notify Programme Supervisors/ Managers, who can escalate the issue to ADHB managers. <ul style="list-style-type: none"> ○ ADHB’s Administrative systems have various contingencies in place if they were to fail. 	BS Team <i>Liaison with Finance Team</i>

Recovery		Responsibility
8.3.36	<ul style="list-style-type: none"> If building has been deemed unusable for health and safety reasons ensure a work area assessment is undertaken prior to reoccupation using ADHB risk assessment tools, and involving ARPHS Health and Safety staff, ADHB Property Manager/Facilities Management and ADHB Occupational Health staff 	BS and EM&AH Teams
8.3.37	<ul style="list-style-type: none"> Facilitate the processing of any insurance claims promptly 	Service Accountant <i>Liaison with Infrastructure Coordinator</i>
8.3.38	<ul style="list-style-type: none"> Reinstate BAU systems and procedures. 	All Teams
8.3.39	<ul style="list-style-type: none"> Recovery of emergency response, On-call and Category 1 and 2 services to be given priority. 	SMT
8.3.40	<ul style="list-style-type: none"> Ensure BAU operational capability: <ul style="list-style-type: none"> Ensure appropriate biohazard disposal of waste materials Ensure full usage of drinking water, toilet, shower, washing facilities restored Restock any depleted water reserves (i.e. replace water bottle stocks) 	EM&AH and BS Teams
8.3.41	<ul style="list-style-type: none"> Arrange debriefing with ADHB Facilities Management, identify cause. 	
8.3.42	<ul style="list-style-type: none"> Advise staff the hazard has been neutralised and it is safe to return to BAU. 	EM&AH and BS Teams
8.3.43	<ul style="list-style-type: none"> Involve ADHB Occupational Health & Safety staff to assist any affected ARPHS staff members with recovery / rehabilitation (i.e. accessing applicable workplace treatment providers, guidance regarding changes to work environment). 	<i>Liaison with ARPHS H&S reps</i>
8.3.44	<ul style="list-style-type: none"> Review procedures and subsequent failure in procedure – mitigate as necessary 	EM&AH and BS Team <i>Liaison with All Teams</i>

9.4 Power Failure

Also refer to ADHB Emergency Preparedness and Response Manual (EPARM) – **Part 11 Utility Failure: Electricity failure** for overall responsibilities.

The information below details how to apply this EPARM section to the ARPHS site, as well as any items specific to ARPHS in addition to what is listed in the EPARM.

Reduction / Readiness		Responsibility
8.4.1	<ul style="list-style-type: none"> • Maintain accurate floor plans/listing of ARPHS office space clearly identifying those on ‘essential power supply circuit’ (essential power supply outlets are identified by black outlet covers) – Floor Grid Layout and ARPHS Essential Power Diagram <ul style="list-style-type: none"> ○ Note - Level 4 offices are not on the essential power grid. ○ Vaccination/clinically essential fridges are to be connected to the ‘essential power supply circuit’ ○ Ensure ARPHS PABX is maintained on the ‘essential power supply circuit’ with back-up generator support (refer to Telecommunications Failure section). PABX batteries are maintained by Health Alliance. ○ ARPHS EOC is based within rooms on the ‘essential power supply circuit’ 	EM&AH Team – Infrastructure Coordinator and Logistics, Response & Emergency Coordinator
8.4.2	<ul style="list-style-type: none"> • Onsite/backup generators are tested every six months by ADHB Facilities Management. Monitor operational capabilities during the ‘test window’ to identify any issues (i.e. must include physical test of ‘essential power outlets’, emergency lighting, EOC capability, etc). 	
8.4.3	<ul style="list-style-type: none"> • Undertake a yearly review of ARPHS’ offices on the ‘essential power supply circuit’ in liaison with ADHB Facilities Management. 	
8.4.4	<ul style="list-style-type: none"> • Ensure batteries for critical equipment are maintained. Report faults or damage ASAP to ensure equipment is useable at all times. 	All Teams – Programme Supervisors
8.4.5	<ul style="list-style-type: none"> • Ensure critical work programmes have manual (paper-based) contingency processes (refer to team / Programme specific contingency plans) that facilitate workflows while meeting accepted, routine guidelines (i.e. privacy rules, file storage, notifications). 	
8.4.6	<ul style="list-style-type: none"> • Cellphones and laptops are to be regularly charged/updated by holders/users as applicable (e.g. use power for laptops when this is an option connect to network to ensure software updates occur). Pool laptops are maintained by the Infrastructure Coordinator (i.e. the process includes network updates and full recharge of the laptops each month). 	All Staff / Infrastructure Coordinator
8.4.7	<ul style="list-style-type: none"> • Liaise with EM&AH Team Infrastructure Coordinator if replacement parts/batteries for cellphones or laptops are required. 	

Response		Responsibility
Recovery Time Objective is 4 hours		
8.4.8	<ul style="list-style-type: none"> Liaise with ADHB Facilities Management/ADHB IMT – <i>power failure will soon become a building/locality and/or water/waste issue with response actions for those sections equally applicable.</i> 	SMT / EM&AH Team – Infrastructure Coordinator
8.4.9	<ul style="list-style-type: none"> Ascertain what systems are operational and the status of other ARPHS sites (i.e. Refugee Health Screening Service Team) – Refer to Team Contingency section for other ARPHS site specific information 	
8.4.10	<ul style="list-style-type: none"> Advise staff as to situation (i.e. likely time outage) and activation of interim processes (i.e. workplace options), providing updates as required. Communications Team to coordinate notice of power outage to critical stakeholders if power is unavailable beyond three hours. Sending information and updates to critical distributions lists All Teams – if any external stakeholders need contacting before Communications Team activate, teams to contact own stakeholders 	Communications Team <i>Liaison with SMT and EM&AH Team</i>
8.4.11	<ul style="list-style-type: none"> Ensure any devices that have lost power are switched off at the wall in case of surge occurring when power is restored (i.e. small risk of surge). 	All staff

Recovery		Responsibility
8.4.12	<ul style="list-style-type: none"> Recovery of emergency response, essential services to be given priority. 	SMT
8.4.13	<ul style="list-style-type: none"> Ensure BAU operational capability: <ul style="list-style-type: none"> Check that vaccines, medications, and disease investigation test swabs, etc. stored in fridges are not compromised by the power failure. Check all other electrical appliances are operational (e.g. dishwashers). Recharge battery reserves as applicable (i.e. laptops, cellphones, etc). 	All staff
8.4.14	<ul style="list-style-type: none"> Identify cause and look to mitigate where possible to prevent future instances. 	EM&AH Team <i>Liaison with All Teams</i>
8.4.15	<ul style="list-style-type: none"> Review procedures and subsequent failure in procedure – mitigate as necessary. 	

9.5 Supplier Failure

Reduction / Readiness		Responsibility
8.5.1	<ul style="list-style-type: none"> Maintain quantities of the following core business support products (i.e. consumables not capital equipment) to ensure stock levels will be sufficient to meet demand at times when supply lines are threatened: <ul style="list-style-type: none"> Paper, letterhead, general stationery items, printer cartridges, power boards, extension leads, kitchen consumables, bathroom consumables An assumption has been made that existing business support stock levels are adequate to meet demands for approximately 2-3 weeks 	BS Team
8.5.2	<ul style="list-style-type: none"> Pre-identify potential contingency supply sources. <ul style="list-style-type: none"> An assumption has been made that contingency supply arrangements exist, or alternative supply sources have been identified by ARPHS or will be identified via Health Alliance networks (e.g. clinical products, vaccines, IT peripherals/consumables, etc.). 	All Teams – Programme Supervisors

Response		Responsibility
Recovery Time Objective is 24 hours for supplies needed to support Category 1 services		
8.5.3	<ul style="list-style-type: none"> Give priority to supporting emergency responses and/or Category 1 and 2 services. 	SMT
8.5.4	<ul style="list-style-type: none"> Utilise stock/consumables in a way that minimises wastage. 	All Teams
8.5.5	<ul style="list-style-type: none"> Prior to the exhaustion of essential supplies, check whether replenishment is available via Health Alliance networks, if not, source items by alternative means as required (e.g. commercial retailers/suppliers, other DHBs, other PHUs, Ministry of Health networks, Auckland CDEMG, Territorial Authorities, Police or the Fire Service). 	BS Team <i>Liaison with EM&AH Team</i>

Recovery		Responsibility
8.5.6	<ul style="list-style-type: none"> Ensure stock levels return to pre-incident levels as soon as possible. Supplies to replenish emergency responses, the After Hours team, Category 1 and 2 services are to be given stock ordering priority if necessary. Review whether stock level was appropriate. 	All Teams
8.5.7	<ul style="list-style-type: none"> Identify cause and look to mitigate where possible to prevent future instances. 	EM&AH Team
8.5.8	<ul style="list-style-type: none"> Review procedures and subsequent failure in procedure – mitigate as necessary. 	<i>Liaison with BS Team</i>

9.6 Transport Failure

Reduction / Readiness		Responsibility
8.6.1	<ul style="list-style-type: none"> • Arrange safe, secure vehicle storage to minimise risks for retrieval, ensure immediate availability and access 24/7. 	BS Team <i>Liaison with EM&AH Team</i>
8.6.2	<ul style="list-style-type: none"> • Maintain asset list of all vehicles in ARPHS (including details of vehicle type, transmission, engine size, etc) with link to critical equipment register – Fleet Vehicle Parking List. 	
8.6.3	<ul style="list-style-type: none"> • Maintain register of vehicle user information including Driver’s Licence class, expiry date, etc. – Driver Accountabilities Register 	
8.6.4	<ul style="list-style-type: none"> • Combined vehicle management through ARPHS Fleet Coordinator and Leaseplan to ensure fleet is serviced and maintained (i.e. includes fleet check, map books, first aid kits, etc.). 	
8.6.5	<ul style="list-style-type: none"> • Ensure process exists for staff to use own vehicle if fleet failure or unavailable (i.e. follow ADHB Mileage claim / ARPHS Fleet vehicle policy processes) – Personal Vehicle – contingency use Reference Sheet 	
8.6.6	<ul style="list-style-type: none"> • Identify appropriate road/traffic/transport websites to support planning of ‘point-to-point’ travel (e.g. Auckland road camera network) 	
8.6.7	<ul style="list-style-type: none"> • Identify authorised vehicle rental companies to meet expected fleet needs (e.g. Leaseplan). 	
8.6.8	<ul style="list-style-type: none"> • Ensure staff comply with vehicle use policy – Fleet Vehicles Policy <ul style="list-style-type: none"> ○ NB: Vehicles must be have a minimum of ½ a tank of fuel in them when returning to base 	
8.6.9	<ul style="list-style-type: none"> • Hold backup fuel cards (for Mobil, Z, BP Wildcard) for use if BAU fuel cards are unable to be used (e.g. if an earthquake affects BP’s primary server in Christchurch) – ARPHS Fuel Wildcard SOP <ul style="list-style-type: none"> ○ A list of service stations with backup generators is in the appendices associated with the ACDEMG Plan ○ Auckland CDEM Fuel Contingency Plan 2013 	EM&AH Team
8.6.10	<ul style="list-style-type: none"> • Confirm process with ACDEMG to access emergency fuel supplies as a recognised CDEM Critical Customer. <ul style="list-style-type: none"> ○ Auckland CDEM Group Plan 2011-2016 	
8.6.11	<ul style="list-style-type: none"> • Ensure spare fleet vehicle keys are located away from ARPHS’ offices with the ADHB Security Supervisor for the Greenlane Clinical Centre site. 	
8.6.12	<ul style="list-style-type: none"> • Liaise with Lifeline Coordination Group and participate in teleconferences in the event of a fuel shortage with would affect ARPHS transportation 	

Response		Responsibility
8.6.13	<ul style="list-style-type: none"> Address any transport failures as appropriate, review and/or mitigate as required. 	BS Team
8.6.14	<ul style="list-style-type: none"> Ensure all vehicle bookings are made through ARPHS Fleet Coordinator to facilitate accurate monitoring of fleet utilisation and staff safety. 	<i>Liaison with EM&AH Team</i>
8.6.15	<ul style="list-style-type: none"> Coordinate group travel transport options for staff as required (e.g. car pool of fleet vehicles for staff attending same meetings or in same part of city). 	
8.6.16	<ul style="list-style-type: none"> Refer to the 'Person Records' section in BCS, if a vehicle's overnight location is required. 	
8.6.17	<ul style="list-style-type: none"> Monitor road networks and advise staff accordingly during an emergency response. 	
8.6.18	<ul style="list-style-type: none"> Consider alternative appropriate transport options where possible (e.g. bus, taxi, rental cars, train, ferry). <ul style="list-style-type: none"> <i>NB: 50-100 ADHB fleet vehicles are available in case of an emergency</i> 	All staff
8.6.19	<ul style="list-style-type: none"> Liaise with Auckland Civil Defence authorities to address any unmet transport or fuel needs as required. <ul style="list-style-type: none"> <i>Auckland CDEM Fuel Contingency Plan 2013</i> 	EM&AH Team – Emergency Planner
8.6.20	<ul style="list-style-type: none"> Access spare fleet vehicle keys from ADHB Security Supervisor if required. 	ARPHS Fleet Coordinator <i>Liaison with EM&AH Team</i>
8.6.21	<ul style="list-style-type: none"> Give priority to supporting emergency response, On-call and/or Category 1 and 2 services. 	SMT
8.6.22	<ul style="list-style-type: none"> Encourage staff working on Category 3 and 4 services to work from home where feasible. 	<i>Liaison with All Teams – Programme Supervisors</i>
8.6.23	<ul style="list-style-type: none"> Consider authorising use of personal vehicles (i.e. follow ADHB claim / ARPHS Vehicle policy processes). Ref: Personal Vehicle - contingency use Ref sheet 	
Recovery		Responsibility
8.6.24	<ul style="list-style-type: none"> Recovery of emergency response, On-call and Category 1 and 2 services to be given priority. 	All Teams – Programme Supervisors <i>Liaison with BS Team</i>
8.6.25	<ul style="list-style-type: none"> Review procedures and subsequent failure in procedure – mitigate as necessary. 	EM&AH Team <i>Liaison with All Teams</i>

9.7 Staff Absenteeism

<p>Staff absenteeism for the purposes of business continuity planning considers whether the following factors are present before activation of ARPHS BCP Framework:</p> <ul style="list-style-type: none"> ○ All normal staffing practices and arrangements have been exhausted (e.g. back up staff are already being utilised leaving no available resource). ○ The situation is significant enough that it impacts our ability to deliver Essential / Critical Services, creating a flow on effect that impedes the delivery of Less Critical services. ○ A change in work practice is necessary i.e. staff are asked to adopt different working arrangements (e.g. working from home because transport routes from Northern suburbs severed). ○ The staffing of Critical / Essential services, dependent on a specific skill mix is impacted (e.g. an entire team falls ill with gastroenteritis).

Reduction / Readiness		Responsibility
Teams should not be reliant on individual specialists as dependence results in greater impacts on service delivery and an inability to adequately cope with interruption		
8.7.1	<ul style="list-style-type: none"> ● Ensure each Manager/Programme Supervisor/Technical Lead has a deputy or person of suitable skill level to cover duties (i.e. this may be a staff member from their team or multiple staff sharing the duties). 	SMT and All Teams – Programme Supervisors
8.7.2	<ul style="list-style-type: none"> ● Facilitate/support succession planning. 	
8.7.3	<ul style="list-style-type: none"> ● Ensure staff are trained adequately and can work autonomously as required. 	
8.7.4	<ul style="list-style-type: none"> ● Ensure critical/priority standard operating procedures (SOPs) are regularly updated and maintained. 	
8.7.5	<ul style="list-style-type: none"> ● All ARPHS staff are expected to participate in the event of an emergency. 	All staff

Response		Responsibility
In the event of a failure of management continuity, Recovery Time Objective is one to two hours		
8.7.6	<ul style="list-style-type: none"> ● Assess potential length of loss of staff (i.e. short or long term) and the impact this is likely to have. 	SMT and All Teams – Programme Supervisors
8.7.7	<ul style="list-style-type: none"> ● Deputies to undertake management role in absence of Manager. 	
8.7.8	<ul style="list-style-type: none"> ● Allocate additional resources where required in collaboration with various Programme Supervisors. 	
8.7.9	<ul style="list-style-type: none"> ● Managers to continue routine business-as-usual even if at a reduced level. 	
8.7.10	<ul style="list-style-type: none"> ● Prioritise Category 1 and 2 services. 	
8.7.11	<ul style="list-style-type: none"> ● Set clear parameters for staff working conditions (e.g. no longer than 10 hour shifts and no longer than 5 hours without a meal break) as per the relevant MECA or IEA – Employment Agreements 	

8.7.12	<ul style="list-style-type: none"> • Ensure ARPHS IMT able to operate as required. <ul style="list-style-type: none"> ○ ARPHS Emergency Response Plan 	
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Recovery		Responsibility
8.7.13	<ul style="list-style-type: none"> • Return to BAU once staffing levels allow. <ul style="list-style-type: none"> ○ Restore BAU procedures and work hours/conditions as and when appropriate. ○ Continue to scale down response for Category 3 and 4 services while staff rest and recuperate. 	SMT and All Teams – Programme Supervisors
8.7.14	<ul style="list-style-type: none"> • Provide opportunities for staff debriefings if required. 	
8.7.15	<ul style="list-style-type: none"> • Involve ADHB Occupational Health staff if necessary to assist staff members who may need rehabilitation and/or EAP services 	BS Team <i>Liaison with SMT and All Teams – Programme Supervisors</i>
8.7.16	<ul style="list-style-type: none"> • Review procedures and subsequent failure in procedure – mitigate as necessary 	EM&AH Team <i>Liaison with All Teams</i>

10 Team-Level Response

It is the responsibility of all teams to consider and confirm the Essential / Critical Services and key hazard vulnerabilities for their own team. Shared responsibilities regarding risk negation exist across ARPHS’ teams and there is an expectation that Managers/Programme Supervisors will build contingency and capacity into operational processes to address these.

Service risks should be mitigated using actions outlined in the ARPHS Business Continuity Framework or Service Continuity Plans.

The Senior Management Team has unique risks which do not fit within the standard ‘team contingency planning’ format, and are stated as follows:

- Additional and potentially significant stress for SMT members because of increased and uncertain expectations from event, along with reduced system functionality and workforce numbers.
- Increased scrutiny and the potential for direct input from external stakeholders.

Only Category 1 and some Category 2 services have developed Service Continuity Plans. These plans are divided into the **seven** disruptions as the organisational-level response. These plans are the responsibility of teams to maintain and own.

ARPHS Team	Service Continuity Plan*
Environmental Health Team	<ul style="list-style-type: none"> • Border Health • Disease Investigation • Drinking Water • HSNO and ionising non-ionising radiation • Recreational Waters and Waste Waters • Category 2-4 Services
Communicable Disease Team	<ul style="list-style-type: none"> • Assessment and Management Team • Tb DOT • Notifiable Infectious Diseases
Health Improvement Team	<ul style="list-style-type: none"> • Cervical Screening Services
System Support and Operations Team	<ul style="list-style-type: none"> • Public Information Management (PIMS) • Critical Incoming Communication • Informatics

*Available on the HUB, After Hours USB and the N Drive. In addition, each team are encouraged to retain a copy.

11 Business Disruption Checklist

When responding to a business disruption, all teams will be required to complete the **Business Disruption Checklist** below. The following BCP Framework sections should be used to support teams in preparing the checklist:

- Organisational-level response (Section 9)
- Team-level response (i.e. Service Continuity Plans – Section 10), and
- To check and action any additional or alternative actions extending beyond those provided at an organisation level of the BCP

BUSINESS DISRUPTION Checklist

ISSUE	AGREED ACTIONS	RESPONSIBLE OFFICER	TICK
Staff health and safety Are there any hazards / dangers present that required attention?			
Disruption Confirm the details and scope of the disruption			
Essential services What essential services are impacted by the disruption, including current incidents? If there are none, continue with business as usual and monitor the situation. End of Meeting.			
Is there a need to move to a full after-hours service (during normal working hours)?			
PREMISES and INFRASTRUCTURE			
Where is impacted by the disruption? <ul style="list-style-type: none"> • ARPHS floor/floors • All of Building 15 • All of GCC Can staff access CITRIX remotely and work from cars / home / alternative location? What alternative locations can the network / computers be accessed? <ul style="list-style-type: none"> • B15, Level 4, Room 19, GCC 			

ISSUE	AGREED ACTIONS	RESPONSIBLE OFFICER	TICK
<ul style="list-style-type: none"> • B 16, Level 1, Mt Eden, Albert, GCC • B4, Call Centre, GCC <p>Is an offsite venue necessary?</p> <ul style="list-style-type: none"> • Work cars • RHSS • ACH – is an MOU required? • Airport – is an MOU required? • Home 			
WORK PROCESSES and RESOURCES			
<p>Scheduling</p> <ul style="list-style-type: none"> • Are there non-essential appointments that need to be cancelled / rescheduled? • How will visits be prioritised? • If required, can patients self-medicate (if drugs supplied in advance)? • Can Teledot be recorded on phone and reviewed later? 			
<p>Workforce</p> <ul style="list-style-type: none"> • Is a rostering system required (especially if moving towards a full after hours service during normal business hours)? • Is a shift handover am/pm between staff required? • Are human resources required from other agencies such as, other PHUs, DHBs, MoH, MPI, Council etc.? (unlikely for business continuity) 			
<p>Computer Equipment</p> <ul style="list-style-type: none"> • Do staff have access to computers? • Are pool laptops required? Available from...?EOC • Are all on-call laptops utilised? 			
<p>Communication Equipment</p> <ul style="list-style-type: none"> • Are landlines available? • Is the mobile phone network available? 			

ISSUE	AGREED ACTIONS	RESPONSIBLE OFFICER	TICK
<ul style="list-style-type: none"> • Is mobile data available? If yes, use of messaging app services, access emails, internet / intranet etc. • Are phone calls required to be diverted to Answer Services? • Are the following required: • Mobile phones <ul style="list-style-type: none"> • Satellite phones • RT Devices • Can the fax machine be used as an alternative mode of communication? 			
<p>Transport / Cars</p> <ul style="list-style-type: none"> • Are fleet / pool vehicles impacted? • How will pool car use be prioritised • Do we need to issue staff with taxi vouchers to continue essential services? • Can staff use own vehicles and get reimbursed? • Do we need to seek help from an external agency to deliver medication 			
<p>Field Equipment / Resources</p> <ul style="list-style-type: none"> • Are fridges plugged into essential power and working? • Move drugs if required to: <ul style="list-style-type: none"> • B16 • B4 (GCC pharmacy) • B4 (Eye Clinic) • RHSS site • Is the use of an offsite interception kit required? E.g. at POAL • Is the use of offsite HSNO equipment required? E.g. at AIA • Is PPE gear retained by each HPO? • Is dry ice required for interception response? • Is an alternative lab required for mosquito / contaminants? • Is an alternative courier service required for mosquito samples? 			

ISSUE	AGREED ACTIONS	RESPONSIBLE OFFICER	TICK
<ul style="list-style-type: none"> • Is an alternative sampling service required – ESR offline? • Is additional equipment / supplies required from other PHU, DHB or ESR? • Is hand sanitiser available? 			
COMMUNICATION			
<p>Contact lists available on network / Intranet or after-hours USB:</p> <ul style="list-style-type: none"> • ARPHS staff? • Stakeholders? • Suppliers? 			
<p>Knowledge management</p> <p>What systems are down:</p> <ul style="list-style-type: none"> • Network? • Intranet? • Internet? <p>Access to protocols / templates / forms and other important information (if inaccessible above):</p> <ul style="list-style-type: none"> • Take copies from after-hours USB? • Are hard copies required? 			
<p>Communication</p> <ul style="list-style-type: none"> • Have all affected staff to be contacted? Mode • Have affected stakeholders been contacted? Mode • Have affected suppliers been contacted? Mode <p>Ensure staff know what is happening, what they need to do and who to talk to / where to go for further information – and maintain this throughout the disruption period.</p>			
<p>Third Party</p> <ul style="list-style-type: none"> • HealthAlliance will be critical in responding and ensuring ARPHS returns to BAU for computer / network outages. Contact made and maintained throughout the disruption 			

ISSUE	AGREED ACTIONS	RESPONSIBLE OFFICER	TICK
<ul style="list-style-type: none"> • ESR, MoH and other stakeholders may need to be informed of the business disruption and continuity plans until services are restored as normal. 			
DOCUMENTATION and INFORMATION			
<p>IT Systems</p> <p>What programs / systems cannot be accessed?</p> <ul style="list-style-type: none"> • PHIMS • The HUB • N Drive • Outlook • Internet • Printers • HEMIS • ChemFIND • EpiSirv • Concerto • HCC • RedCap • HEMIS • Find My Shift • DCP • Vaccinator Database <p>Do paper records need to be maintained? If yes, how?</p> <p>Will retrospective data entry be required?</p>			
Teams evoke Business Continuity Plans / Actions – as agreed at Crisis Management Meeting			
<p>Every 24 hours hold a Business Disruption meeting.</p> <p>Next meeting scheduled for.....</p>			
<p>Staff not participating in service delivery should be support organisational efforts to get the ARPHS ready to resume BAU or respond to the disruption.</p>			

ISSUE	AGREED ACTIONS	RESPONSIBLE OFFICER	TICK
<p>Meeting outcomes :</p> <ul style="list-style-type: none"> • Continue working to Service Continuity Plans • Escalate to EOC including an Incident Management Team (IMT) • De-escalation of BCP Framework activation 			

12 Escalation to an Emergency Response

ADHB Emergency Preparedness and Response Manual (EPARM)

The first priority in any emergency directly affecting ARPHS is the health and safety of ARPHS' employees.

The **ADHB EPARM** document outlines the steps all ARPHS staff should take in an emergency, including:

- Making of emergency calls within the hospital sites to internal emergency phone number '777', or to the external emergency number '111' - (NB: Dial '1' for an outside line first).
- Collecting information about the emergency affecting you, your team and/or ARPHS, and reporting this to your Manager or the internal/external emergency lines.
- Protecting the health and safety of yourself and others, by:
 - Assessing the effect of the emergency on yourself and your team.
 - Tracking staff whereabouts.
 - Prioritising and allocating tasks.
 - Checking the status of team equipment, stock and records.
 - Maintaining contact with the Incident Control Point (ICP).
- In an ARPHS context this means the ARPHS EOC.

The EPARM details the steps to take – as above – for specific types of emergencies.

All individual services are required to:

1. Activate their Unit Specific Emergency Plans
2. Salvage and protect essential supplies and resources
3. Retrieve information stored off-site as needed
4. Assess ongoing capability to deliver services and report to the Duty Manager and ICP.

All individuals also have a responsibility to alert staff and advise them regularly of the situation.

Staff welfare

Organisational disruption and the direct/indirect effect of hazards are a stressful time for staff. In particular, staff may need to make alternative working arrangements – for example working with limited equipment or in an unfamiliar environment – and may be supporting colleagues in an unfamiliar workload.

While management are responsible for identifying and escalating health and safety issues, all staff should be aware of the potential impact of a business disruption. This includes supporting colleagues who are under pressure and looking for signs of stress and overwork in them and their colleagues

13 Glossary of Terms

Term or Abbreviation	Meaning
4WD	4-Wheel Drive (vehicle)
ACDEMG	Auckland Civil Defence Emergency Management Group
ADHB	Auckland District Health Board
AIAL	Auckland International Airport Limited
AMT	Assessment and Management Team
ARPHS	Auckland Regional Public Health Service
AS/NZS 150 31000:2009	Standard – ‘Risk Management – Principles and guidelines’
AS/NZS 5050:2010	Standard – ‘Business Continuity – Managing disruption-related risk’
BAU	Business-As-Usual
BCG	Bacillus Calmette-Guérin [vaccine against tuberculosis]
BCP	Business Continuity Plan
BCS	Business Continuity System
BEIMS	Building and Engineering Information Management System
BS	Business Support [Team]
BTI	Bacillus Thuringiensis Israelensis
CDC	Communicable Disease Control [Team]
CDEM	Civil Defence Emergency Management
CDEMG	Civil Defence Emergency Management Group
CIMS	Coordinated Incident Management System
CO2	Carbon Dioxide
Comms	Communications [Team]
CPU	Central Processing Unit
CS	Cervical Screening [Team]
DHB	District Health Board(s)
DI	Disease Investigation [Team]
DOT	Directly Observed Therapy
DW	Drinking Water
DWAP	Drinking-Water Assistance Programme
DWAU	Drinking Water Assessment Unit
EAP	Employee Assistance Programme
EH	Environmental Health [Team]
EM&AH	Emergency Management & After-Hours [Team]
EMIS	Emergency Management Information System
EOC	Emergency Operations Centre
EPARM	ADHB Emergency Preparedness and Response Manual
ESR	Environmental Science & Research

FMS	FindMyShift [Application]
FTE	Full Time Equivalent
GCC	Greenlane Clinical Centre
GIS	Geographic Information System
GP	General Practitioner
hANZL	Health Alliance (Information Management and Technology Services)
HCEG	Health Coordinating Executive Group
HI	Health Improvement [Team]
HIV	Human Immunodeficiency Virus
HPO	Health Protection Officer(s)
HProm	Health Promotion [Team]
HR	Human Resources
HSNO	Hazardous Substances and New Organisms
ICP	Incident Control Point
IEA	Individual Employment Agreement
IHR	International Health Regulations
IM	Information Management
IMT	Incident Management Team
IMTS	Information Management and Technology Service
IT	Information Technology
MECA	Multi-Employer Collective Agreement
MMR	Measles Mumps and Rubella
MO	Medical Officer(s)
MoH	Medical Officer of Health
MoH	Ministry of Health
MPI	Ministry for Primary Industries
MRRC	Mangere Refugee Resettlement Centre
NCSP	National Cervical Screening Programme [Team]
NCSP&IR	National Cervical Screening Programme & Immunisation Register [Team]
NCSP-R	National Cervical Screening Programme - Register
NDCMS	Notifiable Disease Case Management System
NHEP	National Health Emergency Plan [(2008)]
NRHCC	Northern Region Health Coordination Centre
OH&S	Occupational Health & Safety
PABX	Private Automatic Branch Exchange
PC	Personal Computer
PCB	Polychlorinated Biphenyls
PHIMS	Public Health Information Management System
PHMS	Public Health Medicine Specialist

PHO	Primary Health Organisation(s)
PHU	Public Health Unit
PPE	Personal Protective Equipment
QUIPPS	Quality Improvement Program Planning System
RHSS	Refugee Health Screening Service [Team]
RT	Radio Telephone
SDP	Service Delivery Plan
SI&P	Systems, Intelligence & Planning [Team]
SMT	ARPHS Senior Management Team
SOP	Standard Operating Procedure(s)
SPoC	Single Point of Contact(s)
SQL	Structured Query Language
SSC	Ship Sanitation Certification
SSO	Surveillance Support Officer
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection(s)
TAG	Technical Advisory Group
TB	Tuberculosis
TBC	To Be Confirmed
TBD	To Be Developed
VPN	Virtual Private Network
VTA	Vertebrate Toxic Agents
WDHB	Waitemata District Health Board
WINZ	Water Information for New Zealand

14 Business Continuity Planning Process

The illustration below shows the interrelationships of the Principles, Framework and Process elements for risk management, as described in AS/NZS ISO 31000:2009 'Risk management, - principles and guidelines'. These interrelationships are described in the context of business continuity planning in AS/NZS 5050:2010, and have been used as a model for ARPHS.

