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| **Purpose** | This plan seeks to provide a roadmap for continuing operations under adverse conditions (i.e. interruption from natural or man-made hazards). Business continuity planning is an on-going state or methodology governing how business is conducted.  (Service delivery continuity during a pandemic is documented in the ‘Pandemic Plan’) | | |
| **Scope** | This plan includes all operations and services of **name of service**. | | |
| **References** | | | |
| **Standards** | [AS/NZS 5050:2010 Business Continuity](http://shop.standards.co.nz/catalog/5050%3A2010(AS%7CNZ)/view)  [AS/NZS ISO 31000:2009 Risk management - Principles and guidelines](https://www.standards.govt.nz/search-and-buy-standards/standards-information/risk-managment/) | | |
| **name of service Policies and Procedures** | Organisational Risk Management  Pandemic Plan  Health and Safety Manual  Service Management Delegations  Staff Levels and Skill Mix | | |
| **Key personnel and Backup** | | | |
| **Title of Role** | | **Functions/Tasks** | **Back-up – Person/Role** |
| Administrator | |  |  |
| Board Chair Person | |  |  |
| Chief Executive Officer | |  |  |
| Clinical Lead | |  |  |
| Finance Manager | |  |  |
| HR Manager | |  |  |
| Health and Safety Representative | |  |  |
| Information Technology Manager | |  |  |
| Maintenance Manager | |  |  |
|  | |  |  |
| **Services Personnel able to work from home** | | | |
| **Service/department** | | **Staff role** | **Tasks to be done from home** |
|  | | Team Leader |  |
|  | | Health Professional |  |
|  | | Support Worker |  |
|  | |  |  |
| **External Contractors – Funding and Subcontracts** | | | |
| **Funding agency**  **Subcontractor agency** | | **Contact person and contact details** | **Specify situations when to contract.** |
| **…District Health Board** | |  |  |
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| **External Contractors – Utilities and Services** | | | | | | | | |
| **Area** | | **Business/Name** | | | | **Contact details** | | **Situation when to call/access** |
| Information Technology | |  | | | |  | |  |
| Salaries and Wages | |  | | | |  | |  |
| Telecommunication | |  | | | |  | |  |
| Electricity provider | |  | | | |  | |  |
| Bank | |  | | | |  | |  |
| Company lawyer | |  | | | |  | |  |
| Water supply | |  | | | |  | |  |
| Council | |  | | | |  | |  |
| Electrician | |  | | | |  | |  |
| Plumber | |  | | | |  | |  |
| Building maintenance | |  | | | |  | |  |
| Civil Defence | |  | | | |  | |  |
| **Critical equipment** | | | | | | | | |
| **Equipment** | | | **Contingency** | | | | **Service/Person responsible for arrangements** | |
| Computers | | | * Backed-up daily * Laptops/i-pad/ | | | |  | |
| Company cars | | |  | | | |  | |
| Landline phones | | |  | | | |  | |
| Mobile phones | | |  | | | |  | |
| Service user records | | |  | | | |  | |
| Medication | | |  | | | |  | |
| Food | | |  | | | |  | |
| Water | | |  | | | |  | |
| Disaster kit | | |  | | | |  | |
| First aid kit | | |  | | | |  | |
| **Critical documents** | | | | | | | | |
| **Document** | **Purpose** | | | | | **Held and managed (paid) by** | | **Held where & copy available** |
| Company Deed | Legal requirement | | | | |  | |  |
| Insurance | Replacement  General Indemnity  Professional Indemnity  Buildings  Car  Public Liability | | | | |  | |  |
| Mortgage |  | | | | |  | |  |
| Utility bills | Payment for essential utilities | | | | |  | |  |
| Building lease | Place where the service operates from | | | | |  | |  |
| HR records | Continue with employment conditions | | | | |  | |  |
| Accounts and Finances | Paying tax, kiwi saver, ACC, GST | | | | |  | |  |
| Car Lease |  | | | | |  | |  |
| Loans |  | | | | |  | |  |
| **Contingency Locations – Office and Service Delivery** | | | | | | | | |
| **Building** | | | | | **Contingency Location** | | | |
|  | | | | |  | | | |
|  | | | | |  | | | |
|  | | | | |  | | | |
| **Communicating the business continuity plan** | | | | | | | | |
| **Copies of the plan:** | | | | Displayed at each service | | | | |
| Each person named in this plan will have a copy. | | | | |

# Consultation

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| --- | --- |
| Group/Role | Date |
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