What is a continuity plan?

**Continuity planning** addresses the question: how can we prepare to continue operations despite those adverse events that we call disasters - or if we can't continue, how can we **resume our operations** rapidly and gracefully?

The core mission of higher education is teaching; and the mission may also include research, public service, and healthcare. These four enterprises, along with the infrastructure that supports them, are the focus of our continuity planning.

Your departmental continuity plan:

- Identifies your department's critical functions.
- Describes how you might carry on these functions under conditions of diminished resources (diminished staff, space, equipment, or IT infrastructure).
- Contains various information that will be needed during and after the disaster-event.
- Describes how we can prepare. This is most important of all, because "a stitch in time does indeed save nine."

A good continuity plan will identify action items: things that we can do now to lessen the impact of disaster-events and make it easier to recover.
CONTINUITY PLAN

Listed below are the major sections of a Continuity Plan. Your department may choose to include or exclude certain sections. Hence it is possible that one or more of these sections may not appear in this plan document.

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Part 2: Departmentally-Owned Applications
Part 3: Departmentally-Owned Servers
Part 4: Workstations
Part 5: Recovery Strategies for IT
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Part 2: Work from Home
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Part 4: Skills (optional)
Part 5: Staffing Requirements (optional)
Part 6: Staff of Other Units
Part 7: Stakeholders
Part 8: Equipment & Supplies
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VI. ACTION ITEMS
I. GENERAL INFORMATION

**Department**: NON-ICU MED SURG UNIT

**Department Description**: Example:

**Parent division**: MC - Nursing Operations - RRUCLA

**Type of unit**: Inpatient Care Services

**Personnel count**: 0 Faculty & other academic appointees
0 Residents/Fellows
90 Staff (full-time)
40 Staff (part-time, excl. student-staff)
0 Student-staff
0 Volunteers
0 Guests
0 Other

**Head of unit**: Petra Fritz
Accreditation Coordinator

**Contact(s) for this plan**: John Basel

**Cost center**: CC xxx

**Buildings**: Ronald Reagan
Owned
UCLA Medical Center

**Evacuation plans for all buildings?**: Yes

**Comment**

**Critical functions**

1. Patient Admissions -- Critical 1
2. Inpatient nursing care for medical-surgical patients-RR UCLA -- Critical 1
3. Nursing Administration -- Critical 2
4. Patient Discharges -- Critical 1
5. Nursing Education -- Critical 2

**Definitions:**

*Critical 1*: must continue (life, health, security)

*Critical 2*: must continue, perhaps in reduced mode

*Critical 3*: pause if forced, but must resume in 30 days or sooner

*Deferrable*: resume when conditions permit
## Critical Function # 2

### Name
Inpatient nursing care for medical-surgical patients-RR UCLA

### Description
(Unit) is dedicated to providing patients and their families leading edge patient care (Unit to describe their pt. population)

### Who performs this?
RR UCLA MC (unit name)

### Responsible person(s)
- Unit director (Name)
- Assistant Unit Director (Name)
- CNS(Name)
- RN's (# of R.N.'s)
- LVN's (# of LVN's)
- CCP's (# of CCP's)
- ACP's (#of ACP's)

### Peak periods
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

### Explanation
Demand for services is constant throughout the year.

### Documents
See Document List (Appendix A)

### Upstream dependencies

### Upstream comment

### Downstream dependencies
- Case Management, Dialysis, Nursing Administration, Physical/Occupational Therapy, Quality Management Services, Respiratory Therapy, Social Work, Tiverton House, Skilled Nursing Facility, Home Health Agency

### Downstream comment

### Possible consequences if this function is not continued or recovered quickly enough
- Disruption of patient care
- Departure of staff
- Departure of students
- Payment deadlines unmet
- Loss of revenue
- Impact on other unit(s)

### How to cope if usual space is not available
Implementation of early discharges. Double room occupancy and or moving patient to assigned other areas.

### How to cope with 50% absenteeism of staff and faculty
We would ask nursing staff to work voluntary overtime, use if possible float nurses, bring in traveling and/or outside staffing agency nurses. In a disaster the patient ratio could be changed if needed.
II. CRITICAL FUNCTIONS

Critical Function # 2

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(Unit to describe their pt. population)

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Peak periods
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Explanation
Demand for services is constant throughout the year.

Documents
See Document List (Appendix A)

Upstream dependencies
Admissions, Central Service, Clinical Blood Bank, Clinical Engineering,
Communications, Emergency Medical Center, Environmental Services, Facilities
Operations, Health Information Management Services, Human Resources,
Infection Control, IT Infrastructure & Operations, Laundry and Linen Services, Lift
Team, Nursing - Ambulance Transport, Nursing - Float Pools, Nutrition, Patient
Placement, Pharmacy, Radiology, Risk Management, Security, Clinical Labs,
Nursing Supervisor

Upstream comment

Downstream dependencies
Case Management, Dialysis, Nursing Administration, Physical/Occupational
Therapy, Quality Management Services, Respiratory Therapy, Social Work,
Tiverton House, Skilled Nursing Facility, Home Health Agency

Downstream comment

Possible consequences if this function is not continued or recovered quickly enough
Disruption of patient care
Departure of staff
Departure of students
Payment deadlines unmet
Loss of revenue
Impact on other unit(s)

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We would ask nursing staff to work voluntary overtime, use if possible float nurses,
bring in traveling and/or outside staffing agency nurses. In a disaster the patient
ratio could be changed if needed.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What to do if certain skills/knowledge are held by only one staff member (unique skills)?</td>
<td>Management team of Unit Director and 2 Assistant Unit Directors for 7E and 5E Units. All 3 can manage either unit so we have good coverage. Lead Nurses (6 total) set up staff-patient assignments for 7E and 5E and handle unit supervisory duties. They are all cross-trained and so we have good coverage. We also have 14 Charge Nurses who handle both charge nurse and floor responsibilities. Then we have 66 RNs and so all around we have good staffing levels to cover the various skills needed.</td>
</tr>
<tr>
<td>Can this function be performed fully or partly from home?</td>
<td>All patient care provision requires staff being present.</td>
</tr>
<tr>
<td>How to cope if data network is not available</td>
<td>The Health System has Downtime policies we would follow.</td>
</tr>
<tr>
<td>Any show-stoppers?</td>
<td>Lack of registered nurses (telemetry trained medical surgical nurses would be preferred but registered nurses could cover sufficiently). Loss of certain critical equipment for sustaining our patients (cardiac monitors, oxygen, medical gases, other equipment); due to power failure or other causes, would present serious limitations on our ability to perform this critical function.</td>
</tr>
<tr>
<td>If University declares temporary closure, is it possible to stop doing this function?</td>
<td>N/A</td>
</tr>
<tr>
<td>Comment</td>
<td>N/A</td>
</tr>
<tr>
<td>Do any of these coping strategies expose the University to risk?</td>
<td>We are not aware of any institutional risk associated with the above mentioned strategies other than lost of revenue.</td>
</tr>
<tr>
<td>Policy exceptions that may be needed</td>
<td>In a disaster situation nurse-patient ratio can be lifted by the Incident Commander</td>
</tr>
<tr>
<td>Additional vulnerabilities</td>
<td>Total electricity loss.</td>
</tr>
<tr>
<td>Action items for this function</td>
<td>See Action Item List - section VI</td>
</tr>
</tbody>
</table>
**V. KEY RESOURCES (cont.)**

**Part 4: Skills**

Skills that may be needed post-disaster to perform our unit's critical functions:

<table>
<thead>
<tr>
<th>Skill</th>
<th>Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Care Partner</td>
<td>Handles secretarial and admin duties</td>
<td>Must be trained in administrative functions on nursing unit, including submitting requests for medical tests and procedures.</td>
</tr>
<tr>
<td>Administrative Nurse</td>
<td>Charge Nurse Responsibilities</td>
<td>Include staff scheduling, patient placement, and resolution of staff and patient issues.</td>
</tr>
<tr>
<td>Monitor Tech (all have CCP certification)</td>
<td>Assist nursing staff with providing patient care.</td>
<td>Mostly focused on assisting nursing staff with providing bedside patient care.</td>
</tr>
</tbody>
</table>
| Nurse Educator                 | Staff Education                   | Provides education and ongoing training to nursing staff. Skills include staff scheduling, monitor-manage staff, resolve staff issues, oversee and approve payroll in conjunction with 
| Nurse Manager/Unit Director    | Administrative oversight for entire unit | Finance Dept., develop policies and procedures to meet regulatory requirements, and monitoring patient care services. |
| Registered Nurse, Registered Nursing | RN License Required, RN | Telemetry experience preferred. Telemetry medical surgical experience preferred. |
### Part 5: Staffing Requirements

This list displays both:
- numbers of staff who may be REQUIRED during crisis, and
- numbers of staff who may be AVAILABLE FOR RE-ASSIGNMENT during crisis

**Definitions**
- **Critical 1**: must continue (life, health, security)
- **Critical 2**: must continue, perhaps in reduced mode
- **Critical 3**: pause if forced, but must resume in 30 days or sooner
- **Deferrable**: resume when conditions permit

<table>
<thead>
<tr>
<th>Function</th>
<th>Criticality Level</th>
<th>Category of Staff</th>
<th>Shift</th>
<th>FTE required under normal conditions</th>
<th>FTE required during crisis</th>
<th>FTE who may be available for re-assignm ent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient nursing care for medical-surgical patients-RR UCLA</td>
<td>Critical 1</td>
<td>Care Partner</td>
<td>12 Hour - AM</td>
<td>1.00</td>
<td>1.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Inpatient nursing care for medical-surgical patients-RR UCLA</td>
<td>Critical 1</td>
<td>Nurse Manager/Unit Director</td>
<td>Day</td>
<td>1.00</td>
<td>0.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Inpatient nursing care for medical-surgical patients-RR UCLA</td>
<td>Critical 1</td>
<td>Nurse - Clinical</td>
<td>12 Hour - AM</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Inpatient nursing care for medical-surgical patients-RR UCLA</td>
<td>Critical 1</td>
<td>Nurse - Clinical</td>
<td>12 Hour - PM</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Inpatient nursing care for medical-surgical patients-RR UCLA</td>
<td>Critical 1</td>
<td>Clinical/Combo Care Partner</td>
<td>12 Hour - AM</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Inpatient nursing care for medical-surgical patients-RR UCLA</td>
<td>Critical 1</td>
<td>Clinical/Combo Care Partner</td>
<td>12 Hour - PM</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Inpatient nursing care for medical-surgical patients-RR UCLA</td>
<td>Critical 1</td>
<td>Care Partner</td>
<td>12 Hour - PM</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
### V. KEY RESOURCES (cont.)

#### Part 6: Staff of Other Units

These are staff of other units whom you may need to contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Org</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellen Wilson</td>
<td>Inpatient Rehab and Respiratory Therapy Services</td>
</tr>
<tr>
<td></td>
<td>RR UCLA MC Suite 3127</td>
</tr>
<tr>
<td></td>
<td>Work phone: 310-825-5708</td>
</tr>
<tr>
<td></td>
<td>Cell phone:</td>
</tr>
<tr>
<td></td>
<td>Fax: 310-206-7085</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:ewilson@mednet.ucla.edu">ewilson@mednet.ucla.edu</a></td>
</tr>
<tr>
<td></td>
<td>Comment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Org</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Supervisor on Duty</td>
</tr>
<tr>
<td></td>
<td>Lift Team</td>
</tr>
<tr>
<td></td>
<td>Address: Westwood</td>
</tr>
<tr>
<td></td>
<td>Work phone: 310-267-5948</td>
</tr>
<tr>
<td></td>
<td>Cell phone:</td>
</tr>
<tr>
<td></td>
<td>Fax:</td>
</tr>
<tr>
<td></td>
<td>Email:</td>
</tr>
<tr>
<td></td>
<td>Comment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Org</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Baca</td>
<td>Materials Management</td>
</tr>
<tr>
<td></td>
<td>Address</td>
</tr>
<tr>
<td></td>
<td>Work phone: 310-267-8308</td>
</tr>
<tr>
<td></td>
<td>Cell phone:</td>
</tr>
<tr>
<td></td>
<td>Fax: 310-267-3667</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:mbaca@mednet.ucla.edu">mbaca@mednet.ucla.edu</a></td>
</tr>
<tr>
<td></td>
<td>Comment</td>
</tr>
</tbody>
</table>
V. KEY RESOURCES (cont.)

Part 8: Equipment & Supplies

Minimum equipment needed to carry out all critical functions:

A. Office Equipment

<table>
<thead>
<tr>
<th>Item</th>
<th>Minimum Number</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workstation (includes desktop computer, network connection, table, chair)</td>
<td>25</td>
<td>Use in unit and offices</td>
</tr>
<tr>
<td>Laptop computer (car charger advised)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Telephone (hard-wired)</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Printer</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Copier</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Scanner</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Server</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

B. Other Equipment

(major items only) Average census for our (enter unit) is (enter patients) which require (enter #) of beds. In a disaster situation we could function with a smaller number of beds after a selective discharge. However, we might need more beds to accommodate any surge in patients. Other minimum equipment levels needed include (enter #) of disposable BP cuffs, (#) vital sign machines (including BP machine, thermometer, pulse oximetry, heart rate), (#) IV pumps, (#) IV poles, (#) portable O2 tanks (if the hospital oxygen system is not functioning), (#) suction regulators (if the hospital suction system is not working).

C. Supplies

Necessary Consumables

Dressing Change Kits (bandages, tape, 4x4s, tape, scissors, wound care supplies, first aid supplies?) IV Start Kits, IV Fluids, Boxes of Syringes, IV Flushes, specimen collection containers PPE (glove, gown, etc.) and other standard unit supplies Respiratory supplies (o2 cannula, masks, suction kits etc) Foley catheters, Irrigation tray kits, NG tubes etc. PAR level