



EMERGENCY RESPONSE

BUSINESS CONTINUITY PLANNING WORKBOOK - PRIMARY CARE



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SIAPO





If you can keep your head when everyone about you is losing theirs - you are failing to grasp the seriousness of the situation. Either that, or you have a Business Continuity Plan.

Note:

This workbook is a resource document for Primary Health care providers attending Business Continuity Workshops as part of the Health Emergency Planning process. Please contact me to book into a workshop, or if you are using this resource independently, you may find that you need additional support.

Contact Barry Simpson, SI Primary Health Emergency Planning Coordinator. Contact on barry.simpson@siapo.health.nz, 021 229 0500 to make an appointment for support with your emergency planning.

Introduction

Health Emergency and Business Continuity Plans are intended to:

- protect the health needs of the population,
- protect the continuity of essential services and the health of staff,
- provide an integrated health response

Your practice is a significant resource to your community and the regional health response.

The Practice and the wider community are best protected when an emergency response is predictable, appropriate and resilient.

A well prepared Business Continuity Plan allows you to have a range of responses in place to be activated as soon as they are needed.

It is unrealistic to develop a complex plan from scratch in the heat of an emergency; having plans ready to use allows key staff more time to concentrate on their core business. No one can plan fully for a crisis or for every eventuality. However, through risk and business continuity planning, you can develop the capability to expand and reprioritise services to cope with a major emergency.

Planning emergency responses as a team will build new relationships and experiences which are also a valuable emergency resource. For this reason, facilitated workshops accompanied by consultation within your practice and community are the preferred method of business continuity planning.

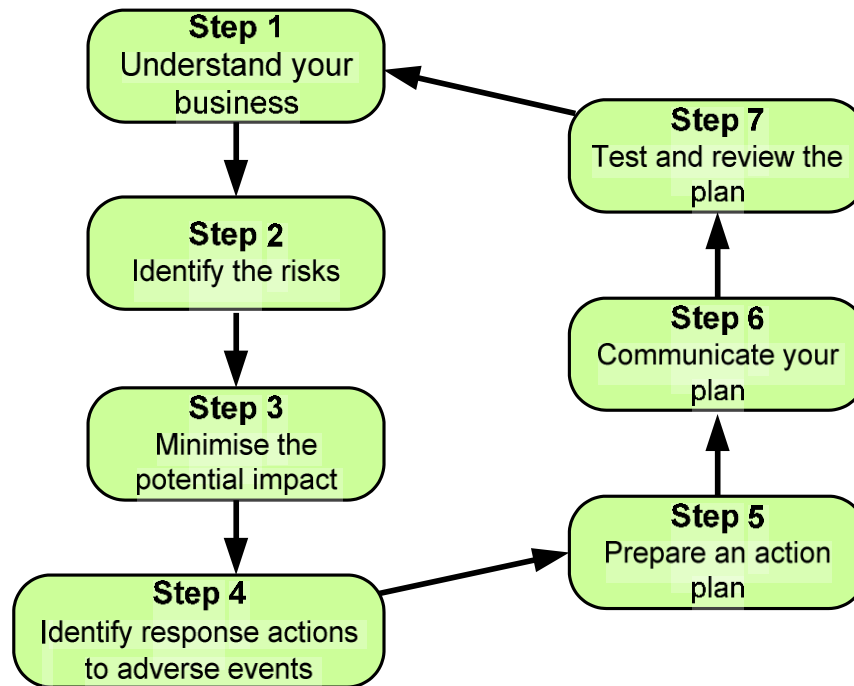
Other benefits

Formally analysing the hazards and vulnerabilities of your business can identify opportunities to reduce and manage some of these risks. It is important to acknowledge that effective business continuity planning is not just about crises, but can also be about recognising the smaller day-to-day risks that your organisation faces. This vulnerability analysis often strengthens and streamlines everyday processes as well as providing an emergency response.

How to use this workbook

Each of the steps of the Business Continuity Planning process (below) is briefly introduced and accompanied by the relevant templates.

A list of reference material and links to additional resources is provided on page 33.



If you are not using this workbook as part of a facilitated Business Continuity Planning workshop, you will need to obtain a copy of the Health Emergency Planning package for General Practice. This package contains the editable forms from this workbook, an Emergency Plan Template and additional material for Business Continuity Planning. The full package and additional support can be obtained by contacting:

barry.simpson@siapo.health.nz. **Please use email where possible, or contact directly on**

Mobile: 021 229 0500

Acknowledgements:

This workbook is modelled on the Pandemic Influenza Workbook produced in 2008 by the Australian Government. It incorporates material generously shared by the Nelson-Marlborough and Southland DHBs and aligns with the MoH National Health Emergency Plan 2008. It also meets the requirements for Cornerstone Accreditation. It has been developed in conjunction with Rural Canterbury PHO who generously allowed John Coleman to use the PHO as a pilot.

John Coleman thanks DHB Emergency Planning and PHO Colleagues for their input and also Bill Obers (CanDo Training and Consulting, Invercargill) for sharing his self-assessment approach, with special thanks to the Practice Managers who field tested material.

I would like to acknowledge John Coleman – while working with the alliance of South Island DHBs he has made significant contribution to this workbook content, produced in 2011.

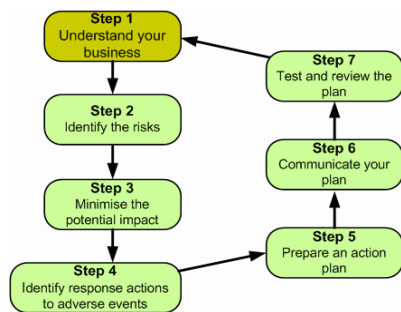
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Step 1 - Understand your business



Clarify the essential role(s) of the Practice.
Identify the context and expectations for Continuity of Service.

Practices deal with health related emergencies on a day-to-day basis. Why do we need a separate plan?

What are the core functions of your Practice?

- List the activities of your practice.
- Are any of these deferrable in a major emergency?
- What additional services could you provide in a major emergency?

Remember your practice is a business. However important its clinical activities, if the business fails so does the practice. We are actually talking about Business Continuity Planning as well as Service Continuity Planning.

What external expectations impact on planning for an emergency response by the practice?

DHB "Health Emergency Plans detailing a response from Primary Care will link to and support the DHB Health Emergency Plan. In particular they will document the arrangements for each organisation which will best:

- protect the health needs of the population,
- protect the continuity of essential services and the health of staff,
- provide an integrated health response "

OSH Health and Safety in Employment Act 1992 (Reprinted 01.08.2008)

NHEP National Health Emergency Plan, MoH 2008

CDEM Civil Defence Emergency Management Act 2002
Local CDEM plans eg. Emergency Medical Centres at GP Clinics. (Clutha CD Operational Plan 2004)

Cornerstone Accreditation "The practice has planned for fire, disaster or emergency preparation, response and recovery".
Indicator 8.4.8 Aiming for Excellence 2009 RNZCGP (- updated to -)
Indicator 22 Aiming for Excellence 2011 RNZCGP

The community:

"New Zealanders want to know that when they have an accident or a medical emergency they will receive the right care, at the right time, in the right place, delivered by the right person." Wyatt Creech 1999

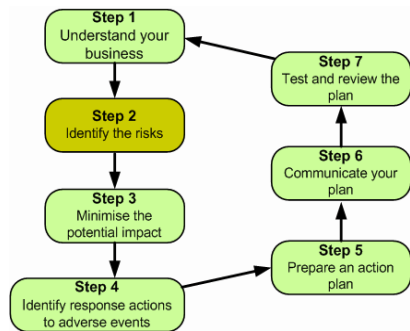
"Roadside to Bedside" March 1999, (iii) Minister's foreword

"Our patients, and the local community that we serve, expect us to be there for them, no matter what the circumstances." NHS UK

Consider what it means to your clients and practice if your services were no longer available.



Step 2 - Identify the Risks



Identify the potential risks to your practice.
(Events which could have an adverse impact on the practice.)

Assess their likelihood and consequences.

How significant is the risk?

The DHBs and Regional Civil Defence & Emergency Management groups have compiled hazard profiles for each region.

Many disruptive events will increase your workload at the same time as your capacity is decreased.

While hazards may vary by region, their consequences can be grouped into several categories which simplifies planning. This Business Continuity Planning process therefore addresses the consequences of these events.

You may find it helpful to think in terms of:

- People** The event may affect you or your staff and some may be unable to work, or get to work; other people on whom you rely may not be able to support you and there may be a significant number of casualties
- Processes** An IT or communications fault could disrupt your practice management and/or patient records systems
- Premises** Your buildings, facilities and equipment may be damaged or incapacitated
- Providers** There may be a disruption to essential utilities, supplies or services.

The impacts of events can be cumulative. Are you prepared for this?

Some events may cause multiple problems for your practice, some may occur suddenly, others develop gradually and some like a pandemic or earthquake may take a long time to resolve.

Activities: *(Using the templates overleaf)*

1. List the key products and services your practice provides which if disrupted for any reason will have the greatest impact. (Business Impact Analysis).
2. What do you estimate is the maximum time that you can tolerate an interruption to your practice if one of these events occurs?
3. What activities, utilities, equipment, supplies etc are the most critical to ensure that you can continue to provide care in an emergency?

(This Business Impact Analysis follows the Australia/New Zealand Standard AS/NZ4360:2006)



Utility Providers

Utility	Company	Contact	Cell	Telephone	Account number
Electricity Mains switch situated:					
Gas, Domestic Main valve situated:					
Gas, Medical					
Telephone/Internet					
Telephone/IT Internet support					
Waste, domestic					
Waste, medical					
Water Turncock situated:					

Goods and Services Providers

Supplies or Service Provided	Company	Contact	Cell	Telephone	Account number
Cleaning					
Air conditioning					
Lifts					
Security					
Insurance					
Bank					
EFTPOS					
PMS					
Clinical Supplies					
Pharmaceutical supplies					



Systems and Utilities

List the utilities used by your Practice and identify the dependency you have on that utility. If you already have a back up plan provide a reference to this in the column Back-Up or Contingency Plan.

0 = No dependency
1 = Low dependency facility could continue without it if necessary
2 = Medium dependency facility could continue, using substitutes
3 = High dependency facility could not function without it

System / Utility	Dependency Level				Is there currently a back up or Contingency Plan?
	0	1	2	3	
Air Conditioning					
Cell Phone					
Computers					
Electricity					
Fax					
Food					
Heating					
Line					
Oxygen					
Refrigeration					
Sewerage					
Suction					
Telephone					
Water					
Other					



ASSESS THE IMPACT OF RISKS

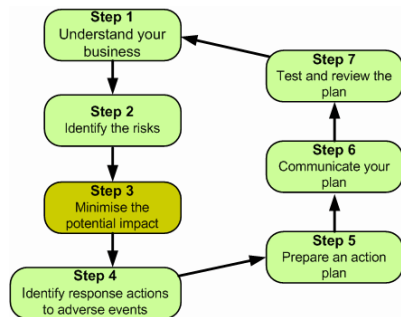
	Impact on Practice	Likelihood of Event	Priority
IT — Computer System Failure			
Internal / External Phone Failure			
Power Cut, Loss of Power			
Building Damage			
Loss of Water, Gas Supply, Sewage etc			
Loss of Medical Gases			
Infectious Outbreak Norovirus / Pandemic			
Mass Casualties			
Hazardous Substance			
Other			



STAFF CONTACT LIST

Name	Address	Travel Time	Phone	Comments (Availability, dependants, location etc.)

Step 3 - Minimise the Potential Impact



What can be done now to minimise the consequences of adverse events when they occur?

Can the risk be removed or reduced?
Does it need to be treated, or will insurance cover it?

Who should do it?
What is needed?

Can you make your Practice less vulnerable to disruption?

Risk Management Strategies

- Transfer the risk - *Insurance, data backup etc.*
Note – Insurance will assist recovery but does not ensure immediate continuity of service.
Payouts may be delayed, especially after an earthquake.
- Change, suspend or terminate the risky activity.
This can be a very effective way to mitigate the risk.
- Accept the risk.
It is usually possible to mitigate or reduce some, or all, of the effects of most hazards, but some cannot be fully prevented.

Earthquake *(The last major South Island Fault earthquake was in 1717, previous earthquakes have occurred at 300 — 400 year intervals. The 4 September 2010 Darfield quake and the subsequent Christchurch earthquake of 22 February 2011 were on previously unknown faults.*

We cannot prevent an earthquake, you are unlikely to be able to build a completely earthquake resistant building, but you can take simple precautions like “fix, fasten and forget”.

Use the following templates to identify how your practice can reduce the consequences of hazardous events.



IT – COMPUTER SYSTEM FAILURE

Understanding the system and its risks

What IT – Computer System(s) do we use?	Hardware	Desktop Computers		Who is the provider?	
		Laptop(s)			
		Printer(s)			
		Server			
	Software				
	Data backup				

What could make the IT – Computer System fail?	How can we prevent this?	What should we do if this occurs?	What do we have to do to make this alternative work?
Loss of Internet Connection			
Power Failure			
Server Damage			
Virus			



IT – COMPUTER SYSTEM FAILURE **Minimising the impact of failure**

What do we use the IT Computer System for?	Is this a Critical function?	What alternatives could we use?	What do we have to do to make this alternative work?
Accounts			
Appointments			
Lab Results			
Patient Notes			
Prescriptions			
Email			
Internet			
Other			



ELECTRICITY — POWER FAILURE

Understanding the system and its risks

Who provides our power?			
Who does our internal electrical work?			

What could cause the power to fail?	How can we prevent this?	What could we do if this occurs?	What do we have to do to make this alternative work?
Loss of external mains supply			
Internal switchboard failure			
Damage to internal system			



ELECTRICITY — POWER FAILURE

Minimise impact of failure

What do we need electricity for?	Is this a critical function?	What alternatives could we use?	What do we have to do to make this alternative work?
Lighting			
Heating			
Air conditioning			
Telephones and fax			
Computer equipment			
Diagnostic / Defib etc			
Radio / Television			
Refrigerator			
Sanitiser			
Security and access system			
<i>Other</i>			



PHONE SYSTEM FAILURE Understanding the system and associated risks

What Phone System(s) do we use?	Extensions			Who is the provider?	
	Cordless				
	PABX				
	001 Lines				
	Fax				
	Cellular				

What could make the Phone System fail?	How can we prevent this?	What should we do if this occurs?	What do we have to do to make this alternative work?
Loss of Phone Lines			
Power Failure			
PABX Failure			



PHONE SYSTEM FAILURE Minimise impact of failure

What do we use the Phone System for?	Is this a Critical function?	What alternatives could we use?	What do we have to do to make this alternative work?
Accounts			
Appointments			
Lab Results			
Patient Consultations			
Prescriptions			
Staff Contacts			
Other			



BUILDING DAMAGE **Understand the system and associated risks**

Brief description of Practice building and facilities			Who is the owner?	
What could cause damage to our building?	How can we prevent this?	What should we do if this occurs?	What do we have to do to make this alternative work?	



WATER SUPPLY, SEWERAGE etc **Understand the system and associated risks**

Who provides our water?			
Who does our internal plumbing work?			
What could cause the water supply to fail?	How can we prevent this?	What could we do if this occurs?	What do we have to do to make this alternative work?
Loss of external mains supply			
Internal plumbing failure			
Contaminated supply			

WATER SUPPLY **Minimise impact of failure**

What do we need water for?	Is this a Critical function?	What alternatives could we use?	What do we have to do to make this alternative work?
Hygiene- handwashing etc			
Flushing toilets			
<i>Other</i>			



LOSS OF MEDICAL GASES

Understand risks

Who provides our medical gases?			
--	--	--	--

What gases do we use?	Is this a Critical function?	What alternatives could we use?	What do we have to do to make this alternative work?
Oxygen			
Entonox			
Medical Air			
<i>Other</i>			



INFECTIOUS OUTBREAK

Understand the local risks

What infectious conditions could affect our Practice?	How could this affect our practice?	How can we prevent this?	What should we do if this occurs?	What do we have to do to make this alternative work?



MASS CASUALTIES (sudden increase in workload)

<p>Does the Practice have an Accident & Medical or PRIME function?</p>		<p><i>Is there an existing Mass Casualty plan?</i></p>
<p>Does the Practice have a “Key Practice” relationship with the DHB PHO Ambulance</p>		
<p>What non critical activities can we defer to accommodate this demand?</p>		
<p>What other things do we need to do to safely manage this workload?</p>		
<p>Reception and Triage</p>	<p>What alternatives could we use?</p>	<p>What do we need to make this alternative work?</p>
<p>Documentation</p>		
<p>Clinical Care</p>		
<p>Referral or Discharge</p>		



HAZARDOUS SUBSTANCES

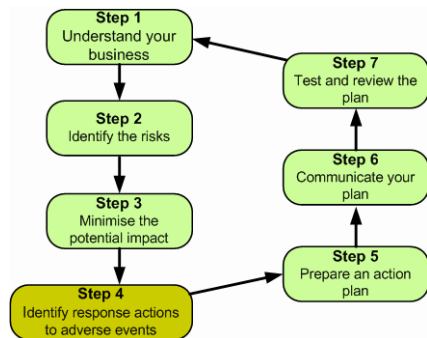
Understand the local risks

**The Fire Service is the first responder to any known hazardous substance spills.
Contaminated people should not enter your practice until they have been decontaminated by the Fire Service. Call 111.**

Use the first column below to list any Hazardous Substances either held in the Practice, or known to be held in the local community

What hazardous substances could affect our Practice?	How can we prevent this?	What should we do if this occurs?	What do we have to do to make this alternative work?

Step 4 - Identify Response Actions if Risks Occur



Identify the required responses to each adverse event.

What is needed to protect the business and provide continuity of service?

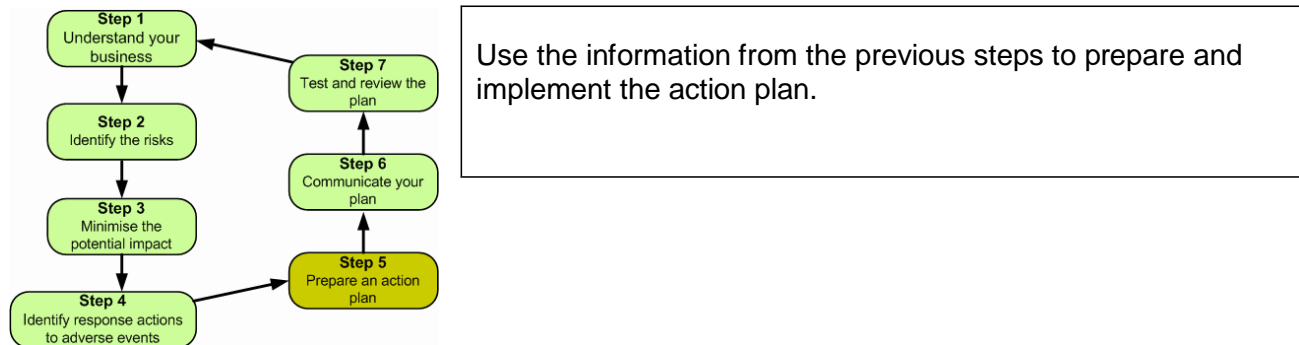
How will the extraordinary costs be recorded?

What other resources will be needed?

- Stabilise the situation
- Manage the immediate needs
- Address the consequences
- Restore business as usual

- Who is likely to respond immediately?
- Who has the authority to activate the response?
- What is needed to stabilise the situation?
- Who has the authority to reprioritise the work of the practice or commit the practice to a wider response?
- Who needs to be informed?
- Who is responsible for what tasks?
- What is the long term response?
- Are there any additional factors affecting staff?

Step 5 - Prepare an Action Plan



Write the action plan

Identify your key responders.

Complete the contact details for staff, suppliers, utilities, etc. (pages 6–9).

Arrange Memoranda of Understanding/Mutual Support (sample, page 25) e.g. with nearby practices, CDEM.

Provide Single Point of Contact information to PHO and DHB.

Complete task cards for key roles including delegations of authority etc.

If the premises are unusable and practice needs to relocate, is this process fully documented? (See page 26.)

Ensure that you have consulted with the relevant community organisations, such as PHOs, DHB, CDEM, special needs groups etc.

Identify who is likely to be the local hub for the emergency response and link with them.

Staff who are unable to access their usual place of work should be encouraged to report to the nearest General Practice or Key Practice, if one has been designated.

Ensure that the Board / Practice Principal(s) sign off the plan.



Mutual Aid: Memorandum of Understanding

Emergency Mutual Aid Operating Protocol between:

Organisation Name

and

(***Organisation Name***)

Date signed: _____ Review date: _____

AGREEMENT

8. In the event of an emergency, the Parties agree to support each other, where possible, with the provision of facilities and equipment (support).
2. The parties will pay each other for this support at reasonable rates. Due to the urgency of emergency situations, it may be necessary to negotiate payment after support has been provided.
3. Agreement to use each other’s services/facilities will be between Managers of the facilities named or respective Incident Controllers during an emergency
4. Support may be provided without charge
5. Parties will treat each other’s facilities and equipment with the care and respect and to a standard reasonably expected in the circumstances
6. The Parties will comply with all relevant law and professional standards when using the other’s facilities and equipment.
7. In the event of a declared Civil Defence emergency the Parties agree to abide by the decisions of the Civil Defence Controller pursuant to the Civil Defence Act.
8. The Parties will assist each other by the exchange of information about emergency management.

Signed on behalf of
(The First Party)

Signed on behalf of
(The Second Party)

Signature _____

Signature _____

Full Name _____

Full Name _____

Position _____

Position _____

Date _____

Date _____

Relocation of Practice



Relocation is a complex undertaking which can introduce new risks to the Practice.

Triggers may be due to an internal event, e.g., fire or external events, e.g., earthquake, flood etc.

Relocation may be short term (hazardous chemical), but if the main premises are damaged, expect the relocation to be for weeks to months.

Businesses without a relocation plan are vulnerable

Identify the events which could trigger the relocation of your practice.

Consider the **4 Ps** from Step 2

- People** Staff, roles and responsibilities, reinforcements
- Premises** Where will you go to? Needs etc.
- Processes** What do you need at the new location? How do you get it?
- Providers** Will your utility providers be able to assist?
Will you get priority for their assistance?

And also

- Public** How will you tell your patients where to find you?
- Physical relocation** Logistics, Will you need movers etc?

Expect 3 — 4 days of hard work to relocate your practice

Memoranda of Understanding or agreements with:

- your building owners,
- the owners and occupiers of any proposed alternate site,
- utility and IT providers etc,
- your PHO and/or DHB

Managing the relocation (Coordinated Incident Management System)

- Clear delegation of tasks
- A moving plan including a plan of where things will go.
- Checklists and guides (see following pages)

Don't forget Continuity of Service

Asset and records management

Insurance

Financial (Track extraordinary costs, allow for reduced productivity)

Continuity of Service (Moving may take several days)

Reprioritising work (Remember your core business)

If your premises are damaged in an earthquake or other similar event you may not be allowed in until the building is safe. Prepare a priority list of things to retrieve in case you are only allowed only a few minutes for access.



Equipment List for Clinical Practice

Below is a list of basic equipment that would need to be collected to take to an alternative site for basic operation.

Use this list as a basis for assembling your own inventory. An editable copy of this form is provided in the Emergency Planning Package (see page 2)

Equipment Name	Available at alternate locations Y:N	If not, Current Location	Mobile or Fixed	Quantity needed	Comment
ECG Machine					
Minor surgery instruments					
Ophthalmoscope					
Otoscope					
Portable oxygen					
Portable suction					
Reflex hammer					
Regulators, oxygen					
Scales					
Sphygmomanometer					
Steriliser Bench-top					
Stethoscope					
Suture equipment					
Thermometer, tympanic					
Tuning fork					
Ultrasound					



Clinical Supplies

Use the following list as a basis to restock the clinic if it is relocated. An editable copy of this form is provided in the Emergency Planning Package (see page 2) for you to update the item names, descriptions and quantities usually held.

Item Name I Description	Available at alternate location? Y:N	If not , where stored	Quantity	Name and contact details of supplier
Adhesive plaster Transparent – box 100				
Alcohol Prep Wipe – medium – box				
Apron /hang 710x1400, 40m pk 50				
Bandage Elastic Tubular				
Bandage Triangular – non woven				
Catheter Y Suction 10FG with Control				
Catheters BD Insyte 18g x 1.16				
Cervical Collar 75mm x 480mm				
Combine Dressing Sterile - 20 x 20				
Crepe Bandage 7.5cm x 4.5m				
Crepe Bandage 5cm				
Cylinder, Oxygen portable				
Dressings				
Ear Loop Masks Pack 50				
ECG Electrode				
Eye local anaesthetic				
Eye Pad Sterile				
Face mask P2 – pack 50 (Duck Bill)				
Fluorescein drops				
Fluorescein Eye Strips 100's				
Gloves disposable Large — box 100				
Gloves disposable- Med — box 100				
Gloves disposable Sml — box 100				
Incontinence Underpad – pkt 100				
Infusion Set IV 20 drop per ml				
Injection Site Luer				
IV Starter Pack				
Lab blood tubes				
Antimicrobial liquid/gel 500m				
Nebulizer Set Adult				
Nebulizer Set Child				
Needles 21g x ¾" vein (TS)				
Needles 25 gauge x 5/8-Box 100				

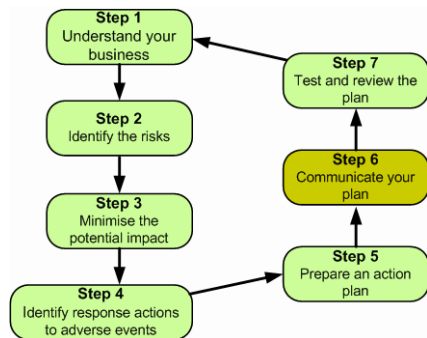


Needles 25g x 3/4" vein (TS) – with cap				
Needles 22 gauge x 1.5" – Box 100				



Otoscope Tips Adult (Pk 34)				
Otoscope Tips Child 2.75mm – pack				
Oxygen cannula				
Oxygen Mask Adult & 2m O2 Tubing				
Oxygen Mask Child & 2m O2 Tubing				
Pregnancy test kits				
Propax Catheterisation Pack				
Saline Solution - 15ml ampoule				
Scalpel Blade No 11 100s				
Single Use Blunt End Scissors				
Single use Tweezers/Forceps St				
Sodium Chloride 0.9% IV Fluid 1000ml				
Sodium Chloride 0.9% IV Fluid 500ml				
Sodium Chloride Injection BP 0.9% 10m l – box of 50				
Spatulae				
Suction Catheter 14FG 52cm Aero-flo				
Super Sani Cloth 160 per canister				
Suture Strips				
Sutures absorbable PDSII 5/0 PC-3				
Sutures Ethilon 4/0 19mm P 45cm Blue (W1620T)				
Swabs, Gauze 5cm x 5cm Non-Sterile Non-Woven, pack of 100				
Syringe 20ml Luer Slip				
Syringe 3ml Luer Lock Terumo				
Syringes and needles				
Tape Dressing Retention 2.5cm				
Tape measuring				
Tape Microporous – 2.5cm x 10m				
Test strips blood glucose				
Test strips Ketostix (Pk 50)				
Test strips Multi-stik Urine Tests 5 tests per strip –Box 50				
Test strips Multistix 10 - box 100				
Test strips Urine				
Thermometers, disposable				
Tongue Depressors – box 100				
Urinary catheters				
Uristix Reagent strips				
Virkon Powder Sachet				
Vomit or Emesis Container 1500mm Sealable – p				
Water for injection 10ml-Box50				
Wound Dressing non-woven – packs				

Step 6 - Communicate Your Plan



Where is this plan to be kept?
 How do staff learn about the plan?
 How are staff with key response roles informed of the roles?

What will the plan look like?

Decide how the plan will be documented (what information goes where and who is to get it).

What is the essential emergency information which must be available to everyone on the premises?

What is essential information for all staff?
 How are staff informed of this?

Where is the role specific information kept?

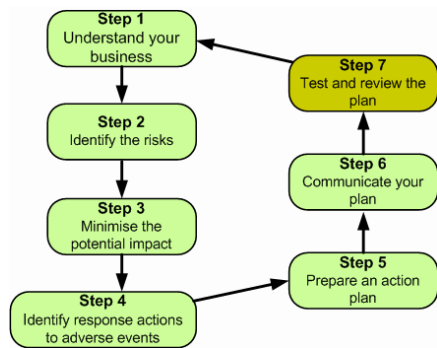
How is sensitive business information, staff contact details, etc. stored?

What supporting information is needed?

What other organisations need to be told about the plan?
 What information should they receive?

Do you have arrangements to link your plan with neighbouring Practices, Pharmacies and other emergency services?

Step 7 - Test and Review the Plan



Describe the arrangements to test and review the plan to ensure that it remains current and relevant.

How is the information and the plan kept up to date?

Test the plan.

Do staff know what to do?
Do they know where to find the key information?

Do key staff understand their roles? Do they accept these roles?

Are the risk treatments, mitigating actions etc still effective, relevant?

If a risk event occurred, would your plan ensure that your practice can continue to provide essential services?

Review and update the plan after any activation or exercise.
Review the plan as part of your document review process eg, 2 yearly.

Link to training and exercises by PHO and DHB.

Some Options:

Telephone cascade test.
Walk through plans
Desk top exercise
Audit (Cornerstone etc)



Additional References and Resources:

Civil Defence Hazard Assessments

http://www.civildefence.govt.nz/memwebsite.NSF/wpg_URL/Locate-the-nearest-council-Index?OpenDocument

Other Links

Business Continuity Management GOOD PRACTICE GUIDELINES 2008

<http://www.thebcicertificate.org/pdf/GPG2008-2%20Section%201%20FINAL.pdf>

Information on business continuity plans for businesses with 10 or fewer employees

<http://londonprepared.gov.uk/downloads/businesscontinuity/makingplans/under10.pdf>

AS/NZS 5050.2010 Business Continuity – Managing Disruption Related Risk
Standards New Zealand

National Health Emergency Plan 2008

<http://www.moh.govt.nz/moh.nsf/indexmh/national-health-emergency-plan-2008?Open>

NHEP - Guiding Principles for Emergency Management Planning in the Health and Disability Sector (2005)

Building Resilience through Business Continuity and Pandemic Planning - A Practical Workbook

http://www.fahcsia.gov.au/sa/communities/progserv/documents/pandemic_influenza/pandemic.pdf

NHS Resilience and Business Continuity Management Guidance - June 2008

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_085423.pdf

Business Continuity Management Toolkit - HM Government 2009

http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/documents/digitalasset/dg_176447.pdf