



Quick Guide to Business Continuity Planning for Physicians

COVID-19

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Business continuity planning means thinking about and deciding how your medical practice or clinic will react and respond to different kinds of events (such as a natural disaster, pandemic, local events etc.).

The purpose of this document is to support physicians with business continuity planning during COVID-19.

To do this, you will need to:

1. Assign a Business Continuity Lead

- This is someone who responds to event circumstances, works with other staff, Subject Matter Experts (SMEs) and health authorities to:
 - understand the situation (with respect to the event, like a pandemic),
 - assess the impact to business operations and human resources, and
 - develop a plan for what steps the business will take in different scenarios.
- In a typical clinic setup, this would be the Clinic Manager and/or the Physician Lead.

2. Determine how your practice will need to change based on risk level

- Refer to Appendix A for definitions of risk levels (ranging from Low to Severe) and some proposed actions medical practices should take at each level.
- These risk levels and suggested responses listed are general guidelines. Your clinic can customize these as needed for your practice.
- Remember that risk levels can change; your clinic should be prepared to be flexible and adjust to the circumstances as needed.
- The Business Continuity Lead should consult Subject Matter Experts (SME) and health authorities (e. g. local Public Health Unit, Public Health Ontario) to determine what the current risk level is.

3. Prepare your clinic

There are three main categories to think about planning for:

1. Your staff
2. Your facilities
3. Your patients

See pages 3-5 for checklists for each of these.

Plan

- Update internal contact lists so that you can contact employees with instructions - see *template, page 6*
- Create and share a list of staff who are responsible for the continuity of different aspects of the clinic, including communications to staff and patients – see *template, page 7*
- Make sure you have policies and practices in place for your clinic to minimize chance of exposure to respiratory pathogens.
- Prepare for office staff illness, absences, and/or self-isolation. Physicians should plan for increased absenteeism rate and clarify related staff policies.**
- Suspend non-essential tasks where possible.
- Where feasible and practical, consider:
 - relaxing sick leave policies to support employees when ill or self-isolating. If implementing unpaid leave, consider potential impact of staff returning to work to avoid loss of income
 - advising staff of current [EI options](#) if access to paid sick leave is not an option
 - being flexible to support processes that increase social distancing
- Cross-train staff for all essential office and medical functions wherever possible, including virtual care if applicable.**
- Consider alternative ways to work (for example, [Microsoft](#) and [Zoom](#) are providing free licences for virtual meetings.)

Support

- Share mental health support resources. Your employees may be feeling stress, anxiety or be facing challenges adapting to social distancing or remote work arrangements. More information [here](#).**

Educate

- Educate yourself about:
 - Your rights as a worker and responsibilities as an employer.
 - Your duty to accommodate vulnerable employees.
 - Your insurance coverage (see [OMA Insurance brief on COVID-19](#))
- Educate staff on relevant clinic policies and practices, including precautions to take to minimize chance of exposure to respiratory pathogens (such as screening by phone, at reception, etc.)
- Consider asking reception staff to wear PPE and teach them how to don and doff PPE safely.
- Make sure employees know what to do and whom to inform if they identify a suspected case of COVID-19 among patients or colleagues.
- Make sure staff are aware of [current travel](#) and self-isolation guidelines.
- Be aware of potential cyberattacks related to “COVID-19” messages. Cyber attackers are known to capitalize on critical events via email, SMS, and social media.
- Stay informed. Visit the [OMA COVID-19](#) page and watch for regular OMA COVID-19 Alert email updates. Monitor local and [provincial public health updates](#).

Communicate

- Maintain regular communication with employees to educate them about the disease and what healthcare precautions they need to take at home and in the workplace.
 - See public resources from [Public Health Ontario](#) and the [OMA public resources](#)

Plan

- ❑ Identify how the clinic will respond to different levels of risk and make sure all staff have access to this information – see *Appendix A*
- ❑ Review and reinforce infectious disease outbreak procedures (such as medical cleaning routines, food handling, work from home, social distancing, etc.)
- ❑ **Make sure there are processes in place to screen patients before they come in, and that there is a process for what to do if a patient with symptoms of acute respiratory infection arrives in person.**

Prepare Clinical Staff

- ❑ Provide personal protective equipment in accordance with current [IPAC recommendations](#) including surgical/procedure masks, gloves, protective eyewear, isolation gowns for all caregivers and staff to use. See OMA [Summary of Recommendations for Use of Personal Protective Equipment](#)
- ❑ **Dedicate an exam room as an acute respiratory infection room with only essential equipment and dedicated stethoscopes and supplies. Remove extraneous items. Wipe room and equipment down with appropriate cleaner immediately after use.**

Prepare Clinic Space

- ❑ Post signage in appropriate languages at the entrance and inside the office to alert any patients who arrive with respiratory symptoms and fever to call the office before entering. – See *'In Office Resources'* at www.oma.org/coronavirus
- ❑ When possible, reorganize waiting areas to keep patients with respiratory symptoms a minimum of 6 feet away from others. See [OMA Social Distancing Policy](#)
- ❑ When possible, consider alternate arrangements for patients who arrive with symptoms of acute respiratory infection (e.g., separate entrance; asking patients to wait outside and call them directly in to an exam room)
- ❑ Provide no-touch waste containers with disposable liners in all reception, waiting, patient care, and restroom areas.
- ❑ **Provide alcohol-based hand rub, masks and facial tissue wherever feasible in reception, waiting rooms, and patient care areas for patients with respiratory symptoms.**
- ❑ Keep soap dispensers stocked and post handwashing signs.
- ❑ Remove shared items from waiting rooms including toys, magazines, pens, office tablets/phones and other shared items.

Plan

- Design a COVID-19 office management plan in accordance to [clinical guidance](#) for all health care sectors
- Identify and cancel non-essential visits. See [OMA guiding principles](#).
- Educate staff on how to advise patients about changes in office procedures (e.g., calling prior to arrival if the patient has any signs of a respiratory infection and taking appropriate preventive actions)
- Ensure that you and your staff are familiar with specific public health reporting practices legally required in your area.
- Familiarize staff with:
 - the [guidelines](#) for collecting, handling and testing clinical specimens from PUIs for COVID-19 (if your practice will be conducting testing), and
 - the process to arrange safe transfer of patients from your office to the hospital or other facility if required.

Screen

- [Screen patients](#) by phone when making appointments (if applicable), at the point of entry to your clinic and at reception.
 - If your practice cannot safely examine a patient suspected to have COVID-19, contact your local public health unit or local assessment centre to arrange next steps, which may include referring patients to a hospital or designated [regional assessment centre](#).

Use Virtual Care

- Use Virtual Care to conduct patient visits wherever possible.
 - The OMA strongly encourages all eligible members to leverage virtual care. Please [visit OntarioMD's page on virtual care](#) to learn about what tools are available to you

Sample contact list for emergency preparedness

Staff contact list

Primary Role	Name	Email	Home Phone	Mobile/Cell	Available (Y/N)
Physician 1					
Physician 2					
Physician 3					
Clinic Manager					
Receptionist					
Medical Office Assistant					
Nurse					

Sample contact list for emergency preparedness

Business Continuity Planning team contact list

Primary Role	Name	Address	Home Phone	Mobile/Cell
Business Continuity Lead				
Alternate				
EMR Business Continuity Coordinator				
Alternate				
Clinic EMR Liaison				
Alternate				
Clinic Communications Coordinator				
Alternate				

Provincial Government and Medical Association contact list

Primary Role	Website	Email	Phone
Ontario Medical Association	https://www.oma.org/member/section/practice-&-professional-support/coronavirus?type=topics	info@oma.org	1-800-268-7215
Public Health Ontario	https://www.publichealthontario.ca/	cdepr@oahpp.ca	1-877-604-4567
Local Public Health Units	http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx		311
Ontario Ministry of Health	http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/		
Ministry of Health Emergency Operations Centre Health Care Providers	http://www.health.gov.on.ca/en/pro/programs/emb/prov_status.aspx	EOOperations.moh@ontario.ca	1-866-212-2272
College of Physicians and Surgeons Ontario	https://www.cpso.on.ca/Physicians/Your-Practice/Physician-Advisory-Services/COVID-19-Information-for-Physicians		1-416-967-2603

Appendix A: Infectious Disease Risk Level Guidance/Actions

The following risk levels and responses listed are general guidelines. Your clinic can update these as appropriate for your practice.

The Business Continuity Lead or Lead Physician should consult Subject Matter Experts (SME) and health authorities (e.g. local Public Health Units, Public Health Ontario) to reach a decision on the appropriate level and further responses.

Specific actions may be added or deleted according to details and changing Infectious Disease/Pandemic events.

Risk level: Low

Situation Characteristics:	Clinic Response/Actions:
<ul style="list-style-type: none"> • Infectious Disease identified • Status Quo, cases in community are primarily mild • No cases of disease in City, Region or Province 	<ul style="list-style-type: none"> • Introduce communications and educate employees • Ensure Personal Protective Equipment (PPE) in place (as indicated) • Ensure all mitigation measures are completed • Advise partners of plans and ensure they understand requirements

Appendix A: Infectious Disease Risk Level Guidance/Actions

Risk level: Medium

Situation Characteristics:	Clinic Response/Actions:
<ul style="list-style-type: none"> • Health authorities issue alerts • No travel restrictions recommended but some risks may exist • Confirmed cases in Province, region or municipal area • Increases cases identified in the community • Deaths in the community • Certain groups may be at risk • Possible exposure (with no symptoms) identified in the workplace 	<ul style="list-style-type: none"> • Identify and accommodate vulnerable employees as appropriate. • All employees to halt all nonessential travel to high risk areas. • Offices will remain open for those who need to come in, or who choose to. • Monitor and report abnormalities to local Public Health. • Communicate regularly with employees on emerging information for employees, including providing preventative measure based on guidelines from Health Agencies. • Provide instructions to visitors on site. • Increase cleaning and disinfecting on premises. • Assess risks and ability to support social distancing.

Appendix A: Infectious Disease Risk Level Guidance/Actions

Risk level: High

Situation Characteristics:	Clinic Response/Actions:
<ul style="list-style-type: none"> • Community based closures spreading in the municipality • School or daycare closures • Public health advice to restrict travel, public gatherings • Prioritizing of tasks, non-critical tasks will be delayed • Work refusals • Confirmed case in the workplace 	<ul style="list-style-type: none"> • All employees are encouraged to work from home where possible to lower the spread probability. • Employee with suspected and confirmed symptoms must stay home or in self isolation for at least 14 days. • Internal Team meet more frequently including facility/building management for decisions • Reduce in-person visits and use virtual care technology • Increase Executive briefings and communication to visitors, patients, and third-party service providers. • Consider closing areas where employees congregate • Implement Crisis Communications for Infectious Disease

Appendix A: Infectious Disease Risk Level Guidance/Actions

Risk level: Severe

Risk Level - Severe	Response/Actions
<p>Severe (WHO/Public Health Declare Emergency)</p> <ul style="list-style-type: none"> • Severe case confirmed within the clinic or building • Community based illness spread in the municipality. Cases rising rapidly • Public health advice to restrict travel, public gatherings • School or daycare closures 	<ul style="list-style-type: none"> • Internal Team meet remotely daily with daily executive updates, situation report meetings • Emergency Operations Centre activation as required • Implement full work from home/remote, where possible • Close public venues if appropriate • Close areas where employee congregate • Avoid travel and visitors to offices • Further Communication to partners, suppliers and third-party service providers.