

Document No: BCP 1.0

Prepared by: Marilar F. De Guzman, MD Quality Assurance Manager EFFECTIVITY DATE:
August 3, 2018
REVISION NO.: 1

Approved by: Glennda E. Canlas, MD Medical Director

SUBJECT: BUSINESS CONTINUITY PLAN

OBJECTIVES

This quality manual is intended to be used by all HMHS personnel with an intent to carry out and coordinate the planned activities relating to:

Business recovery procedure specified to respective departments.

Address critical business functions in the event of by disaster. This includes long term disasters, such as fire, typhoon, prolonged flooding, earthquake, explosion, terrorism and city/nationwide blackout.

This quality manual provides information that will be used by all responsible personnel to coordinate business recovery of their respective department.

This quality manual provides information to ensure security and safety of employees, visitors, and patients in the office building.

This quality manual mitigates, limit threats or damage that an incident may cause to operations in the organization by advance preparations to ensure critical business functions continuity.

This quality manual provides a documented plan and procedure for quick, effective execution of recovery strategies when disasters occur.

SCOPE

The Business Continuity Plan is limited to recovery and business continuance from a serious disruption in activities due to non-availability of the company's facilities. This plan is separate from the MIS Business Continuity Plan which focuses on the recovery of technology, facilities and platforms such as critical applications, databases, and servers or other required technology or infrastructure. This procedure does not address temporary interruptions.



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The scope of this plan is focused on localized disasters such as fire, prolonged flooding and other localized natural or man-made disasters.

DEFINITIONS

Disaster – any event that renders a business facility inoperable or unusable so that it

interferes with the organization's ability to deliver essential business services.

BCP – Business Continuity Plan

MIS – Management Information Systems

ERT – Emergency Response TeamQAM – Quality Assurance ManagerHR – Human Resource Manager

ACCTG – Accounting Unit
OPS – Medical Operations

Emergency Management Team – comprises of Medical Director, Medical Operations

Manager, Quality Assurance Manager, Human

Resource Manager, Administrative Manager and the

MIS-System Administrator.

RESPONSIBILITY AND AUTHORITY

Maintenance of the Halcyon Marine Healthcare Systems' Business Continuity Plan is a joint responsibility of the MIS Department, Quality Assurance Department, HR Department the Administrative Department and Medical Operations Manager.

4.1 Medical Operations Manager (Business Continuity Coordinator) is responsible for:

Periodically reviewing the adequacy and appropriateness of the company's Business Continuity Strategy



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- Assessing the impact on the company's Business Continuity Plan for additions or changes to existing business functions, procedures, equipment, infrastructure and facilities requirements.
- Announcing the suspension of operations on the first day of the disaster and updating of the HMHS business situation, alternate site location and send out laboratory and PEME clinics to all clients.
- Initiating an emergency meeting on the second day of disaster to planned transfer of alternate site location, identify critical resource and business function transfer, key personnel of the identified business function, security and utility personnel.
- Updating the recovery team's assignments, taking into account promotions, transfers, and terminations.
- Coordinating changes in the plans and communicating to management when other changes require them to update their plans by issuance of the memorandum and obtaining acknowledgment for common understanding.
- Informing all plans or changes to the Quality Assurance unit so that the company's Disaster Recovery Plan can be reviewed and updated accordingly.
- Responsible for ensuring that the personnel who would carry out the Business Continuity Plan are sufficiently aware of the plan's details of staff orientation. This must be accomplished every year via practice exercises, participation in tests and awareness.
- Overseeing the recovery team of the clinic, practice exercises, participation of the assigned team and results of the practice exercises if done properly.

4.2 Administrative Manager is responsible for:

Maintaining and/or monitoring of alternate space if sufficient for critical company functions in order to meet the company's recovery time frames.



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Ensuring the recovery team/personnel have assistance with clerical tasks, errands, and other administrative activities.

Arranging for the availability of necessary office support services and equipment.

Maintaining list of resources that are prioritized for transfer to the office space.

Communicating changes or issues to the Medical Operations Manager regarding alternate that would affect the transfer of operation.

Communicating and coordinates with local government/agencies needed to implement or conduct annual practice exercises.

4.3 Quality Assurance Associate (QAA) is responsible for:

Updating the manual once requested by the Medical Operations Manager, duly approved by the QA Manager.

Distribute the content of the manual by sharing the information through uploading on the Google drive.

Ensures that a back-up of digitally saved, memorandum of agreements, manuals, forms and records are done and are available during operations at the alternate site.

4.4 Human Resource Manager is responsible for:

Providing information regarding the disaster and recovery efforts to employees and families.

Coordinating with the nearest hospital for emergency first aid and medical support for employees that needs medical attention.

Notifying employees' emergency contact in case of injury or fatality and provides employee's update regarding the disaster and new alternate site.

Assisting in arranging cash advances if out of the area travel is required.

Ensuring the processing of all life, health, and accident insurance claims as required.

Coordinating temporary agency for employee requests.

Ensuring back-up of employee contracts and 201 files in digital format for reference.



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Updating the team members belonging in the Emergency Management team in cases of resignation or absence without leave, ensuring that the team remains intact.

4.5 Accounting Supervisor (Finance Department Coordinator) is responsible for:

Tracking all costs related to the recovery and restoration effort.

Determining number of cashier and accounting personnel to be deployed in the alternate site location for continuance of billing, cashier and collection operations.

Informing external providers on the details and location of the alternate site and ensures continuous delivery and support of the suppliers.

4.6 System Administrator is accountable for:

MIS recovery strategies in order to restore hardware and software version 2 needed by HMHS personnel to effect operations at the alternate site.

Coordinates with the Administrative Manager and Medical Operations Manager on issues and resource requirement for transfer and operations at the alternate site.

Assists Medical Operations at the alternate site by providing needed access to server, hardware, version 2 to carry out identified viable and critical business function.

REFERENCES

HMHS Quality Manuals and Work Instructional Manuals Masterlist of Appendices

Appendix-A	Alternate Site Locations
Appendix-B	Critical Resources
Appendix-C	Critical Business Functions
Appendix-D	Notification Process



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Appendix-E	List of Employees	
Appendix-F	Evacuation Assembly Area	
Appendix-G	List of Affiliated PEME Clinics	
Appendix-H	List of Accredited Send out Laboratory	

6.0 DISTRIBUTION LIST

The HMHS Business Continuity Plan manual shall be distributed in the following sections.

Copy holder No.	Responsible Personnel	No. of copy
Master Copy	Quality Assurance Manager	1
1	Medical Director	1
2	Medical Operations Manager	1
3	Administrative Manager	1
4	Human Resource Manager	1

7.0 POLICIES



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- 7.1 The Medical Operations Manager ensures the workability of the Business Continuity Plan. The continuity plan should be periodically verified by active or passive testing. Active and passive testing should be well communicated by the Medical Operations Manager. The results of the tests will be reviewed to assess its workability. Improvements shall be done to address concerns or issues identified during the tests performed.
- 7.2 QA unit shall review the performed tests and note the needed improvements so as to update the Business Continuity Manual accordingly.
- 7.3 All employees shall be informed about the HMHS Business Continuity Plan through scheduled meetings and orientations for full awareness of the plan.
- 7.4 The recovery teams shall be identified, trained and well informed on their respective duties and responsibilities in the scope of the business continuity plan. The recovery teams shall be made known to all HMHS employees through posting of the team's organizational chart of the employee's working areas.
- 7.5 The plan shall be intended for 5 to 7 days' workability on the event of transition to an alternate site, including resources, both personnel and equipment, and MIS restoration of servers and data file backup.
- 7.6 The Administrative Manager has identified available space for relocation and ensure its availability for occupancy by the organizations' different units and should be used within 2 to 5 days from the onset of a disruption or disaster.
- 7.7 All employees of HMHS should be knowledgeable on how to execute the Business Continuity Plan.

8.0 Business Function Recovery Priorities

8.1 The plan entails strategy is to recover critical HMHS business functions at the alternate site location. The critical business functions are detailed in Appendix C of this manual. The Administration Manager shall note the critical business function indicated in order



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to prioritize resources needed for immediate transfer. (Refer to Appendix B - Critical Resources)

8.2 The time frame for critical resource transfer should be one (1) week.

9.0 Recovery Teams

Purpose and Objective

The plan identifies who are the involved personnel coming from various units that will form part of the recovery team. The team will be engaged in the recovery process of HMHS during disruption of operations. The team should have a designated team leader as well as a backup leader for contingency. The teams are assigned with specific task to complete the recovery procedures and processes specified in this manual.

Recovery Team Assignments

Medical Director- makes the final decision on the continuity of business based on the teams' assessment result.

Emergency Response Team (ERT) - a response team in case of Natural disasters, they initiate and facilitate the evacuation plan & ensures safety, security and accountability of all employees, customers and the vision of HMHS. They also provide an assessment report to the Medical Director and Managers. The team shall be composed of personnel coming from various units and shall be headed by the Administrative Manager.

Emergency Operations Communication (EOC) - composed of teams, wherein coordination activities are carried out through communicating with the company's interested parties:

HR Manager provides information regarding disasters and recovery updates on all employees and details of the alternate site location. HR Manager coordinates with the nearest hospitals for emergency first aid and medical support for employees that needs medical attention.



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Medical Operations Manager in coordination with the PEME Account Specialists inform clients on the details of operations as well as the location of the alternate site.

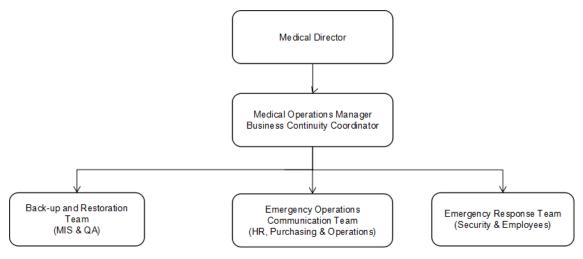
Administrative Manager coordinates with the local government agency such as Bureau of Fire for emergency response support and assistance.

Accounting Supervisor informs external providers on the details of operations at the alternate site location, including the continuance of delivery operations.

Medical Operations Manager (MOM) - is the Business Continuity Coordinator, responsible in ensuring that all activities are done successfully.

Back-up and Restoration Team- is composed of MIS team, headed by the System administrator. The team ensures the availability, completeness and restoration of back-up digital files of all units and maintenance of server on the alternate site and upon transfer to the primary site.

The Emergency Management Team





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Recovery Plan Phases

Disaster Occurrence

This phase begins in the occurrence of disaster until a decision is made to activate recovery plans. The following activities involved in this phase are as follows:

Emergency response measures and notification

1.1 When the time of disaster occurs during operations

The ERT shall facilitate all personnel of HMHS and its subsidiaries (SSMA, Movement Wellness, Ideyalab, etc.) including patients and visitors to gather in the assembly area of the evacuation plan (See Appendix F- Evacuation Assembly Area). Respective and assigned leaders of each unit should guide the personnel safely to the assembly area.

Human Resource Manager to conduct a manpower re-count, as provided for by the ERT (See Appendix E-List of Employees). The personnel requiring medical assistance is facilitated and relatives are informed and updated on their status. Financial assistance is provided as deemed necessary.

Medical Operations Manager, supported by the PEME specialists calls Clients regarding the status of their patients and those requiring medical assistance will be facilitated as well. Visitors will be accounted and facilitated.

The ERT shall ensure that all personnel who vacated the building are accounted for and immediately assess condition of the personnel that needs medical attention. Nearest hospitals shall be quickly coordinated by the Administrative Manager for first aid administration and other government agencies for immediate support. ERT shall note and find personnel who are not in the assembly area.



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Human Resource Manager to follow Notification process in informing employees regarding the disaster, employee status and financial assistance that may be given to the relatives, who were affected by the disaster. (See Appendix D-Notification Process)

The Emergency response team (ERT), led by the Administrative Manager, shall immediately conduct assessment on the extent of damage and accessibility for occupancy of the office building. The results of the assessment must be quickly reported to the Medical Director and Medical Operations Manager as the Business Continuity Coordinator for final decision on the declaration of disaster.

The ERT must create a list of retrieved office and clinic tools and equipment that are still functioning and usable. The list is endorsed to the Administrative Manager and Accounting Supervisor.

Medical Operations Manager to announce the suspension of HMHS operations the next working day.

Administrative Manager shall coordinate and check availability of the Alternate office space. Once confirmed, inform the Medical Director and Medical Operations Manager to plan for transfer to the alternate site location including resources and critical business functions.

Schedule of activities for the first day of the disaster until transfer of alternate site location.

Table 1:

1 st day	2 nd day	3rd day	4 th -6 th day	7 th day
MOM	MOM			
Announces	Calls Emergency	Transfers and	Key personnel	Expects Stable
suspension of	Management	setting up of	commenceme	operations



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operations	Team to plan for	critical	nt of operations	Assess* primary
Informs and update	the following:	resources and	on the alternate	site for repairs
Clients of the	Critical business to	business	site	and transfer to
disaster.	continue to	functions on		another facility
Activates the BCP	send out	the alternate		for PEME.
Plan	laboratory and	site.		
Calls send out	to PEME clinics			Note: * is on
laboratories	Logistics for the			Assessment and
(Appendix-H) and	transfer of			Planing Stages
PEME clinics	equipment			
(Appendix G) to	Check assessment			
inform details of	reports and			
disaster and the	finalize the list of			
business plan.	items to			
	purchase.			
	Key personnel on			
	the following			
	- Receiving			
	reception			
	- Follow up			
	Reception			
	- Follow up Nurse			
	and Doctors			
	- Processing			



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	doctors		
	- Documentation		
	and releasing		
	- List of Utility and		
	Security personnel		
	assigned at		
	alternate site		
	Finalize business		
	processes to be		
	done and a list		
	of pending		
	activities at the		
	alternate site		
	and referred		
	clinics		
	Call Send out		
	laboratory and		
	PEME clinics to		
	discuss business		
	arrangement		
AM			
Checks and finalizes	Assigns utility to	Ensures	
availability of	clean and	adequate	
alternate site	prepare the site	utility	



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office space.	Assign utility to	personnel to	
Meet and ensures	transfer any	facilitate	
utility and security	retrieved	transfers.	
personnel on the	resources		
planned transfer.	prepared if any.	Assign	
	Assigns security	messenger for	
	personnel on	Billing and	
	the alternate	collection	
	site.		
	Accompanies key		
	personnel to		
	conduct office		
	lay outing on		
	the alternate		
	site.		
HR			
Performs manpower	Ensures availability	Updates	
head count	of HMHS	employees	
Informs relatives of	employees at an	and medical	
employees that	alternate site.	condition of	
are affected by	Calls manpower	hospitalized	
the disaster	agency for back	personnel if	
	up if need.	any	
	Monitor		



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	employees, visitors	Prepare	
	and patients on	hospital billing	
	·		
	their medical	to be	
	condition at	forwarded to	
	hospitals until full	Accounting	
	recovery.		
	Prepares list		
	qualified for		
	financial		
	assistance to be		
	submitted to		
	Accounting		
	Supervisor.		
Accounting			
Supervisor			
Calls to external	Assigns Billing	Monitors	
providers to	Cashier personnel	delivery from	
provide an update	at alternate sites.	suppliers	
on the details of	Orders list of tools		
the disaster and	of equipment	Track all	
the location of the	needed at	billings from	
alternate site.	alternate site,	deliveries and	
Ensure continuous	request for urgent	hospitals	
delivery support	delivery.	Ensures	



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from suppliers	Prepares financial	continuous
Ensure preparedness	assistance based	Collection
of Cashier	from the list	process to
personnel to be	provided by HR.	clients,
assigned on the		coordinate
alternate site.		with Admin
		for messenger
		allocation.
MIS		
Calls Metro bank for	Restore backup	
the preparation and	files at the	
retrieval of back-up	alternate location	
drives	Set-up sever room	
Access to Cloud	at alternate site	
	Layout of PCs and	
	LAN, WIFI	
	connections.	

1.2 When time of disaster occurs during No operations

HR Manager shall send a text message regarding the details of the disaster and the condition of the office building in terms of its accessibility to all HMHS employees and its subsidiaries. Communications must be constant to guide or inform employees.

Medical Operations Manager to announce the suspension of work operations and to alert ERT team members of the disaster in order to check the site for assessment.

ERT is required to prepare and submit an assessment report on the extent of damage and accessibility of the office building for occupancy and inventory of all functioning and valuable equipment to all Managers.



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Administrative Manager to call and finalize the alternate site location.

Medical Operations Manager with the support of PEME specialists, to call Clients on the details of business and the alternate site. An emergency meeting will be called to plan for transfer to an alternate site and to activate the BCP on the first day of disaster.

Note: Planning will cover the same area as indicated on day 2 of Table 1. However transfer will start of this procedure at day 2.

2. Activation

The business continuity plans are put into effect at this stage. It continues until the alternate site is occupied, critical resources as well as critical business functions are established and server systems including software and hard wares are installed. The major activities that take place in this phase are as follows,

Relocation of critical business process as well as resources to the alternate site

The identified key personnel to form the skeletal force of medical operations has now been identified and will commence operations at the alternate site. MIS has now restored the back up files needed by units specified below to carry out respective activities as mentioned below table.

Table 2

Units	Activities
Receiving Reception	Receiving and referring of new patients direct



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	patients to PEME-affiliated clinics.
CSO	Direct new patients to PEME Clinics and
	address other concerns.
Follow-up Reception	Receiving and facilitating follow up patients
	and direct patients on their required tests.
	A.) Additional -referred to send out
	laboratory/diagnostic clinics.
Follow-up Doctors	Consultation of patients with follow-up tests
Follow-up Nurse	Continue pending transmittal.
Documentation	Continue pending medical certificates
	processing and delivery
Releasing	Release and transmittal of certificates
Processing	Checking of pending medical results and
	medical certificates.
Administration	Transmittal of SOA and Medical Certificates
	Cleanliness and maintenance of Alternate site
Security	Secure alternate site location, personnel and
	resources
MIS	Ensure server workability maintenance and
	communication connection (WIFI, PLDT, etc.)
PEME Account Specialist	Coordinates with Client on the status of
	patient's medical records and address client's
	concern.
Accounting (Billing, Cashier, Purchasing &	Billing and collection activities and monitoring
Inventory)	of supplier deliveries and Inventory at the



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	temporary stockroom	
HR	Manpower Contingency and attendance.	
	Assisting employees regarding medical and	
	financial assistance.	

Re-establishment of data communications

MIS to establish data communication within the organization as well as LAN connections, computer networks and server.

Alternate Site Operations

The phase begins after the establishment of alternate site and continues until the primary site is restored. The activities involved in this phase are as follows:

Backlog reduction

MIS continues to retrieve missing data for endorsement to affected units to complete their existing data.

Alternate site processing procedures

The Medical Operations Manager and the PEME Account Specialist continue to call client companies regarding direction to the alternate site and schedule of operations.

Assessment and Planing Stages

Medical Operations Manager to call a meeting with the Emergency Management Team to assess the extent of damage at the primary site, testing tools and equipment. The MOM shall also identify equipment and tools for repair, for purchase, and importance of the business function. Additional purchases shall be noted if the damage is irreparable.

. The Accounting Supervisor shall prepare separate costing on the incurred damages at the primary site, repairs, renovation and purchases duly approved by the Medical Operations Manager and Medical Director.



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A proposal as contingency shall also be prepared by the Management team and its equivalent cost. The proposal shall be presented to the Medical Director for approval.

The Emergency Management team shall make the final assessment based on the extent of damage and cost to incur. The contingency plans are stated below, under Plan A & B.

Plan A - Revert to Primary Site

If the extent of damage to the infrastructure needs to be renovated and repaired

Plan B - Rent an Office building with infrastructure intended for PEME services If the extent of damage is beyond repair.

Plan C - Processing of DOH Accreditation and Licensing.

Plan A	Plan B
Admin Manager to meet with Contractor in	Administrative Manager to look for office
order to create a timetable to initiate repair	building suitable for PEME set-up. A list of



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and renovation of the building. Materials	potential office spaces shall be prepared for
needed shall be also discussed in the meeting.	ocular inspection.
Present the timetable and construction	2. Administrative Manager and Medical
expenses to the team for approval.	Operations Manager to conduct ocular visits
	on the office spaces.
Administrative Manager to coordinate with	3. Present results of ocular visit detailing the
Contractor on construction activities until	following aspects,
completion. An update shall be reported to	Location and accessibility
the Management team on the alternate site	Office no. of floors and rooms
until completion for transfer.	Office layout and accessibility.
Note: If the timeline will exceed one (1) month,	Complete and working utilities such as water,
then weekly meetings or every two (2) weeks	electricity and generator.
meeting should be conducted. The meeting	Calculate incurred cost of the following,
will be attended by the Management	Lease
representatives and the Medical Director, to	Renovation and repairs
ensure timeline is strictly adhered to by the	Air con unit installation
Contractors. Issues are discussed for immediate	Logistics for transfer
or prompt actions.	The aspects shall ensure the flow of receiving
	and processing of patients and lay-out should
	not limit or hinder PEME process.
After completion of repair and renovation, the	After careful selection and consideration of all
Management team shall create timetable for	aspects and cost, Management should reach
transfer to Primary site. (Refer to Plan C-	common agreement in deciding for the new
	office building. A timetable will be created by



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Processing of DOH Accreditation and Licensing	the Management Team to initiate a transfer to
and Procedure 3. Transition to Primary Site)	the new site.
	(Refer to Plan C - Processing of DOH
	Accreditation and Licensing)

Plan C - Processing of DOH Accreditation and Licensing

Administrative Manager shall process Department of Health (DOH) application form and complete necessary requirements for licensing.

Administrative Manager shall monitor the status of the DOH application and provide feedback on the status to the Medical Director and Managers.

Inform the organization on the scheduled DOH inspection for the necessary preparation of testing equipment and tools, clinic lay-out, log books and utilities.

The Medical Operations Manager shall accompany the DOH representative during the inspection process of the clinic.

The Medical Operations Manager shall issue the result of DOH inspection to the Quality Assurance Section for awareness or checking of findings and observation.

The Medical Operations with QA shall address the findings and observation noted in the DOH checklist. A photo of compliance will be sent by the Administrative Manager to the DOH representative. Completion of Corrective Action Request (CAR) should be within the set timeline.

The Administrative Manager shall conduct follow-up on the issuance of DOH certificate.

Assumption: 1 month processing of DOH application

Issuance of DOH certificate will be based from the findings found during inspection.

Transition to Primary Site



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The phase consists of any and all activities necessary to make the transition back to the primary facility location.

- 3.1 Administrative Manager to carry out transfer of equipment and all resources needed to set up
 - the different work stations and testing units.
- 3.2 Medical Operations Manager and MIS to discuss PC, terminals, printer installation to the primary site and finalize the schedule.
- 3.3 Once schedules are determined Medical Operations Manager to inform all staff regarding plans for transfer.
- 3.4 Operations to note back logs prior return and contingency plans.
- 3.5 Back office personnel initiate transfer of office and medical equipment. Then to be followed by setting up of workstations and testing units.
- 3.6 Transfer to take effect on a weekend. Ideally, minimal operation interruption is the goal of the transfer.

Assumption: 1 week transition

4. Testing and maintenance

- 4.1 QA unit will ensure maintenance of the BCP manuals.
- 4.2 Testing of the BCP activities may be initiated through an earthquake or fire drill, which will be headed by the Administrative Manager and Security Officer. A scheduled drill should be set and procedures stated in the manual should be enacted to assess or review and update the manual procedures.