

**Business Continuity Action Sheet for**   
Complete as many as required:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DisruptiveEvent | Unavailability of utili | ties – | power, heating, ligh | t wat | er due to burst pipes etc |  |
| RiskRating | Likelihood(1-5): | Possi | Impact(1-5): | Mod | OverallRisk-Rating | 9 |
| DescriptionofNature/Extentof ImpactofthisEventonService | Clinic unsafe/uncomfortable/unsuitable for patients and staff. There are no external windows therefore if no lighting the clinic is in extreme darkness | | | | | |

**Immediate Actions (0-2 Hours):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Description of necessary action** | **By whom** | **Using (staff, resources, etc)** Telephone/face to face if  telecoms down | **Inter-dependencies** |
| **1.** | Contact estates department to establish extent of the issue/likely timescales | Clinic lead |  |
| **2.** | Inform patients of incident likely delay and offer option to rebook. Ask patients to remain seated if safe to do no if there is no light | Clinicians/nursing staff | Face to face |  |
| **3.** | Inform divisional management team of issue | Clinic lead | Telephone/face to face |  |
| **4.** |  |  |  |  |

**Subsequent Actions (2-6 Hours):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Description of necessary action** | **By whom** | **Using (staff, resources, etc)** | **Inter-dependencies** |
| **1.** | Consider option to relocate/provide interim solutions eg heaters/air conditioning units/ bottled water /torches | All staff |  |
| **2.** | Complete a Datix incident form | Clinic lead | IT services |  |

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