

**Business Continuity Action Sheet for:**

Complete as many as required:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DisruptiveEvent | Burglary/Vandalism |  |  |  |  |  |
| RiskRating | Likelihood(1-5): | Unlik | Impact(1-5): | Mod | OverallRisk-Rating | 6 |
| DescriptionofNature/Extentof ImpactofthisEventonService | Loss of trust/personal belongings | | | | | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Description of necessary action** | **By whom** | **Using (staff, resources, etc)** telephone | **Inter-dependencies** |
| **1.** | Escalate to appropriate matron and managers ( on call manager) CSM of situation | Member of staff/clinic lead |  |
| **2.** | Undertake thorough search of area to ensure items not mislaid | Members of staff/ NIC/ matron | telephone |  |
| **3.** | Contact security services for support and advice | NIC/ Matron | telephone |  |
| **4.** |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Description of necessary action** | **By whom** | **Using (staff, resources, etc)** IT services | **Inter-dependencies** |
| **1.** | Complete a Datix incident form | NIC / Matron |  |

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