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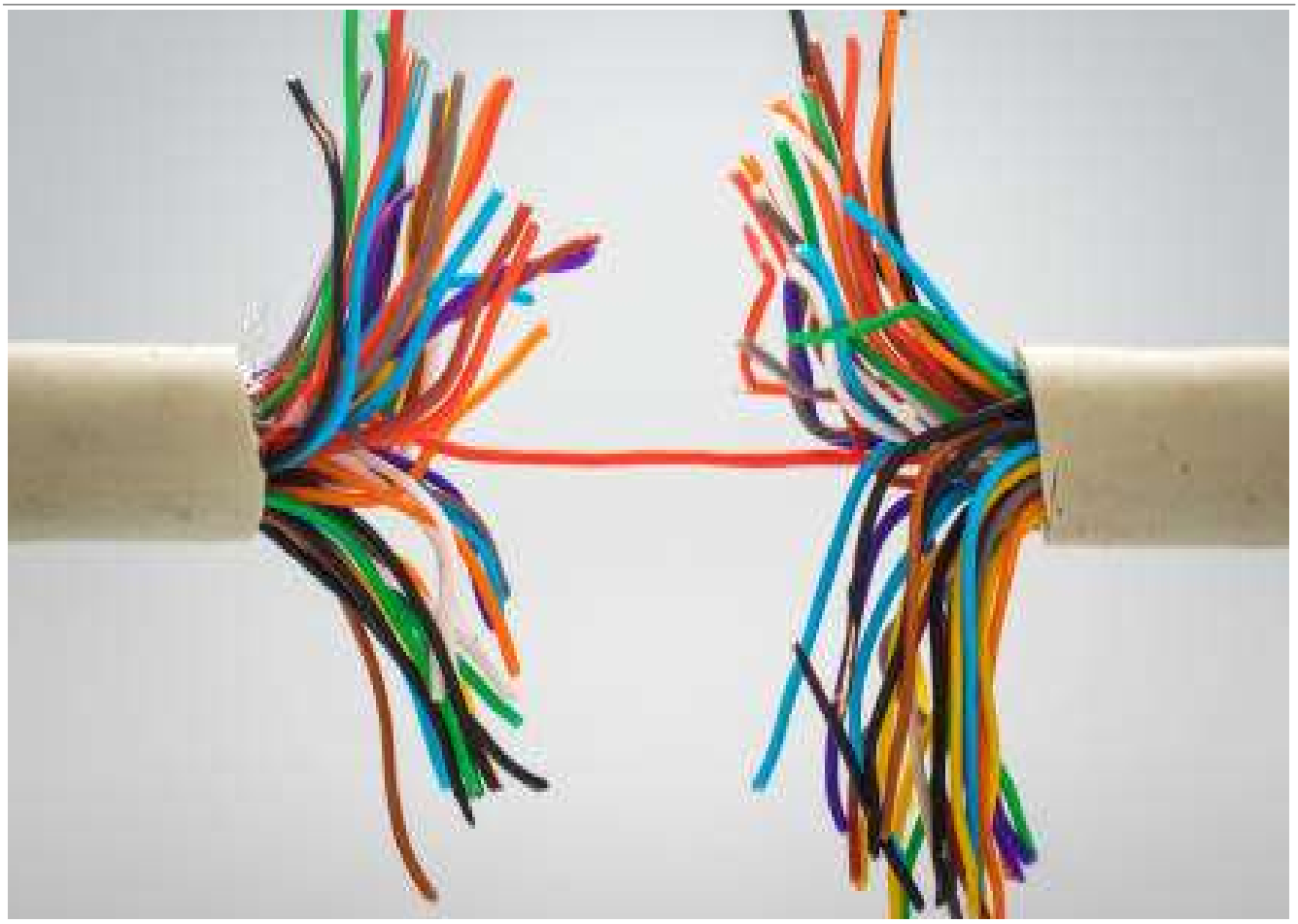
All-Hazards Resilience:

Business Continuity Planning *for* Nursing Stations *and* Health Centres



Praxis Forum
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Rediscover Your Lost Place
Of Justice for the Soul and Health for the Body
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Who We Are

Praxis Forum's Strategic Advisory Bureau was created for the purpose of providing advice, policy research and program evaluation services to underserved communities and populations, at greater risk of experiencing health inequities, social injustice, economic poverty or discrimination, due to structural barriers that limit access to foundational resources and opportunities.

The Advisory and Risk Management Bureau (ARMB) is part of Praxis Forum's Neutral Third Party Services, which combine innovative Public Health Practice with Dispute Prevention and Resolution principles, to improve overall performance and achieve specific policy, health equity and social justice objectives. Our areas of intervention include, but are not limited to:

- Dispute Resolution;
- Education and Training;
- Action on Structural Determinants;
- Supporting Policy, Legislative and Operational Transitions.

What We Do

The ARMB focuses primarily on the Health Equity and Social Justice portfolios. The Health Equity and Social Justice portfolios are intended to make certain that every person has a fair opportunity to achieve their best health and quality of life targets, regardless of race, gender, physical or psychological condition or socio-economic status, by addressing the social determinants of health and removing structural barriers to self-determination.

Why We Do It

Health equity and social justice are essential for fostering long-term, intergenerational community wellbeing, by addressing health inequities and reducing all forms of systemic injustice and violence through education, rather than using more invasive, aggressive or cohersive practices to treat diseases or illnesses, or to resolve contentious matters.

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Background:

Health centres and nursing stations serve as the vital frontline of healthcare delivery in rural and remote First Nation communities. Operating far from urban hospitals, these all-in-one clinics, emergency rooms, and public health hubs must contend with several distinct operational pressures, such as geographic isolation, workforce and staffing dynamics, and infrastructure capacity failures.

When a crisis or a disaster strikes, and there are no nearby health facilities, alternative supply chains, or immediate emergency response teams to come to the rescue, a Business Continuity Plan (BCP) is a mission-critical tool for First Nation community health centres and nursing stations, because it ensures that critical, life-saving operations can continue independently during unpredictable disruptions.

Purpose:

The All-Hazards Resilience: Business Continuity Planning Session, for Health Centres and Nursing Stations—aims to support your executive team in facilitating an organization-wide, human-centric business continuity planning process, with its staff and frontline workers.

This two (2) day working session will enable you to establish a holistic governance structure, for business continuity planning, in your health centre or nursing station; conduct a human-centric business impact analysis for each program or service; develop continuity plans and arrangements for critical and non-critical services; review, test and update your business continuity plan, and communicate critical information and decisions—directly, effectively and without delay.

Linking Emergency Preparedness to Business Continuity Planning—Transitioning from traditional Emergency Preparedness Planning to an organization-wide Business Continuity process is essential to ensuring continued delivery of critical services to community members. Emergency preparedness plans act as the immediate, first-phase trigger. During tabletop simulations, teams will practice navigating the exact moment the Emergency response plan transitions into BCP mode.

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Objectives:

This BCP Working session allows participants to develop a written plan document that includes:

1. A human-centric business impact analysis (HC-BIA) to identify critical individuals and positions, services, assets, and dependencies;
2. Response, recovery and mitigation measures, with trauma-counselling triggers embedded directly into the incident response checklist, to deal with the crisis, trauma and disaster impacts of unpredictable disruptions;
3. Planning and response team(s) identification, including key contact and notification lists;
4. Roles, responsibilities and tasks of BCP coordinators and team members;
5. Community-owned partnerships for the alternate delivery and recovery of critical services ;
6. Procedures for testing, updating and maintaining the BCP;
7. A Communication Plan to disseminate critical information and decisions.

Human-Centric Business Impact Analysis (HC-BIA)—A human-centric business continuity plan treats people, including health centre or nursing station staff, health personel and frontline workers, as the community's most fragile, critical and valuable assets. HC-BIA serves to inform, prioritize, and activate the Business Continuity Plan, and determines how the community will respond to a crisis, emergency or disaster.

Suggested discussion topics and scenarios:

- Information Technology (IT) and Electronic Medical Record (EMR) Downtime Procedures;
- Workforce Shortages and Unavailability of Staff Procedures *(Cascading Standby Systems)*;
- Utility and Lifeline Failure Protocols *(Power Outages, Gaz Leaks, Water Contamination, IT Breakdowns);*
- Medical Supply Chain Breaches and Disruptions *(Manufacturing, Temperature Control, Distribution);*
- Facility Inaccessibility and Alternative Care Sites *(Decentralized Modes of Operation)*;
- Other self-identified discussion topics or disruption scenarios.

Intended Public and Process:

Audience: Local, Municipal and Tribal Governments, more particularly Local First Nation Authorities and their executive teams, administrative staff, healh personnel and frontline workers.

Duration: 2 Day Work Session—Including breakout and interactive sessions.

Post-Session Consultation: Consultations are optional and at your discretion.

Overview of Costs:

Honorarium: $1890 CAD per day.

Travel advances: A travel advance may be required within 30 days of a scheduled event.

The above costs do not include conference or meeting room rental expenses, expert or technical services fees; including printing, communication, conferencing or audio-visual expenditures, and business travel or lodging expenses normally required for the preparation and delivery of conferences or workshops to participants. Federal or provincial taxes may apply.

Information and Assistance:

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Conflict of interest: none declared.