

# Business Continuity and Emergency Preparedness Policy

**Sample policy template.** This is a Verivius-authored template anchored to the statutory regulation and current CQC/professional guidance. Tenants must adapt the operational sections to their own organisation, service type, workforce, premises and professional requirements. Where this template and live law or regulator guidance diverge, the live source wins.

**Statutory anchor:** Regulation 12 (safe care and treatment), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (SI 2014/2936). This policy also engages Regulation 17 (good governance) and Regulation 15 (premises and equipment), and Civil Contingencies Act principles where relevant. **Primary source:**

<https://www.legislation.gov.uk/ukxi/2014/2936/regulation/12> **Last reviewed:** 2026-06-10

**Verivius pack version:** v1, 2026-06-10

**Policy owner:** Registered Manager. **Applies to:** all service locations, operational sites, staff, contractors, systems and regulated activities.

## 1. What the regulation says

Care and treatment must be provided in a safe way for service users. (Reg 12(1) (the headline duty))

assessing the risks to the health and safety of service users of receiving the care or treatment, (Reg 12(2)(a) (risk assessment))

doing all that is reasonably practicable to mitigate any such risks, (Reg 12(2)(b) (risk mitigation))

ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way, (Reg 12(2)(d) (premises safety))

where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs, (Reg 12(2)(f) (sufficient equipment + medicines supply))

Regulation 17 adds the governance duties that this policy operationalises:

Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. (Reg 17(1): the umbrella duty)

assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) ... assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. (Reg 17(2)(a) and (b): quality and risk)

The full text is at <https://www.legislation.gov.uk/ukxi/2014/2936/regulation/12> and <https://www.legislation.gov.uk/ukxi/2014/2936/regulation/17>. Where this policy and the regulation diverge, the regulation wins.

## **2. Plain-English summary**

Care and treatment must be provided in a safe way. The regulation lists the areas a provider must address, including risk assessment, risk mitigation, staff competence, safe premises, safe equipment, sufficient equipment and medicines, medicines safety, infection prevention and shared-care planning. Good governance under Reg 17 means running effective systems and processes to assess, monitor and mitigate risks to people's health, safety and welfare, and a tested, current business continuity plan is how a service shows it can keep people safe when normal systems fail.

## **3. Purpose**

The purpose of this policy is to make sure that [Service Name] can continue to provide safe care and treatment during disruption, emergency or service failure.

Business continuity is part of safe care and good governance. The service must be able to identify essential functions, plan for disruption, respond quickly, communicate clearly and protect people from avoidable harm.

This policy supports Regulation 12 safe care and treatment, Regulation 17 good governance, Regulation 18 staffing, Regulation 15 premises and equipment, health and safety duties and CQC notification requirements.

## **4. Policy warning**

A service disruption does not remove the provider's duty to keep people safe.

Where normal systems fail, the service must move quickly to safe contingency arrangements. Staff must know who is in charge, what to prioritise, who to contact and what must be recorded.

A continuity plan that is not tested, not known by staff, or not updated after changes may fail when needed.

## **5. Scope**

This policy applies to disruption involving:

- staffing shortage
- severe weather
- infectious disease outbreak
- fire, flood or building failure
- power failure
- heating or water failure
- IT or telephone failure
- cyber incident
- medicine supply disruption
- equipment failure
- vehicle failure
- contractor failure
- transport disruption
- loss of records
- evacuation or relocation
- public health emergency
- death or sudden absence of key person
- financial or provider failure affecting safe service delivery

## **6. Essential services**

The Registered Manager must identify essential functions that must continue during disruption.

These may include:

- direct care and treatment
- medicines
- safeguarding
- emergency response
- access to care plans and risk assessments
- clinical records
- staffing and rota management
- communication with people using the service

- communication with families, advocates and professionals
- infection control
- equipment safety
- premises safety
- escalation to external bodies
- CQC statutory notifications

Essential functions must be prioritised in the continuity plan.

## **7. Responsibilities**

The Registered Manager is responsible for maintaining the business continuity plan, training staff, leading the response and reviewing incidents.

The provider or Nominated Individual is responsible for ensuring that resources, insurance, systems and provider-level support are available.

Senior staff are responsible for following the plan, escalating concerns and recording actions.

All staff are responsible for knowing emergency procedures relevant to their role.

## **8. Business continuity plan**

The service must maintain a written business continuity plan.

The plan must include:

- key risks
- essential functions
- emergency contacts
- leadership arrangements
- out-of-hours escalation
- staff contact process
- emergency staffing arrangements
- priority people or activities
- access to care records
- medicines continuity
- equipment continuity
- premises arrangements
- IT and telephone contingency

- evacuation or relocation arrangements where relevant
- communication plan
- external reporting requirements
- recovery process
- post-incident review

The plan must be accessible to senior staff during an emergency, including where IT systems are unavailable.

## **9. Leadership during disruption**

The plan must identify who leads the response.

The lead person must:

- assess the situation
- decide immediate safety actions
- allocate roles
- communicate with staff
- prioritise essential care
- escalate to provider level where needed
- contact emergency services where required
- contact external agencies where required
- keep records of decisions and actions
- review when the service can return to normal

There must be a deputy where the Registered Manager is unavailable.

## **10. Staff shortage**

The service must have a plan for unexpected staffing shortage.

The plan must include:

- minimum safe staffing levels
- priority tasks
- escalation route
- use of bank or agency staff
- manager redeployment where appropriate
- cancellation or postponement of non-essential activity

- communication with people using the service
- risk assessment where staffing is below planned level
- provider escalation
- CQC or commissioner notification where required

The service must not continue unsafe activity without risk assessment and escalation.

## **11. Loss of premises, utilities or environment**

Where premises, utilities or environment are unsafe, the service must assess:

- immediate risk to people
- fire, flood, temperature or infection risk
- access and evacuation
- suitability of alternative areas
- equipment and medicine safety
- impact on treatment or care
- need for emergency services
- need to relocate or suspend service
- need to notify CQC, commissioner or other bodies

Decisions must be recorded.

## **12. IT, records and cyber disruption**

The service must have contingency arrangements for loss of IT, telephone or record systems.

This must include:

- how staff access essential care information
- paper fallback arrangements
- secure storage of temporary records
- process for later uploading or reconciling records
- emergency contact lists
- reporting cyber incidents
- protecting personal data
- informing affected people where required
- notifying ICO where required
- notifying CQC where the disruption affects safe care

Staff must know how to work safely if electronic systems are unavailable.

### **13. Medicines and equipment continuity**

The continuity plan must cover disruption affecting medicines, clinical supplies, equipment, vehicles or devices.

The service must consider:

- emergency medicine access
- controlled drugs where relevant
- oxygen or emergency medicines
- vaccine or cold-chain arrangements where relevant
- device failure
- maintenance contractor failure
- spare equipment
- alternative supplier routes
- safe suspension of activity if equipment is unavailable
- escalation to prescriber, pharmacy, manufacturer or emergency services

Unsafe workarounds must not be used.

### **14. Infection outbreak or public health emergency**

The service must follow current public health guidance during infectious disease outbreaks or public health emergencies.

The response must consider:

- isolation or separation where relevant
- PPE
- staffing impact
- cleaning
- testing guidance where applicable
- communication with people using the service
- staff exclusion or return-to-work advice
- visiting or attendance arrangements where relevant
- notification to relevant authorities
- increased monitoring of vulnerable people

The service must record decisions and updates to the plan.

## **15. Communication**

The plan must include communication arrangements for:

- staff
- people using the service
- families or representatives
- advocates
- emergency services
- commissioners
- local authority
- safeguarding
- CQC
- suppliers and contractors
- professional advisers
- insurers

Communication must be timely, factual and proportionate.

Where communication is disrupted, alternative methods must be used where possible.

## **16. Prioritisation**

During disruption, the service must prioritise according to risk.

Priority should be given to:

- life-threatening or urgent care needs
- people at greatest risk of harm
- medicines and time-critical treatments
- safeguarding
- essential personal care
- infection control
- emergency communication
- continuity of records
- safe staffing
- service-user dignity and rights

Non-essential activity may be delayed where necessary, but the decision and rationale must be recorded.

## **17. External reporting**

The Registered Manager must consider whether the disruption requires notification to:

- CQC
- commissioner or local authority
- safeguarding authority
- emergency services
- public health body
- Health and Safety Executive
- Information Commissioner's Office
- professional regulator
- insurer

The decision to notify or not notify must be recorded.

## **18. Recovery**

The service must have a recovery process after disruption.

Recovery must include:

- confirming people are safe
- checking missed or delayed care
- reconciling temporary records
- checking medicines and equipment
- updating risk assessments
- informing relevant people
- completing incident records
- reviewing staff wellbeing
- identifying learning
- updating the business continuity plan

The service must not assume that recovery is complete because the immediate emergency has ended.

## **19. Testing the plan**

The business continuity plan must be tested at least annually.

Testing may include:

- tabletop exercise
- call cascade test
- IT outage exercise
- evacuation drill where relevant
- severe-weather scenario
- staffing-shortage scenario
- cyber incident scenario
- loss of records exercise

The test must be recorded and any actions tracked.

## **20. Training and awareness**

Staff must receive training appropriate to their role on:

- emergency procedures
- escalation route
- fire and evacuation
- business continuity arrangements
- record fallback process
- communication plan
- infection outbreak response
- staffing shortage response
- cyber or IT outage response

New staff must receive relevant continuity information during induction.

## **21. Records**

The service must keep:

- business continuity plan
- emergency contact list
- risk assessments
- test records
- incident records

- communication records
- external notification records
- action plans
- post-incident review
- updated plan versions

Records must show what happened, what was decided, who was informed and what changed afterwards.

## **22. Post-incident review**

After any significant disruption, the Registered Manager must complete a post-incident review.

The review must consider:

- what happened
- what worked
- what failed
- impact on people using the service
- missed or delayed care
- staff impact
- communication effectiveness
- records and evidence
- external reporting
- actions required
- whether the risk register needs updating
- whether the continuity plan needs updating

Findings must be reviewed through governance.

## **23. Related policies in this pack**

This policy should be read with:

- Safe Care and Treatment Policy
- Good Governance Policy
- Risk Management and Risk Register Policy
- Incident Reporting, Investigation and Learning Policy
- Fire Safety Policy

- Infection Prevention and Control Policy
- Medicines Policy
- Staffing Policy
- Data Breach Policy
- Record Keeping Policy
- CQC Statutory Notifications Policy
- Health and Safety Policy

## **24. Review**

This policy will be reviewed annually, or sooner following a serious incident, service disruption, business continuity test, CQC finding, change in service model, change in premises, major system change, or new legal or regulatory guidance.

## **25. Sources and further reading**

This template is based on CQC's guidance for providers and managers, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and other topic-specific legislation and guidance listed below. It is a starting point for adaptation, not a substitute for legal, clinical, HR, safeguarding or specialist professional advice.

- CQC Regulation 12: Safe care and treatment
- CQC Regulation 17: Good governance
- CQC statutory notifications guidance
- UKHSA outbreak guidance
- HSE health and safety guidance
- Local emergency planning and commissioner guidance
- Civil Contingencies Act principles (where relevant)
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (<https://www.legislation.gov.uk/uksi/2014/2936/regulation/12>)

## **26. When to seek further advice**

Seek specialist advice where the issue involves serious harm, safeguarding, deprivation of liberty, restraint, children, professional misconduct, controlled drugs, radiation, termination of pregnancy, infection outbreak, water safety, employment dismissal, DBS barring referral, or regulatory enforcement.

## **27. Document control**

Version	Date	Author	Changes
v1	2026-06-10	Verivius (sample)	Initial sample template, conformed to the Verivius policy standard.

This sample policy template was issued by Verivius. It is a template, not a substitute for legal advice or the tenant's own policy-development process. Where this template and live law or regulator guidance diverge, the live source wins.

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An example for guidance, not a ready-to-use policy. This sample is deliberately generic and is not a finished policy. Before any service uses it, rewrite it around your own service, procedures, roles and local arrangements, and remove or replace anything you cannot actually provide (for example a reference to specific training you cannot access). It is guidance, not legal advice, and you are responsible for ensuring any policy you adopt is current.