



1 General

1.1 Purpose of this manual

This manual is the top-level description of the business continuity management system (BCMS) of [Company Name]. It exists to demonstrate how the organisation satisfies each requirement of ISO 22301:2019, to describe the structure and operation of the BCMS, and to provide a single point of reference that links every requirement to the policy, procedures, plans, forms and records that implement it. It is used by top management, the BCMS Manager, function and site managers, internal and external auditors and the certification body.

The manual does not repeat the detailed method contained in the controlled procedures. Instead it states the organisation's approach to each clause and references the procedure, work instruction, form or record that carries the detail. The manual is a controlled document maintained under the Control of Documented Information procedure (QP-01).

1.2 Document control information

This manual is issued, reviewed, approved and controlled in accordance with QP-01. The revision history, distribution and access arrangements, and the confidentiality classification are managed through the controlled document register (QF-01-01) and the distribution list (QF-01-03). Only the version held in the controlled document register is authoritative; printed copies are uncontrolled unless stamped otherwise.

1.3 Distribution and access

Access to this manual is granted to all staff with a role in the BCMS and to interested parties on a controlled basis. Distribution is recorded on QF-01-03. Changes are notified through the internal communication channels defined in the BCMS Communication procedure (QP-04).

1.4 Relationship to certification

This manual is written to support certification of the BCMS of [Company Name] to ISO 22301:2019 by an accredited certification body. It is structured so that its sections align with the clauses of the standard, and the cross-reference matrix at Annex C allows an assessor to move quickly from any requirement to the manual section and the supporting documents and records that satisfy it. The manual itself does not confer conformity; conformity is achieved by the organisation actually operating the BCMS described here. The manual is maintained so that it always reflects the system as operated, because a manual that describes a system different from the one an assessor observes on site would itself be a nonconformity.

2 Introduction



[Company Name]

Business Continuity Management
System

MAN-01

Rev [Revision]

Term	Meaning as used in this BCMS (per ISO 22301:2019)
Prioritized activity	An activity to which urgency is given to avoid unacceptable impacts during a disruption (3.25).
MTPD	Maximum tolerable period of disruption: the time after which the impact of not resuming an activity becomes unacceptable (8.2.2).
RTO	Recovery time objective: the target time for resuming a disrupted activity at a minimum acceptable capacity (8.2.2).
RPO	Recovery point objective: the maximum acceptable loss of information or data from a disruption.
MBCO	Minimum business continuity objective: the minimum level at which an activity must be performed during disruption.
Disruption	An incident that causes an unplanned, negative deviation from the expected delivery of products and services (3.10).
BIA	Business impact analysis: the process of analysing the impact over time of a disruption on activities (3.5).
Incident	An event that can be, or could lead to, a disruption, loss, emergency or crisis (3.14).
Risk	The effect of uncertainty on objectives (3.30); here, applied to the disruption of activities.
Business continuity	The capability to continue the delivery of products and services within acceptable time frames at predefined capacity during a disruption (3.3).
Business continuity plan	Documented information that guides the organisation to respond to a disruption and to resume, recover and restore delivery (3.4).
Resources	The assets, people, skills, technology, premises, supplies and information the organisation needs to operate and meet its objectives (3.29).



Document Control

Document number	POL-01
Document title	Business Continuity Policy
Standard reference	ISO 22301:2019, clause(s) 5.1, 5.2
Version / Revision	[Revision]
Date of issue	[Effective Date]
Prepared by	ISO Consultant Panel
Reviewed by	[Name] / [Designation Here]
Approved by	[Name] / [Designation Here]
Next review date	[Next Review Date] (at least annually)
Confidentiality	Controlled document. Distribution per the controlled document register.

1 Purpose and context

[Company Name] is a regional healthcare and clinical-services group that operates a central hospital and reference laboratory together with community clinics and clinical-support facilities. It delivers diagnostic pathology, medical imaging, outpatient consultations, day-surgery, pharmacy and urgent-care services to the public and to corporate occupational-health clients. Continuity of these services is not only a commercial concern; interruptions can directly affect patient safety, clinical outcomes and public confidence. For this reason top management treats business continuity as a core element of clinical governance and organisational resilience.

This policy sets out the commitment of top management to establish, implement, maintain and continually improve a business continuity management system (BCMS) that enables [Company Name] to protect against, reduce the likelihood of, prepare for, respond to and recover from disruptions to its prioritized activities. It provides the framework within which business continuity objectives are set and



1 Purpose

This procedure defines how [Company Name] conducts its business impact analysis (BIA). The BIA is the foundation of the whole business continuity management system: it determines which activities matter most, how quickly they must be recovered, and what they depend on. Everything downstream, the strategies, the solutions, the plans and the exercises, is shaped by the outputs of the BIA, so a rigorous and consistent BIA is essential.

In a healthcare group the BIA has a particular character: impact is judged first in terms of patient safety and clinical harm, not only financial loss, and the time frames within which harm becomes unacceptable can be very short. This procedure embeds the impact and time scales needed to make that judgement consistently across every activity and site. Applied well, the BIA turns the question of what to protect from a matter of opinion into a matter of evidence.

2 Scope

This procedure applies to all activities that support the delivery of the products and services within the BCMS scope of [Company Name], at every site. It covers the definition of impact types and criteria, the identification of activities, the assessment of impacts over time, the determination of the maximum tolerable period of disruption and the recovery time objective, the identification of prioritized activities, and the determination of the resources and dependencies they require. It is conducted with the people who run the activities and is reviewed at planned intervals.

3 References

ISO 22301:2019, clauses 8.2.1 and 8.2.2. Context and Scope (QP-02), which bounds what the BIA examines. Risk Assessment (QP-07) and Strategies and Solutions (QP-08), which use the BIA outputs. Business Impact Analysis Tool (T-01) and Completing the Business Impact Analysis (WI-06-01). All criteria and scales needed to perform the BIA are embedded in section 4 of this procedure.

4 Definitions and scales

The following terms and scales are used throughout the BIA and are embedded here so the procedure is self-contained.



1 Purpose

This procedure defines how [Company Name] responds to and recovers from a disruption. It establishes the response structure of teams that manage a disruption, sets out what the business continuity plans must contain, defines how a response is activated and stood down, and provides for recovery from the temporary measures back to normal operation. Where the strategies (QP-08) decide what capability the organisation has, this procedure is how that capability is used when a disruption actually occurs.

In a healthcare setting the response must protect life and patient safety first, act quickly enough to meet short recovery objectives, and keep prioritized clinical activities running at the minimum acceptable level throughout. This procedure builds those requirements into the structure, the plans and the recovery process.

The plans are written to be used under pressure by people who may be tired, stressed and working without their normal systems. They are therefore concise, action-oriented and available offline, and they are validated by exercises rather than assumed to work. A plan that is elegant on paper but cannot be followed at three in the morning during a systems outage has failed its purpose, so usability at the point of need is treated as a design requirement throughout this procedure.

2 Scope

This procedure applies to the response to, and recovery from, any disruption affecting the prioritized activities of [Company Name], at any site. It covers the response structure and teams, the content and maintenance of business continuity plans, activation and stand-down, the management of a disruption, and recovery to normal operation. Warning and communication during a disruption are governed by QP-10 and used within this procedure.

3 References

ISO 22301:2019, clauses 8.4.1, 8.4.2, 8.4.4 and 8.4.5. Strategies and Solutions (QP-08), which this procedure activates; Warning and Communication (QP-10); Exercise Programme (QP-11), which validates the plans; Activating a Business Continuity Plan (WI-09-01) and Operating the Emergency Control Centre (WI-09-02). All criteria needed to apply this procedure are embedded within it.

4 Definitions



The steps below establish the response structure and plans and manage a disruption from activation to recovery. Each names the responsible role, the trigger, the method and acceptance criteria, and the record produced.

6.1 Response structure and teams

The organisation implements and maintains a response structure that enables timely warning and communication to relevant interested parties, and provides plans and procedures to manage the organisation during a disruption (8.4.1). The structure identifies one or more teams responsible for responding to disruptions (8.4.2.1): a Crisis Management Team for strategic and reputational matters, an Incident Management Team for tactical coordination, Business Recovery Teams for the prioritized functions, and an ICT Disaster Recovery Team.

The response procedures are specific about the immediate steps to take, flexible to changing conditions, focused on the impact of incidents, effective in minimising impact, and clear about roles and responsibilities (8.4.1 a to e). The structure and its teams are illustrated in Appendix A.

Responsibility	Trigger	Acceptance criteria	Record
BCMS Manager with top management	On establishing the BCMS and on change	Response structure and teams established, enabling timely warning, communication, plans and procedures	QF-09-04 Response Team Contact and Alternates Directory

6.2 Team roles, relationships and competence

The roles and responsibilities of each team and the relationships between the teams are clearly stated (8.4.2.2), so that in a disruption there is no doubt about who leads, who decides and how the teams hand off to one another. Collectively the teams are competent to (8.4.2.3): assess the nature and extent of a disruption and its potential impact; assess the impact against pre-defined thresholds that justify a formal response; activate an appropriate response; plan the actions needed; establish priorities using life safety as the first priority; monitor the effects of the disruption and the response; activate the business continuity solutions; and communicate with relevant interested parties, authorities and the media.

Life safety as the first priority is stated explicitly and is reinforced in training and exercises, because in a healthcare disruption the protection of patients, visitors and staff comes before the recovery of any activity or asset.

Responsibility	Trigger	Acceptance criteria	Record
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It turns the method in procedure QP-06 into a repeatable sequence a facilitator can follow with a function's staff.

The instruction is written for a facilitator working through the BIA in a workshop with the people who run an activity. It assumes no expertise beyond familiarity with the impact scale and time bands in QP-06, and it is deliberately concrete so that two facilitators working with different functions produce results that can be compared side by side. Consistency of method is what makes the organisation-wide prioritisation trustworthy, and is the main reason this instruction exists alongside the procedure.

2 Scope

This instruction applies to anyone facilitating or completing a BIA for [Company Name], for any activity within the BCMS scope, at any site. It covers completing the BIA worksheet (QF-06-01), the prioritized activities and RTO register (QF-06-02) and the dependency and resource requirements record (QF-06-03), using the BIA tool (T-01).

3 Safety and environmental considerations

This is an analysis task with no direct physical hazard. It carries an indirect safety consequence: an inaccurate BIA can set a recovery objective that is too slow to protect patients, so accuracy and honesty in rating impact are treated as safety-relevant. Where the BIA discusses sensitive vulnerabilities, the completed worksheet is handled under the organisation's information-governance controls.

4 Tools and inputs

The facilitator uses the BIA tool (T-01), the BIA worksheet (QF-06-01), and the impact scale and time bands from QP-06 section 4. Inputs include the scope statement (QF-02-04), the context register (QF-02-01) and the knowledge of the function's staff, who understand best how a disruption would affect their activity.

5 Acceptance criteria

A completed BIA for an activity is acceptable when: the activity and its owner are recorded; impact is rated for every time band using the defined scale; the MTPD is identified against the criteria; the RTO,



requirements of procedure QP-09 into a sequence that can be followed quickly and correctly under pressure, when time is short and the situation is unclear.

Speed and correctness both matter at activation: a response convened too slowly lets impact grow, while a response convened without the right people or information wastes the first, most valuable, minutes. This instruction is designed to be usable from an offline copy, because the systems needed to look it up may be exactly what is unavailable.

Activation is the hinge between normal operations and a managed response. Before it, the disruption is being handled informally by whoever noticed it; after it, the organisation's planned structure, roles and communications take over. Getting the activation decision right, at the right level and at the right speed, therefore shapes the whole response that follows. When the situation is ambiguous, the instruction favours early, higher-level activation, because it is far easier to scale a response down than to catch up with a disruption that was under-estimated at the start.

2 Scope

This instruction applies to the activation of any level of business continuity response at [Company Name], at any site, by whoever first assesses a potential disruption. It covers detection and assessment against thresholds, declaring the response level, notifying and convening the teams, briefing, starting the incident log, and escalation and de-escalation.

3 Safety and environmental considerations

Life safety is the first priority at all times. If the disruption presents an immediate danger to people, the immediate action is to protect life, raise the alarm and call the emergency services before, or in parallel with, activating the business continuity response. The business continuity response supports, and never delays, the protection of life.

4 Tools and inputs

The activator uses the business continuity plans (QP-09-01), the response team contact and alternates directory (QP-09-04), the activation levels (QP-09 Appendix A), and the incident/disruption log (QP-09-02), all available as controlled offline copies. Out-of-band communication means (per QP-10) are used if normal channels are down.



FORM

Business Impact Analysis Worksheet

Associated procedure: QP-06 Business Impact Analysis | [Company Name]

QF-06-01

Rev [Revision]

Issue: [Issue Date]

1 Activity

ACTIVITY

OWNER

SERVICE SUPPORTED

SITE

2 Impact over time (rate 1-5 per category)

Time band	Patient safety	Financial	Regulatory	Reputation	Highest
0-4 h					
4-24 h					
1-3 days					
3-7 days					
7-14 days					
over 14 days					

3 Recovery objectives

MTPD

RTO

RPO

MBCO

PRIORITIZED ACTIVITY? (Y/N)

ENDORSED BY

This documentation toolkit was developed by the consultant panel of isofolder.

	FORM Business Continuity Plan Template Associated procedure: QP-09 Business Continuity Plans, Response Structure and Recovery [Company Name]	QF-09-01 Rev [Revision] Issue: [Issue Date]
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One plan per prioritized function or scenario. Complete every field; keep a controlled offline copy.

1 Plan identification

PLAN TITLE	OWNER
PRIORITIZED ACTIVITIES	VERSION / DATE

2 Purpose, scope and objectives

PURPOSE, SCOPE AND OBJECTIVES

3 Activation

ACTIVATION CRITERIA	ACTIVATION LEVEL

4 Actions, roles and resources

Action	Role	Resource / dependency

5 Interdependencies, reporting and stand-down

INTERDEPENDENCIES / REPORTING / STAND-DOWN PROCESS
