# Emergency Management and Recovery plan template for Rural General Practice

Core Template Sourced from:

## business.gov.au

## A good emergency management plan protects your livelihood by preparing you for unexpected disruptions to your business. The business.gov.au emergency management and recovery plan template steps you through the process of creating a solid, well-structured plan tailored to your business.

Copies of the latest version of this template and the guide can be downloaded from [www.business.gov.au/Risk-management/Emergency-management/How-to-prepare-an-emergency-management-plan](https://www.business.gov.au/Risk-management/Emergency-management/How-to-prepare-an-emergency-management-plan).

If you need further information, assistance or referral about a business issue, please contact business.gov.au on 13 28 46.



## How to use this template

Before you complete the Emergency Management and recovery plan template and start using it, consider the following:

1. The Rural Doctors Association of Australia (RDAA) and Australian College of Rural and Remote Medicine (ACRRM) have developed this template in an effort to assist the Emergency/Disaster Mangement planning for rural General Practice.
2. Each state uses slightly different **terminology** in its Critical Incident/Emergency/Disaster management arrangements. Please use the terminology relevant to your state or what reasonates best with your practice.
3. **Use the [*italicised text*].** The italicised text is there to help guide you by providing some more detailed questions you may like to answer when preparing your response.

***Please note:*** If a question does not apply to your circumstances it can be ignored or delete the content from the plan.

1. **Download the Emergency management and recovery plan guide.** This guide, available from [www.business.gov.au/Risk-management/Emergency-management/How-to-prepare-an-emergency-management-plan](https://www.business.gov.au/Risk-management/Emergency-management/How-to-prepare-an-emergency-management-plan), contains general advice on planning for emergencies and a complete overview with details on each question asked in the Emergency management and recovery plan template.
2. **Get some help.** If you aren’t confident in completing the plan yourself, please contact RDAA or ACRRM to look through your plan and provide you with advice.

There is some suggested content pre-populated to assist General Practices in completing this template. This is not considered a complete action plan for the scenario outlined, but a foundation to build upon. Please delete any of the examples not appropriate for your practice and/or community.

1. **Review. Review. Review.** Ask a number of impartial people to proof read your final plan.
2. **Print.** Before you print a copy of your completed Emergency management and recovery plan and store it in a safe location, ensure you delete the first section containing the guide as well as the [*italicised text*]. To print a copy, select the Printer icon on the toolbar, or select File then Print on the main menu.
3. **Other Resources.** This document is designed to not duplicate other policies or plans you may have in place, but to consolidate many into one useful document. It should also be used in conjunction with other resources such as the Central Australian Rural Practitioners Association (CARPA) manual.

**[*INSERT YOUR BUSINESS LOGO*]**

[*Your Name*]

[*Your Title*]

[*Business Name*]

[*Main Business Address*]

**ABN:** [*ABN*]

**ACN:** [*ACN*]

[*Business Name*]

Disaster and recovery plan

**Prepared:** [*Date prepared*]

Revision history

| Version Number | Changes made | Person responsible | Date updated |
| --- | --- | --- | --- |
| *[e.g. Version 1.0]* | *[Description of changes made and what prompted the changes]* | *[e.g. C. Jones]* | *[Day/Month/Year]* |

Communication strategy

| Manager/staff | Type of communication | Person responsible | Frequency |
| --- | --- | --- | --- |
| *GPs* | *[E.g. Presentation, email]* | *[e.g. C. Jones]* | *[e.g. Monthly and after each change]* |
| *Practice Management and Administration Staff* | *[E.g. Presentation, email]* | *[e.g. C. Jones]* | *[e.g. Monthly and after each change]* |
| *Nursing and Allied Health staff* | *[E.g. Presentation, email]* | *[e.g. C. Jones]* | *[e.g. Monthly and after each change]* |
| *Visiting clinicians* |  |  |  |

Plan storage

| Type | Location | Person responsible | Version Update Confirmation |
| --- | --- | --- | --- |
| *Practice Server* | *File path* | *[e.g. C. Jones]* | *[e.g. Monthly and after each change]* |
| *Hardcopy* | *Example:*  *Practice Manager’s office*  *Office Reception* | *[e.g. C. Jones]* | *[e.g. Monthly and after each change]* |
| *Cloud* |  | *[e.g. C. Jones]* | *[e.g. Monthly and after each change]* |
| *USB* | *Example:*  *Office Reception* |  |  |

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*(To update the table of contents highlight the table, right click on mouse and select update field and then select update entire table)*

## Practice Summary

### Practice in Profile

*[short summary of the general practice eg location, how many consultation rooms, how many minor procedure rooms]*

|  |  |
| --- | --- |
| Practice Name: |  |
| Practice Address: |  |
| Practice Telephone: |  |
| Practice Email: |  |
| Practice Website: |  |
| Number of consulting rooms: |  |
| Number of procedure rooms: |  |
| Number of Toilets on site: |  |
| Number of shower facilities onsite: |  |
| Other information: |  |
| Other Information: |  |

### Practice Staff Summary Profile

*[short summary of practice staff]*

|  |  |  |
| --- | --- | --- |
| *Head count* | *Role* | *Comments* |
| *Example: 5* | *General Practitioners (FACRRM/FRACGP)* |  |
| *2* | *Rural Generalist Anaesethetists (FACRRM)* |  |
| *3* | *Registered Nurses* |  |
| *1* | *Physiotherapist* | *Mon-Wed only and lives out of town* |
| *1* | *Enrolled Nurse* |  |
|  |  |  |
|  |  |  |
|  |  |  |

## The Continuity Plan

### Risk management

*[List the potential risks to your business (in order of likelihood) and any mitigation/contingency strategies. If your General Practice has a Risk Plan already, please insert it into this section, there is no need to dupilicate information.]*

| Business risk | Impact | Likelihood | Mitigation strategy | Contingency plan |
| --- | --- | --- | --- | --- |
| *IT – virus* | *High* | *Likely* | *[What actions will you take to minimise/mitigate the potential risk to your business?]*   * *Anti virus software maintained, password protections* | *[What is your contingency plan in the event that this risk happens?]* |
| *Workforce - Declining GP numbers and reduced working hours* | *High* | *Likely* | *[What actions will you take to minimise/mitigate the potential risk to your business?]*   * *Training medical students, jnr doctors and registrars ongoing* * *Career planning for existing workforce (how long they will be here)* * *Ongoing recruitment processes* | *[What is your contingency plan in the event that this risk happens?*   * *Locums for a period, supported by current GPs.* |
| *[Description of the risk and the potential impact to your business.]* | *[High, Medium, Low.]* | *[Highly Unlikely, Unlikely, Likely, Highly Likely.]* | *[What actions will you take to minimise/mitigate the potential risk to your business?]* | *[What is your contingency plan in the event that this risk happens?]* |
| *[Description of the risk and the potential impact to your business.]* | *[High, Medium, Low.]* | *[Highly Unlikely, Unlikely, Likely, Highly Likely.]* | *[What actions will you take to minimise/mitigate the potential risk to your business?]* | *[What is your contingency plan in the event that this risk happens?]* |
| *[Description of the risk and the potential impact to your business.]* | *[High, Medium, Low.]* | *[Highly Unlikely, Unlikely, Likely, Highly Likely.]* | *[What actions will you take to minimise/mitigate the potential risk to your business?]* | *[What is your contingency plan in the event that this risk happens?]* |

### 

### Critical business area analysis

*[Identify the critical areas of your business (e.g. product refrigeration process) and any protection strategies.]*

| Rank | Critical business areas | Impact if failed | Current protection strategies |
| --- | --- | --- | --- |
| 1 | *Example: Vaccination Refridgeration* | *Unable to provide service and loss of stock* | *Back up generator on site.* |
| 2 | *Example: Patient Record Management System* | *[Describe the potential impact on your business if this critical area fails.]* | *Temporary Paper based record system is available*  *Nightly back up of system to server* |
| 3 | *[Description of what you can't do without: people, suppliers, documents, systems or even procedures.]* | *[Describe the potential impact on your business if this critical area fails.]* | *[What strategies do you have that minimise the impact to your business? e.g. Training employees in multiple areas of the business will reduce key person risk.]* |

### Scenario planning

*[These scenarios are based on common disaster challenges faced in Australia in recent time. Please delete the scenarios if they are not relevant to your local area]*

Scenario 1: Bushfire

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tier 0** | **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| **Season Approaches/Increased Climate Risk** | **Alert** | **Lean Forward/Call Out** | **Stand Up/Call Out** | **Stand Down – focus now on recovery** |
| **Disaster Mangement:**  Update plan including contact details, staff profile etc. | Allocate key roles to staff | Contact Local Emergency Management Health Rep for update. | Attend meetings and provide briefings as required. | Debrief with staff and community. Update plan based on feedback and experience. |
| **Staff Actions**  Staff orientation to plan  Scenario training | Confirm staff availability | Progress arrangements to maximise staff availability eg alternate accommodation |  |  |
| **Patient Actions** | Identify patients with specific needs | Contact patients with specific needs and provide direction. Early transfer for high risk patients may be required. | Transfer/alternate arrangements implemented for identified patients as required. |  |
| **BAU Changes**  Alternate location review |  | Alternate location confirm and prepare it ie clean it | Relocate to alternate location if required. | Identify Government programs to support community recovery that the Practice could facilitate eg mental health services. |
|  |  |  |  |  |

Scenario 2: Flood

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tier 0** | **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| **Season Approaches/Increased Climate Risk** | **Alert** | **Lean Forward/Call Out/Activation** | **Stand Up/Call Out/Major Incident** | **Stand Down – focus now on Recovery** |
| **Disaster Management**  Review and update plan including contact details, staff profile etc. | Allocate key roles to staff | Contact Local Emergency Management Health Rep for update. | Attend meetings and provide briefings as required. | Debrief with staff and community. Update plan based on feedback and experience. |
| **Staff Actions**  Staff orientation to plan  Scenario training | Confirm staff availability | Progress arrangements to maximise staff availability eg alternate accommodation |  |  |
| **Patient Actions** | Identify at risk patient cohorts eg pregnant women, fragile and elderly in community: advise of potential need for relocation | Facilitate arrangements to relocate at risk patients. |  |  |
| **BAU Changes**  Alternate location review |  |  |  |  |

Scenario 3: Cyclone

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tier 0** | **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| **Season Approaches/Increased Climate Risk** | **Alert** | **Lean Forward/Call Out/Activation** | **Stand Up/Call Out/Major Incident** | **Stand Down – focus now on Recovery** |
| **Disaster Management**  Review and update plan including contact details, staff profile etc. | Allocate key roles to staff | Contact Local Emergency Management Health Rep for update. | Attend meetings and provide briefings as required. | Debrief with staff and community. Update plan based on feedback and experience. |
| **Staff Actions** |  |  |  |  |
| **Patient Actions** |  |  |  |  |
| **BAU Changes**  Alternate location review |  |  |  |  |

Scenario 4: Pandemic

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tier 0** | **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| **Season Approaches/Increased Climate Risk** | **Alert** | **Lean Forward/Call Out/Activation**  **Active cases in Australia** | **Stand Up/Call Out/Major Incident**  **Community spread in Australia/Confirmed case in community** | **Stand Down – focus now on Recovery** |
| **Disaster Management**  Update plan including contact details, staff profile, patient flow etc. | Monitor Government updates  Allocate key roles to staff | Update plan and communicate to staff based on Govt updates, Govt initiatives etc  Contact Local Emergency Management Health Rep for update. | Attend meetings and provide briefings as required. | Facilitate debrief with staff. Commence review of plan. |
| **Staff Actions**  Identify roles that can function under a working from home arrangement?  Fit test staff for PPE | Identify at risk staff members.  Re-educate staff on PPE, and infection control measures | Allocate staff to specific roles  Commence work from home arrangements for at risk staff and others as required. | Path Testing process of staff  Temperature checks/wellness checks |  |
| **Patient Actions** | Education within practice – display posters, | Identify at risk patients – contact them.  New arrangements for access to care for key patient cohorts eg pregnant women, chronic disease patients,  Facilitate access to additional mental health services. |  |  |
| **BAU Changes**  Additional location review | Review clinical supplies and restock  Review stock of PPE and order some additional (potential supply interuptions will impact if situation worsens) | Commence physical distancing measures -removal of chairs, increase signage.  Amend patient flow through the practice based on pandemic profile and symptoms.  Increase cleaning regime. | Phone triage prior to entering clinic  Increased telehealth services  Strict physical distancing arrange ments in please |  |

Scenario 4: *[Other]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tier 0** | **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| **Season Approaches/Increased Climate Risk** | **Alert** | **Lean Forward/Call Out/Activation** | **Stand Up/Call Out/Major Incident** | **Stand Down – focus now on Recovery** |
| **Disaster Managment**  Review and update plan including contact details, staff profile etc. |  |  |  |  |
| **Staff Actions** |  |  |  |  |
| **Patient Actions** |  |  |  |  |
| **BAU Changes**  Alternate location review |  |  |  |  |

### Insurance

*[What insurance policies do you currently hold to cover your business risks?]*

| Insurance type | Policy coverage | Policy exclusions | Insurance company and contact | Last review date | Payments due |
| --- | --- | --- | --- | --- | --- |
| *[e.g. Building, Contents, Car, Business Interruption]* | *[e.g. Damage from fire, flood, theft, Cyclone]* | *[e.g. Fraud, terrorism, tsunami, landslide]* | *[e.g. XYZ Insurance, D.Higgins (Area code) Number]* | *[Day/Month/Year]* | *[Amount you pay and frequency. e.g. Monthly, yearly]* |
| *[e.g. Building, Contents, Car, Business Interruption]* | *[e.g. Damage from fire, flood, theft, Cyclone]* | *[e.g. Fraud, terrorism, tsunami, landslide]* | *[e.g. XYZ Insurance, D.Higgins (Area code) Number]* | *[Day/Month/Year]* | *[Amount you pay and frequency. e.g. Monthly, yearly]* |
| *[e.g. Building, Contents, Car, Business Interruption]* | *[e.g. Damage from fire, flood, theft, Cyclone]* | *[e.g. Fraud, terrorism, tsunami, landslide]* | *[e.g. XYZ Insurance, D.Higgins (Area code) Number]* | *[Day/Month/Year]* | *[Amount you pay and frequency. e.g. Monthly, yearly]* |

### 

### Property and infrastructure

*[What have you done to make your property and infrastructure less vulnerable to damage? Is your property secured with alarms, security personnel or video surveillance from unlawful entry? Do you have fire retardant or flood resistant building materials? Is leaf litter grass and gutters maintained regularly to minimise fire risk?]*

*[In this section it may be useful to include items of interest, which may be able to form part of a larger resource pool in the disaster/emergency response.]*

### 'Business as usual' planning

#### Temporary office accommodation options

*[Identify temporary office accommodation you can quickly access (and have the appropriate approvals) in an emergency situation. Consider attaching a map of your accommodation to the back of your plan]*

| Rank | Type | Address | Equipment available | Resources needed |
| --- | --- | --- | --- | --- |
| 1 | *Example: out patients clinic area Hospital* | *[Enter the address of your temporary office site.]* | *[List all the equipment available at the site. e.g. Computers, furniture, photocopiers, phones, paper]* | *[List all the resources you will need in order to use this site as a temporary office. e.g. Clinical supplies and equipment, Software, backups, staff, and any other equipment not already available at the location.]* |
| 2 | *Example: Other General Practice in town* | *[Enter the address of your temporary office site.]* | *[List all the equipment available at the site. e.g. Computers, furniture, photocopiers, phones, paper]* | *[List all the resources you will need in order to use this site as a temporary office. e.g. Clinical supplies and equipment, Software, backups, staff, and any other equipment not already available at the location.]* |
| 3 | *Example: Members Pavillion Racecourse (recommend co-location with the Local Disaster Management Group nominated Evacuation Centre location or somewhere in close proximity)* | *[Enter the address of your temporary office site.]* | *[List all the equipment available at the site. e.g. Computers, furniture, photocopiers, phones, paper]* | *[List all the resources you will need in order to use this site as a temporary office. e.g. Clinical supplies and equipment, Software, backups, staff, and any other equipment not already available at the location.]* |

#### Business continuity strategies

*[If your General Practice has a Business Continuity Plan, please insert it into this section, there is no need to dupilicate information.]*

| Business risk | Continuity strategy | Activation plan |
| --- | --- | --- |
| *Phone outage* | *[What actions will you take to enable your General Practice to operate?]*   * *Work based mobile phones (have mobiles on plan, min one back up on alternate service provider prepaid plan)* | *[What is your contingency plan in the event that this risk happens?]*   * *Advise through website, social media etc phone is unavailable and provide alternate mobile contacts* |
| *Loss of power* | *[What actions will you take to minimise/mitigate the potential risk to your business?]*   * *Key electric items linked to back up generator eg vaccine fridge* | *[What is your contingency plan in the event that this risk happens?]*   * *If BAU not able to continue, close practice, advise via text message and phone to cancel and reschedule patient appointments.* |

### Key personnel contacts

[*List your current staff in the table below.*]

| Job title | Name | Skills or strengths | Hospital (Credentailed) skills | Contact Information |
| --- | --- | --- | --- | --- |
| *GP* | *Example: Dr J Smith* | *Example: FACRRM – accredited supervisor,*  *Adv DRANZCOG*  *ACLS current*  *EMST instructor* | *Obstetrics (caesearean), general medicine, and emergency* | *Home Ph:*  *Mobile:*  *Email:*  *Home Address:* |
| *Registrar* | *Example: Dr B Trainees* | *ACRRM registrar*  *JCCA Anaesthetics*  *APLS current*  *ALS current* | *Anaesthetics Level 3 service*  *Need back up supervision for emerg and ward* | *Home Ph:*  *Mobile:*  *Email:*  *Home Address:* |
| *Practice Manager* | *Example: M Indra* | *Example: Dip Practice Management.*  *All admin functions of practice* | *Former ward clerk*  *First Aid Certificate* | *Home Ph:*  *Mobile:*  *Email:*  *Home Address:* |
| *Junior Doctor x2* | *Example: Changes – on 10 wk rotations* | *MBBS* | *Under onsite supervision* | *Contact Practice Manager for information.* |
|  |  |  |  |  |
|  |  |  |  |  |

### 

### Data security and backup strategy

*[How have you protected your data and your network (e.g. virus protection, secure networks and firewalls, secure passwords and data backup procedures)? Detail your backup procedures in the table below.]*

| Data for backup | Type of data | Frequency of backup | Backup media/ service | Person responsible | Backup procedure steps |
| --- | --- | --- | --- | --- | --- |
| *[List all the essential data that your business cannot recreate from other sources. If this list is substantial, consider a full system backup]* | *[e.g. Email, spreadsheet, payroll system data, website.]* | *[e.g. Daily, weekly, monthly]* | *[e.g. Magnetic tape, CD ROM, external hard disk drive, remote/online backup service.]* | *[e.g. C. Jones]* | *[List the steps required to perform the backup or attach a procedure document to the back of this plan]* |
| *[List all the essential data that your business cannot recreate from other sources. If this list is substantial, consider a full system backup]* | *[e.g. Email, spreadsheet, payroll system data, website.]* | *[e.g. Daily, weekly, monthly]* | *[e.g. Magnetic tape, CD ROM, external hard disk drive, remote/online backup service.]* | *[e.g. C. Jones]* | *[List the steps required to perform the backup or attach a procedure document to the back of this plan]* |
| *[List all the essential data that your business cannot recreate from other sources. If this list is substantial, consider a full system backup]* | *[e.g. Email, spreadsheet, payroll system data, website.]* | *[e.g. Daily, weekly, monthly]* | *[e.g. Magnetic tape, CD ROM, external hard disk drive, remote/online backup service.]* | *[e.g. C. Jones]* | *[List the steps required to perform the backup or attach a procedure document to the back of this plan]* |

### Environmental resilience

*[What environmental choices have you made to help you achieve climate change adaptability?]*

## The Emergency Action Plan

### Emergency contacts

*[List your local emergency services numbers and any additional contacts you will need to phone in an emergency (e.g. Employee's next of kin).]*

| Organisation Name | Contact | Title | Phone number, Email and Mobile No. |
| --- | --- | --- | --- |
| **ALL** | - | - | **000** |
| **State Emergency Services (SES)** | - | - | *[(Area code) Number]* |
| **Police** | - | - | *[(Area code) Number]* |
| **Fire** | - | - | *[(Area code) Number]* |
| **Ambulance** | - | - | *[(Area code) Number]* |
| **State Disaster Committee Lead/Commissioner** |  |  |  |
| **District Disaster Management Group (DDMG) Chair** |  |  |  |
| **Local Disaster Management Group (LDMG) Chair** |  |  |  |
| **PHN Disaster Representative DDMG** |  |  |  |
| **State Health representative on DDMG** |  |  |  |
| **State Health representative on LDMG** |  |  |  |
| **Primary Care or GP representatives on LDMG** |  |  |  |

### 

### Emergency Management Escalation and Organisational Structure

Disaster/Emergency Management State Health Representative on Groups

Local Disaster Management Group/Incident Control Group

Rural GP/RG Practice

Primary Health Network Representative

Local Hospital Manager

Regional/District Health CEO

Director General/Secretary

District Disaster Management Group/

State Disaster Management Coordination Centre

*blue lines represent formal reporting lines which currently exist, green lines need to be established using this Plan.*

### Emergency procedures

*[List your emergency/evacuation procedures. It may be useful to attach a copy of your detailed emergency procedures and floor plan with the location of emergency exits, emergency kit and safety equipment clearly marked. Your emergency procedures should also include a map of evacuation locations for all emergencies.]*

| Procedures | Brief outline of procedures | Evacuation point/ address | Reference to full procedure document | Supporting documentation |
| --- | --- | --- | --- | --- |
| *[e.g. Fire Evacuation Procedure]* | *[e.g. 1. Alarm raised and relevant emergency services authorities contacted.*  *2. Wait for evacuation signal.*  *3. Follow fire warden instructions.*  *4. Calmly evacuate the premises from nearest emergency exit.*  *5. Arrive at evacuation location.*  *6. Locate and account for all staff.]* | *[e.g. Corner of Safe Street and Sound Lane, City.]* | *[e.g. The Fire and emergency procedures.doc can be found on the shared drive under the 'Emergency' folder. A printed copy is also located in the main filing cabinet.]* | *[e.g. Office floor plan,*  *map of evacuation locations.]* |
| *[e.g. Fire Evacuation Procedure]* | *[e.g. 1. Alarm raised and relevant emergency services authorities contacted.*  *2. Wait for evacuation signal.*  *3. Follow fire warden instructions.*  *4. Calmly evacuate the premises from nearest emergency exit.*  *5. Arrive at evacuation location.*  *6. Locate and account for all staff.]* | *[e.g. Corner of Safe Street and Sound Lane, City.]* | *[e.g. The Fire and emergency procedures.doc can be found on the shared drive under the 'Emergency' folder. A printed copy is also located in the main filing cabinet.]* | *[e.g. Office floor plan,*  *map of evacuation locations.]* |
| *[e.g. Fire Evacuation Procedure]* | *[e.g. 1. Alarm raised and relevant emergency services authorities contacted.*  *2. Wait for evacuation signal.*  *3. Follow fire warden instructions.*  *4. Calmly evacuate the premises from nearest emergency exit.*  *5. Arrive at evacuation location.*  *6. Locate and account for all staff.]* | *[e.g. Corner of Safe Street and Sound Lane, City.]* | *[e.g. The Fire and emergency procedures.doc can be found on the shared drive under the 'Emergency' folder. A printed copy is also located in the main filing cabinet.]* | *[e.g. Office floor plan,*  *map of evacuation locations.]* |

### 

### Evacuation drill schedule

*[Use this table to schedule your emergency evacuation drills.]*

| Evacuation procedure type | Drill frequency | Position/person responsible | Next drill dates |
| --- | --- | --- | --- |
| *Fire evacuation – simulation activity* | *[New staff in first month, and then routine Quarterly drill]* | *[Chief Fire Warden]* | *[Day/Month/Year]* |
| *Pandemic – desk top exercise* | *[Annual]* | *[Practice Disaster Coordinator]* | *[Day/Month/Year]* |
| *Flood – desk top exercise* | *[Annual]* | *[Practice Disaster Coordinator]* | *[Day/Month/Year]* |
| *Cyclone preparation – simulation activity* | *[Annual]* | *[Practice Disaster Coordinator]* | *[Day/Month/Year]* |

### 

### Emergency kit

#### Location

*[Where is your emergency kit located/stored?]*

#### Contents

*[List the contents of your emergency kit and the date each item was last checked/reviewed.]*

| Object | Checked/Reviewed Date | Person responsible |
| --- | --- | --- |
| *Emergency management and recovery plan* | *[Day/Month/Year]* | *[e.g. J. Smith]* |
| *Emergency and recovery contacts* | *[Day/Month/Year]* | *[e.g. J. Smith]* |
| *Insurance documents* | *[Day/Month/Year]* | *[e.g. J. Smith]* |
| *Financial documents* | *[Day/Month/Year]* | *[e.g. J. Smith]* |
| *Torch* | *[Day/Month/Year]* | *[e.g. J. Smith]* |
| *First-aid kit* | *[Day/Month/Year]* | *[e.g. J. Smith]* |
| *Portable radio* | *[Day/Month/Year]* | *[e.g. J. Smith]* |
| *Plastic bags* | *[Day/Month/Year]* | *[e.g. J. Smith]* |
| *Spare batteries* | *[Day/Month/Year]* | *[e.g. J. Smith]* |
| *Adhesive tape* | *[Day/Month/Year]* | *[e.g. J. Smith]* |
| *Pen/pencil and notepad* | *[Day/Month/Year]* | *[e.g. J. Smith]* |

### Emergency Alternate Location Inventory List

*[Record all items the General Practice relocates to its alternate location during an emergency.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Quantity | Responsible Person | Item for return to practice (yes or no) and Other Comments. | Confirmation item returned date and signature |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Emergency team roles and responsibilities

| Role | Details of responsibilities | Person responsible | Email | Phone/Mobile numbers |
| --- | --- | --- | --- | --- |
| **Practice Disaster Coordinator** | *[e.g.*   * *Develop the practice disaster plan in consultation with staff, stakeholders etc.* * *Education session for staff* * *Lead annual review of the plan and update plan* * *Attend local disaster management meetings (or sub group meetings)* * *Provide copies of plan to stakeholder groups* | *[e.g. M. Smith]* | *[e.g. ms@example.com]* | *[(Area code) Number]*  *[Mobile number]* |
| **First Aid Officer** | *[e.g.*   * *Attend regular first aid training courses.* * *Administer first aid support in an emergency situation.* * *Contact ambulance services when necessary*.] | *[e.g. M. Smith]* | *[e.g. ms@example.com]* | *[(Area code) Number]*  *[Mobile number]* |
| **Chief Fire Warden** | *[e.g.*   * *Attend relevant training courses.* * *Communicate procedures to all staff.* * *Supervise and action emergency evacuation procedures (including contacting emergency services, accounting for staff).* * *Conduct regular drills.* * *Update procedures regularly*.] | *[e.g. S. Jones]* | *[e.g. sj@example.com]* | *[(Area code) Number]*  *[Mobile number]* |
| **Fire Warden** | *[e.g.*   * *Attend relevant training courses.* * *Assist in evacuating staff according to evacuation procedures (including collecting emergency kit and resilience and recovery documentation).* * *Assist with regular drills.* * *Assume Chief Fire Warden duties when required*.] | *[e.g. J. Silos]* | *[e.g. js@example.com]* | *[(Area code) Number]*  *[Mobile number]* |
| **Staff Support Officer** |  |  |  |  |
| **Practice Relocation Lead** |  |  |  |  |
|  |  |  |  |  |

## 

## The Recovery

### Business impact assessment

*[Based on your assessment of the damage to your business, complete the table below (in order of severity) or attach your own impact assessment to the back of your plan.]*

| Rank | Damage | Impact to business | Severity | Action | Recovery steps | Resources needed | Actioned by | Estimated date of completion |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | *[List any damage to buildings, assets, stock, documents or surrounding area/community.]* | *[Describe any direct or indirect impacts the damage will have on your business' critical functions.]* | [*High, Medium, Low.*] | [*Repair, replace, rebuild.*] | *[List the steps needed to recover the damage.]* | *[List the resources needed to recover including any cost estimates, service providers, employees, building materials.]* | *[Assign someone to each task.]* | *[Due date for completion.]* |
| 2 | *[List any damage to buildings, assets, stock, documents or surrounding area/community.]* | *[Describe any direct or indirect impacts the damage will have on your business' critical functions.]* | [*High, Medium, Low.*] | [*Repair, replace, rebuild.*] | *[List the steps needed to recover the damage.]* | *[List the resources needed to recover including any cost estimates, service providers, employees, building materials.]* | *[Assign someone to each task.]* | *[Due date for completion.]* |
| 3 | *[List any damage to buildings, assets, stock, documents or surrounding area/community.]* | *[Describe any direct or indirect impacts the damage will have on your business' critical functions.]* | [*High, Medium, Low.*] | [*Repair, replace, rebuild.*] | *[List the steps needed to recover the damage.]* | *[List the resources needed to recover including any cost estimates, service providers, employees, building materials.]* | *[Assign someone to each task.]* | *[Due date for completion.]* |

### Recovery contacts

*[Include all of the organisations/people that will be essential to the recovery of your business. See also Emergency contacts above.]*

| Contact Type | Organisation Name | Contact | Title | Phone/Mobile number |
| --- | --- | --- | --- | --- |
| **Insurance** | *[e.g. XYZ Insurance]* | *[e.g. G. Jones]* | *[e.g. Claims Advisor]* | *[(Area code) Number]*  *[Mobile number]* |
| **Telephone/internet services provider** | *—* | *—* | *—* | *—* |
| **Bank/building society** | *—* | *—* | *—* | *—* |
| **Employee** | *—* | *—* | *—* | *—* |
| **Supplier (Main)** | *—* | *—* | *—* | *—* |
| **Supplier (Backup)** | *—* | *—* | *—* | *—* |
| **Customer** | *—* | *—* | *—* | *—* |
| **Business advisor** | *—* | *—* | *—* | *—* |
| **Accountant** | *—* | *—* | *—* | *—* |
| **Lawyer** | *—* | *—* | *—* | *—* |

### Insurance claims

*[What insurance policies have you claimed for? Use the table below to record any discussions you have had with an insurer about your claim]*

| Insurance company | Date of contact | Details of conversation/claim | Follow up actions |
| --- | --- | --- | --- |
| *[e.g. XYZ Insurance, D.Higgins*  *(Area code) Number]* | *[Day/Month/Year]* | *[Enter any relevant details discussed with your insurer about your claim.* *e.g. When will the assessor visit? Did you receive an estimated claim amount?].* | *[Is there anything you or the insurer need to complete to continue processing the claim? Is there any information the insurer requires to process the claim (e.g. estimate of the damage, serial numbers for stolen equipment, photos)? Are there any special instructions the insurer has asked you to do/not do in regards to the cleanup effort or property?]* |
| *[e.g. XYZ Insurance, D.Higgins*  *(Area code) Number]* | *[Day/Month/Year]* | *[Enter any relevant details discussed with your insurer about your claim.* *e.g. When will the assessor visit? Did you receive an estimated claim amount?].* | *[Is there anything you or the insurer need to complete to continue processing the claim? Is there any information the insurer requires to process the claim (e.g. estimate of the damage, serial numbers for stolen equipment, photos)? Are there any special instructions the insurer has asked you to do/not do in regards to the cleanup effort or property?]* |
| *[e.g. XYZ Insurance, D.Higgins*  *(Area code) Number]* | *[Day/Month/Year]* | *[Enter any relevant details discussed with your insurer about your claim.* *e.g. When will the assessor visit? Did you receive an estimated claim amount?].* | *[Is there anything you or the insurer need to complete to continue processing the claim? Is there any information the insurer requires to process the claim (e.g. estimate of the damage, serial numbers for stolen equipment, photos)? Are there any special instructions the insurer has asked you to do/not do in regards to the cleanup effort or property?]* |

### Market assessment

*[Based on your assessment of the damage to your business and/or surrounding area, list any areas of your market that have changed below. Alternatively, attach a complete market assessment to the back of this plan. Download our* [*Marketing plan template*](https://www.business.gov.au/Planning/Business-plans/How-to-write-your-marketing-plan) *for further guidance.]*

| Market changes | Impact to business | Business options |
| --- | --- | --- |
| *[What has changed in the market since the emergency?]* | *[What part of your business will be affected by these market changes and how?]* | *[How can your business adapt or change to suit these new market conditions? e.g. Can you move location, trade online, change key products or services or just re-evaluate the way you run your business to make sure you are still meeting market needs?]* |
| *[What has changed in the market since the emergency?]* | *[What part of your business will be affected by these market changes and how?]* | *[How can your business adapt or change to suit these new market conditions? e.g. Can you move location, trade online, change key products or services or just re-evaluate the way you run your business to make sure you are still meeting market needs?]* |
| *[What has changed in the market since the emergency?]* | *[What part of your business will be affected by these market changes and how?]* | *[How can your business adapt or change to suit these new market conditions? e.g. Can you move location, trade online, change key products or services or just re-evaluate the way you run your business to make sure you are still meeting market needs?]* |

### Marketing strategy

[*Detail your marketing strategy after the emergency. If your business is reopening its doors after the disaster, how will you get the message out? What channels will you use to target customers? How does this strategy differ in light of any changes in the market? e.g. You may consider a targeted marketing effort (such as a social media campaign) to communicate your business reopening.]*

## The Finances

### Current creditors

*[List all current creditors and any arrangements you have made during the recovery period]*

| Creditor name | Contact details | Special arrangement details | Period of special arrangement | Amount to pay |
| --- | --- | --- | --- | --- |
| *[e.g. Example Banking Corp.]* | *[J. Harmer, Business Loan Advisor, (Area code) Number]*  *[Mobile number]* | *[List the conditions of your arrangement. e.g. Loan temporarily changed to interest only arrangement for the period of recovery.]* | *[Enter the period the arrangement will be valid until. e.g. Period of 6 months ending on 1 July 2011]* | *[Detail the amounts you are required to pay within the arrangement period.]* |
| *[e.g. Example Banking Corp.]* | *[J. Harmer, Business Loan Advisor, (Area code) Number]*  *[Mobile number]* | *[List the conditions of your arrangement. e.g. Loan temporarily changed to interest only arrangement for the period of recovery.]* | *[Enter the period the arrangement will be valid until. e.g. Period of 6 months ending on 1 July 2011]* | *[Detail the amounts you are required to pay within the arrangement period.]* |
| *[e.g. Example Banking Corp.]* | *[J. Harmer, Business Loan Advisor, (Area code) Number]*  *[Mobile number]* | *[List the conditions of your arrangement. e.g. Loan temporarily changed to interest only arrangement for the period of recovery.]* | *[Enter the period the arrangement will be valid until. e.g. Period of 6 months ending on 1 July 2011]* | *[Detail the amounts you are required to pay within the arrangement period.]* |

### Current debtors

*[List all current debtors you have contacted and their agreed payment amount and date.]*

| Debtor name | Contact details | Details | Agreed payment date | Amount to receive |
| --- | --- | --- | --- | --- |
| *[Example Business]* | *[P. Fred, (Area code) Number]*  *[Mobile number]* | *[Briefly list what the payment was for.]* | *[Day/Month/Year]* | *[$$$]* |
| *[Example Business]* | *[P. Fred, (Area code) Number]*  *[Mobile number]* | *[Briefly list what the payment was for.]* | *[Day/Month/Year]* | *[$$$]* |
| *[Example Business]* | *[P. Fred, (Area code) Number]*  *[Mobile number]* | *[Briefly list what the payment was for.]* | *[Day/Month/Year]* | *[$$$]* |

### Government funding

*[List all government funding you have applied for and the expected amount.]*

| Program Name | Contact details | Funding details | Date of application | Amount to receive |
| --- | --- | --- | --- | --- |
| *[e.g. Flood relief package]* | *[R. Smith],*  *[Agency name]*  *(Area code) Number]*  *[Mobile number]* | *[Briefly mention the terms of the funding.]* | *[Day/Month/Year]* | *[$$$]* |
| *[e.g. Flood relief package]* | *[R. Smith],*  *[Agency name]*  *(Area code) Number]*  *[Mobile number]* | *[Briefly mention the terms of the funding.]* | *[Day/Month/Year]* | *[$$$]* |
| *[e.g. Flood relief package]* | *[R. Smith],*  *[Agency name]*  *(Area code) Number]*  *[Mobile number]* | *[Briefly mention the terms of the funding.]* | *[Day/Month/Year]* | *[$$$]* |

### Expected cash flow

[*Consider the example below when developing your own expected cash flow sheet to include in your plan*]



## Supporting documentation

Attached is the supporting documentation in relation to this Emergency management and recovery plan. The attached documents include:

* [*List all of your attachments here. These may include copies of your floor plan, detailed emergency procedures, impact and market assessments and financial documents*.]

## References

* <https://www.emergency.nsw.gov.au/Documents/publications/20181207-NSW-state-emergency-management-plan.pdf>
* <https://www.disaster.qld.gov.au/cdmp/Documents/Queensland-State-Disaster-Management-Plan.pdf>
* <https://www.emv.vic.gov.au/responsibilities/state-emergency-plans>