

General Practice Emergency Response Plan

Before implementing an emergency response plan, you should conduct risk assessments to determine which emergency situations could be applicable to your practice.

Practice name:

Date:

The Royal Australian College of General Practitioners (RACGP) *Standards for general practices*, 5th edition, indicator states:

- C3.3A - Our practice has an emergency response plan for unexpected events, such as natural disasters, pandemic diseases, or unplanned absences of clinical team members.

To meet the requirements of the above indicator, our practice has developed the following emergency response plan that provides a guide for managing unexpected events and potential issues to patients, staff, infrastructure, essential systems, networks, communications, critical supplies and services.

Emergency Management Coordinator

Our practice has a designated Emergency Management Coordinator who has the primary responsibility for the emergency response plan.

Our practice's Emergency Management Coordinator is:

Duties of the Emergency Management Coordinator:

- Monitor and update as required the practice's emergency response plan. Review on a quarterly basis.
- Provide the practice team with education and training to effectively prepare for and respond to emergencies, including pandemic planning and management.
- Record the education provided to individual team members in the staff training log.
- Communicate relevant updates at practice team meetings and document these discussions.
- Maintain the practice assets register.
- Discuss and review emergency processes at team meetings and encourage team members to share their views, skills and knowledge.
- Test or exercise components of the plan annually (e.g. evacuation drills).
- Ensure the practice emergency kit is fully stocked.
- Ensure emergency kits are fully stocked for individual GPs and reception.
- Charge emergency mobile phone/s as required.
- Maintain connections with the local council and local emergency services.
- Make decisions regarding when the practice's emergency response plan needs to be activated.
- Assess the risks of infection transmission throughout the practice in conjunction with the practice's Infection Prevention and Control Coordinator.
- Keep up to date with changes in laws and guidelines relating to infection prevention and control and implement them promptly.
- Monitor and obtain information about public health alerts for national and local infection outbreaks.
- Maintain a four week supply of PPE, hand sanitiser, soap, tissues, paper linen for examination couches, cleaning products and pathology stock within the practice at all times.

Practice floor plan

Our practice has a comprehensive floor plan that highlights the location of the following emergency items/areas:

Emergency items/areas	Location details
Evacuation route	
A safe assembly point	
Fire extinguisher/s	
The main shut-off valve for water	
The main shut-off valve for gas	
The electrical master switch	
Heating/air-conditioning equipment	
Hazardous material (e.g. chemicals)	
The emergency kit	
First aid equipment	
Outside water taps and hoses	
Security and fire alarm systems	
Underground or overhead power lines	

Emergency kit

Our practice has an emergency kit that is located:

The emergency kit is checked and updated every three months by the Emergency Management Coordinator. The emergency kit checklist is stored in the kit. Items must include the following:

Emergency kit equipment and supplies	
Disinfectant	Battery-powered radio (including spare batteries)
Detergent	Torch/es (including spare batteries)
First aid kit/doctor's bag	Fully charged mobile phone and charger
Plastic and garbage bags	Fire extinguisher with instructions
Bottles of clean water	Personal protective equipment
Non-perishable food items	Small supply of office stationery
Medical certificate pad	Spare keys for premises, rooms, etc.
Prescription pad	Copy of insurance policies
Backup data on USB or external drive (if relevant)	Latest stock and equipment inventory
Practice assets register	Contact lists (staff, suppliers and essential services)
Building site plan	Hard copy of practice's emergency response plan
Hard copy of practice's business continuity plan	

Staff contact list

In case our practice needs to urgently contact staff members, a staff contact list is kept at reception and in the emergency kit. The staff contact list is regularly reviewed and updated.

Key contact list

A key contact list is kept at reception, in the emergency kit and at the end of this emergency response plan, which includes the contact numbers of essential and emergency services, suppliers, health services and utilities.

The key contact list is reviewed and updated on a quarterly basis.

Telephone faults

Our practice's telephone number/s:

Faults should be reported to our practice's telephone system provider:

While the fault is being rectified, redirect all calls to our practice's mobile phone number:

Water supply issues

Our practice's water supplier:

The water shut-off valve within our practice is located:

The mains water shut-off valve external to our practice is located:

For internal plumbing emergencies, contact:

If our practice is without water:

- Portable toilets can be hired from:
- Antibacterial handwash and disposable gloves are located:
- Bottled drinking water is located:

Gas supply issues

Our practice's gas provider:

In the event of a gas leak, shut off the valve located:

Then contact the gas provider to determine the issue and the estimated timeframe for repairs.

A decision should then be made as to whether the practice can safely remain open or if relocation to an alternative site will be required. See 'practice relocation sites' section below.

Electricity issues and power outages

Our practice's electricity supplier:

Our practice's preferred electrician:

Before reporting a power outage, check the safety switch in the fuse box.

The electrical fuse box is located:

The emergency torch/es and spare batteries are located:

When reporting a power outage to our electricity supplier, request the estimated timeframe of the outage. A decision should then be made as to whether the practice can safely remain open or if relocation to an alternative site will be required. See 'practice relocation sites' section below.

The systems and appliances that will be affected during a power outage include:

- Lighting.
- IT system.
- Telephones.
- Heating/cooling equipment.
- Refrigerators.
- Diagnostic equipment.
- Alarm systems.

Power outages and vaccines

In the event of short-term power outages, our practice adheres to a vaccine potency policy for the effective management of vaccines which is located:

In the event of long-term power outages, our practice has an agreement to store vaccines at appropriate temperatures with: (e.g. local pharmacy/hospital).

Power outages and IT systems

In the event of a power outage, the clinical system server is protected by an uninterruptible power supply (UPS) with a battery life of approximately 15-20 minutes during which the server can be closed down and switched off without the risk of data corruption (if applicable).

Our practice's laptop computer can be used on battery power to call up the appointments list from the daily appointment backup.

All desktop computers and TVs should be switched off at the wall to protect them from a power surge when the power is restored.

IT system issues and crashes

Our practice has a business continuity plan that should be referred to for detailed information about managing IT-related disasters and disruptions.

In the event of IT system issues and crashes, report the situation and request the estimated timeframe for repairs from our practice's IT support provider:

Assess the impact of the situation and determine the next steps from the following list:

- Inform patients currently in the practice of the situation.
- Print out appointment lists from the most recent appointment backup, giving priority to patients already in the practice and patients with appointments in the next 30 minutes.
- Advise patients wanting to make a non-urgent appointment to call back (timeframe will be dependent on the information from IT support).
- Blank paper notes are kept in each GP's emergency kit. During consultations, medical staff need to record each patient's name, address and date of birth. Medical staff are responsible for entering their own data once the system is operational.
- Prescription pads are kept in each GP's emergency kit. All prescriptions must be copied and scanned into the patient's file once the system is operational.

- Practice letterheads are kept in the GP's emergency kit for urgent referral letters. All letters must be typed, copied and scanned into the patient's file once the system is operational. A formal letter will also be forwarded to the specialist/allied health provider.
- Message pads are kept in the emergency kit at reception. Reception staff need to record all urgent enquiries on a message pad with the date, time, patient's name, date of birth, address, telephone number and GP's name, before passing on to the relevant person.

Server backup

Our practice has a business continuity plan that should be referred to for detailed information about managing IT-related disasters and disruptions.

Our practice conducts a server backup (e.g. cloud, hard drive, offsite computer) stored at _____ (e.g. daily/twice daily) to the _____ (location/address).

The person responsible for the server backup:

Fire

The fire extinguisher is located:

The fire blanket is located:

In the event of the fire alarm sounding, the sound will be a _____ (e.g. continuous siren/bell).

If the fire is small (e.g. in a wastepaper basket), use the fire extinguisher or fire blanket to extinguish the fire. Make sure you have a rear escape path in case the fire escalates. Observe the area after the fire is extinguished in case it reignites.

When to call out for support and ask someone else to call the fire service on 000:

- If the fire is larger than a wastepaper basket.
- If the fire spreads quickly beyond the point of origin.
- If the fire is not extinguished quickly (less than 30 seconds) or the extinguisher causes an adverse reaction.
- If the fire involves unknown fuels/chemicals.

When containment of the fire is futile or dangerous:

- Close the door to help contain the fire.
- Evacuate patients and staff via the identified fire exits located:
- Direct patients and staff to the marshalling areas located:
- Call the fire service on 000 from outside of the building, if unable to do so safely within the practice.
- Don't go back into the building after it is evacuated.
- Conduct a head count of patients and staff in the marshalling areas.
- Wait outside the building to meet the fire service.

Natural disasters

Our practice takes the following precautions to minimise risk in the event of natural disasters.

Fires/bushfires:

- Remove excess rubbish, leaves and litter from around the practice.
- Remove any flammable materials such as paint from the premises.
- Regularly clear the gutters surrounding the practice.
- Regularly mow the grass surrounding the practice and remove all trimmings.

- Ensure the building is clear from overhanging branches and remove cut branches.
- Ensure there is a wide firebreak around the practice (if applicable).

Storms/cyclones:

- Check that the practice's infrastructure is in sound condition.
- Regularly maintain the roof and eaves.
- Fix all loose gutters around the practice.
- Fit all windows with shutters or metal screens for added protection during high winds.
- Heavily tape windows shut during high winds, storms and cyclones.

Earthquakes:

- Remove heavy objects from shelves or store them on lower shelves.
- Secure or fasten heavy equipment to a fixed surface or wall (e.g. television in waiting room).
- Secure all wall-mounted objects (e.g. whiteboards/clocks).
- Ensure all power boards are being used appropriately and are not overloaded.
- Secure and fasten large, expensive medical equipment to a fixed surface or wall.

Floods:

- Identify all indoor items that need to be raised off the floor.
- Relocate all power points above previous flood levels.
- Secure any objects in the practice that are likely to float.
- Utilise flood-proofing equipment (e.g. sandbags) if needed.
- A supply of sandbags is located:

During an incident

In the event of an incident at our practice, regardless of the type of incident:

- Evacuate the building or secure the building with people inside (as appropriate to the situation).
- Establish whether anyone has been hurt and provide medical attention.
- Call the appropriate emergency services immediately.
- Position a staff member at the front door to restrict access so people cannot enter/leave the building unless it has been established that it is safe to do so.

Theft or criminal activity

In the event of theft or criminal activity at our practice:

- Immediately restrict access to the area and advise that nothing be touched, moved or disturbed.
- Contact the police, ascertain the estimated timeframe for response and request special directions, such as identifying what is missing and/or damaged and what can or cannot be touched.

In the case of IT theft, report the situation to IT support and the clinical system supplier and establish the estimated timeframe for a replacement item or restoration of the system.

Practice relocation sites

In the event of our practice building becoming damaged or unsafe, we have identified the following relocation sites to operate from:

The Practice Manager will contact Services Australia to determine if the practice can continue with the current Medicare provider numbers or if temporary provider numbers are needed.

In addition, GPs will need to contact their indemnity organisations to ensure they are adequately covered whilst in the temporary location.

Violence

In the event of violence at our practice:

- Administer medical attention to injured people and move them away from danger if possible. Do not remain with incapacitated/injured people unless it is absolutely safe to do so.
- Run yourself and others to safety if it is safe to do so.
- If it is not safe to run to safety, hide and barricade yourself and others. Place mobile phones on silent mode and stay quiet.
- Call the emergency services via 000 when it is safe to do so.

If a violent perpetrator is in the building, do not put yourself or anyone else in danger by approaching or attempting to communicate with the perpetrator.

Unplanned and short-term staff absences

Our practice will attempt to cover unplanned and short-term staff absences by offering extra shifts to available internal staff.

If staff are not available to cover the absences, contact the following locum or recruitment agencies:

Our practice has mutual aid arrangements with the below practices:

- Replacement GPs:
- Replacement nursing staff:
- Replacement administration and management staff:

Critical stock shortages

In the event of critical stock shortages, our practice has mutual aid arrangements with other practices including:

Our practice will liaise with our Primary Health Network (PHN) for guidance regarding critical stock shortages.

Pandemic diseases

Our practice has a Pandemic Coordinator who is responsible for infection prevention and control. This position is held by the Infection Prevention and Control Coordinator.

In the event of an outbreak that affects or has the potential to affect a large number of people simultaneously, our practice will implement the following protocols:

- Assign a pandemic leader who will be responsible for the overall management of the practice's response throughout the crisis and provide direction regarding modifications to day-to-day operations, staffing issues, and clinical policies and procedures.
- Schedule and conduct a meeting for all staff to brief them on the situation and confirm key roles and responsibilities. This meeting will also reinforce the importance of the practice's infection prevention and control policies and procedures and conduct refresher training.
- Check the status of staff immunisation and offer vaccinations that are appropriate to specific roles.
- Check the status and order supplies of PPE, tissues, hand sanitisers, pathology stock and other clinical and non-clinical equipment stockpiles.
- Confirm staff availability to ensure adequate staffing levels and determine if any staff will be unable to work due to their risk profile (e.g. pregnancy, immunosuppression etc.).
- Establish a list of potentially vulnerable patients that may need to be contacted for preventive measures (e.g. vaccinations) and ongoing management. Consider Telehealth consultations for these patients.
- Access up to date information from government bodies and provide daily updates to staff.

- Consider services that could be postponed for non-essential/routine procedures and consultations.
- Consider designated times for routine consultations (e.g. mornings).
- Ensure the practice's key contact list of suppliers and service providers is up to date and easily accessible.
- Utilise HealthPathways WA for up to date management of the illness and ensure all medical staff have access.
- If appropriate, support social distancing by ensuring chairs in the waiting room and consultation rooms are suitably spaced.
- Ensure information on prevention and management of the disease is available for patients.
- Consider developing a fact sheet for patients outlining infection prevention and control strategies and management of the illness (e.g. cough etiquette and hand hygiene).
- Ensure consistent communication of key messages:
 - Update phone message.
 - Update website.
 - Adapt online appointments.
 - Review SMS messaging protocols and standard messages.
 - Update social media with useful patient information.
- Consider e-consultations, e-prescribing, and e-referrals where appropriate.
- Implement appropriate triaging determined by the contagiousness and ferocity of the illness.

Routine triaging:

 - Ask patients seeking an appointment if they have symptoms consistent with the illness.
 - On arrival at the practice, provide potentially ill patients with a face mask and ensure it is worn correctly, and provide access to tissues and hand sanitiser.
 - Socially distance (or segregate) potentially ill patients from others.
 - Provide patients with an information fact sheet.

Alternative triaging:

 - Advise patients to call reception when they arrive in the carpark and wait in their car. If patients are not arriving by car, an alternative isolation arrangement needs to be in place.
 - Reception staff will phone patients waiting in their car when the doctor is ready to see them.
 - Reception staff, wearing appropriate PPE, will meet patients at the clinic entrance. Before the patients enter the practice, staff will provide them with a face mask and ensure it is worn correctly.
 - Reception staff will open and close the door for patients and escort them directly to the room allocated.
 - Advise patients to leave the building without stopping at reception, take their mask with them and settle the account over the phone.
 - After each patient leaves, reception staff will clean the handles of the front door and the room used with detergent/disinfectant and wipe dry.
 - Dispose of gloves and mask in regular rubbish.
- In the recovery stage, undertake operational debriefing sessions and incorporate learnings for future responses into this plan.

Important contact details

Police – life threatening or dangerous	000
Police – non-life threatening	
Water Corporation – faults, emergencies and security	
Western Power – faults, emergencies and power interruptions	
Horizon Power – emergency or supply interruptions	
Alinta Energy – electricity and gas emergencies and faults	
Telstra – business customers (faults)	
Poison Information Centre	

Healthdirect Australia	
Department of Fire and Emergency Services (DFES) <ul style="list-style-type: none"> • Fire or life-threatening emergencies • State Emergency Service (SES) assistance • Emergency information 	
Royal Flying Doctor Service (WA) <ul style="list-style-type: none"> • Medical and emergency calls only • Satellite phone calls 	
Main Roads	
Insurance company:	
Medical defence organisation:	
Bank:	
Accountant:	
Cleaner:	
Electrician:	
Plumber:	
IT support provider:	
Security alarm provider:	
Vaccine supplier:	

References and resources

RACGP <i>Managing emergencies in general practice</i>	www.racgp.org.au/download/Documents/e-health/Managing-emergencies-in-general-practice.pdf
RACGP <i>Managing pandemic influenza in general practice</i>	www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-pandemics/managing-pandemic-influenza-in-general-practic-1
RACGP <i>Infection prevention and control standards</i> , 5th edition	www.racgp.org.au/your-practice/standards/infectioncontrol
RACGP <i>Computer and information security standards</i>	www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/Computer-and-information-security.pdf
RACGP <i>Standards for general practices</i> , 5th edition	www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/5th%20edition/Standards-for-general-practice-5th-edition.pdf

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.