RACGP

Royal Australian College *of* General Practitioners

Managing emergencies in general practice

A guide for preparation, response and recovery

Updated June 2017

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Managing emergencies in general practice:
A guide for preparation, response and recovery

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We recognise the traditional custodians of the land and sea on which we work and live.

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Foreword

The Royal Australian College of General Practitioners (RACGP) is committed to supporting general practitioners (GPs) and practice teams in delivering quality care to Australian patients. Recognising the vital role that GPs and general practice teams play in responding to emergencies, the RACGP has demonstrated its commitment to supporting its members by developing a range of resources relating to disaster, emergency and incident planning and management.

The RACGP was actively involved in supporting GPs and practices adversely affected by the floods in Queensland, Victoria and New South Wales in 2010, 2011 and 2013; the Victorian, New South Wales and Tasmanian bushfires in 2009 and 2013; and the Sydney siege in 2014.

The aim of the guide is to assist general practices to better prepare for, respond to and recover from the impacts of emergencies. The guide has been designed as an educational resource for general practice staff during emergency preparation and response efforts.

The RACGP continues working with stakeholders including GPs, other general practice organisations, and state, territory and federal governments to coordinate the provision of clinically relevant health information and emergency management resources to support GPs and their communities.

We would like to thank the people and organisations listed in the acknowledgements for their dedication and support. We would particularly like to thank members of the project steering committee and RACGP staff for their efforts in contributing to the development of this resource.

It is with great pride that we present *Managing emergencies in general practice: A guide for preparation, response and recovery*.

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Part A – Introduction to emergency planning in Australian general practice

1. Disasters and emergencies in Australia

Disasters are unpredictable and destructive. They can cause significant damage, injury, illness, loss, trauma and grief. Australia's diverse landscape means that natural disasters such as bushfires, floods, severe storms, heatwaves, earthquakes and tropical cyclones occur regularly across the continent.

The Commonwealth of Australia Attorney-General's Department defines a disaster as:

A serious disruption to community life which threatens or causes death or injury in that community and/or damage to property which is beyond the day-to-day capacity of the prescribed statutory authorities and which requires special mobilisation and organisation of resources other than those normally available to those authorities.[1]

According to the Red Cross World Disasters Report 2013, there were 16,000 Australians affected by a disaster in 2012.[2] Between 2003 and 2012, there were 815 people reported killed in Australia as a result of a disaster.[2]

Disasters can have a profound impact on the population's health and wellbeing, causing injury – both short-term and long-term – and death. The degree to which people are affected will vary significantly depending on the type and severity of the disaster. People affected by disasters can also have an increased risk of mental health and social problems. Psychological first aid can provide basic support for the distressed immediately after an event.[3]

Disasters can also have long-term effects on the country's economy.

The Australian Business Roundtable for Disaster Resilience and Safer Communities estimated that disasters and emergencies cost the Australian economy $9.6 billion in 2015.[4] Further, the Roundtable predict that these costs will triple to $33 billion by 2050.[4]

Thorough and comprehensive emergency planning and preparation by all levels of government, statutory authorities, agencies, individuals, businesses and communities is of paramount importance. Lessons learnt from past events highlight the importance of disaster preparation in reducing the overall impact of a disaster.

Disaster planning should never be neglected or overlooked.

2. Importance of emergency planning in general practice

2.1 Why general practices are critical to emergency responses

General practice is the linchpin of Australia's health service infrastructure. GPs and practice teams are at the forefront of medical care, providing Australians with access to quality healthcare on a daily basis. In 2015–16, 82% of the Australian population had seen a GP in the previous 12 months.[5]

In an emergency, it is generally expected that the demand for healthcare services will rise.[6] During previous emergency responses, GPs and practice teams have consistently worked to provide individuals with the best care possible. They have demonstrated their commitment to the communities they serve during emergencies by ensuring that individuals requiring urgent medical attention were seen. Further, they have been integral in providing ongoing care to people residing in affected areas.

This commitment reinforces the ongoing critical role that GPs and practice teams play in responding to emergencies, from the immediate and acute phase to the long-term recovery phase.

It is crucial that general practices are able to continue providing essential services during emergencies. In order to do this, it is imperative that they have an up-to-date emergency response plan so that they are prepared, well stocked and ready to respond to any crisis.

Practices that are prepared for an emergency are more likely to have effective continuity of care arrangements for their patients while ensuring that business operations continue to run as smoothly as possible. Furthermore, practices that have a tested emergency response plan will ultimately be better positioned to respond to the health needs of their communities.

The aim of the guide is to assist general practices to better prepare for, respond to and recover from the impact of emergencies. The guide is an educational resource for general practice staff during emergency preparations and response efforts.

While it is important for practices to be engaged in emergency planning processes at a practice level, it is equally important for them to participate in emergency planning processes within the wider community. The hospital sector is often represented on local emergency planning committees and there is little or no representation from the primary care sector.

To remedy the lack of primary care representation on local disaster planning committees, GPs and relevant practice staff are encouraged to engage with and/or participate in local disaster planning committees. However, it is equally important that the primary care sector be supported by governments so that they are well placed to continue providing vital services to their patients and their communities, especially in their time of need.

While this guide has been specifically developed for the general practice setting, professionals working in other primary care settings might find it useful during their emergency preparations.

2.2 The impact of emergencies on general practice

Emergencies are unpredictable. They can strike any area at any time and can cause a great deal of damage, injury, human suffering and loss of life. General practices can be adversely affected by emergencies in a variety of ways, including:

- minor or significant damage to the practice's infrastructure
- increased demand for services
- increased presentation of patients with injuries or highly infectious symptoms
- loss of critical equipment and supplies
- loss of access to key information
- loss of access to essential systems, networks and communication
- reduction in capacity and the loss of key staff
- loss of/disruption to power supply
- loss of/contamination of water supply
- practice closure.

It is essential that business owners undertake appropriate emergency planning and preparation activities. This will help to reduce the overall impact of an emergency and assist practices with business/service provision continuity. While general practices essentially operate as private businesses, they are unique in the sense that they provide essential health services to individuals within the community.

Some practices may see fewer patients attend the practice during an emergency as a result of damaged infrastructure and access issues. Conversely, other practices may see an increase of patients attending due to injuries sustained during the event.

2.3 The importance of planning

Comprehensive planning can assist in reducing the overall impact of an emergency on practices, practice staff and patients; and reduce liability and financial loss due to damages sustained during an emergency or business disruption. Furthermore, investing time and effort in developing a well-thought-out emergency response plan will help to expedite the recovery process.

Engaging in simple emergency planning activities will ensure your practice's preparedness and confidence when responding to an emergency. Overall, practices that have an up-to-date emergency response plan will be better positioned to respond to an emergency.

Box 1 illustrates a potential loss of earnings due to a practice closing down for one day.

Box 1. Potential loss of earnings for closure of a practice for one day

Major emergency events may affect a practice for many days or even weeks and can have devastating effects on poorly prepared practices. If a practice is impacted by an emergency such as a flood or fire, the practice may be forced to close until appropriate repairs are made. Closure of the practice will result in a loss of earnings.

If a practice with four full-time equivalent GPs were to close for a single day, the practice could potentially lose $9600. This figure is based on the assumption that all four GPs work two full sessions (approximately 3.5 hours each), seeing 20 patients in each session, where the average fee is $60.

It is important to note that some overheads such as staffing costs will remain the same. However, there may be a small reduction in other overhead costs such as consumables, electricity, gas and water bills, etc.

Part B – Emergency planning and response

Emergency planning is the process of identifying, reviewing and updating a series of appropriate actions for managing an emergency. The emergency planning process is fluid and ongoing and any emergency response plan developed is seen as a working document that is reviewed and updated as circumstances within the practice change.

1. Pre-planning

1.1 Appoint an emergency management coordinator/ committee

Assigning responsibility for emergency planning to one staff member in a small practice will ensure a consistent and coordinated approach. It may also be worth considering appointing a deputy emergency management coordinator in the event that the primary emergency management coordinator is on extended leave or becomes ill during an emergency.

When appointing a staff member, it is important to consider their role in the practice, their level of experience, whether they have a broad understanding of the practice, and where they live.

If your practice is larger, you might choose to appoint an emergency response committee with a chairperson and representatives from other disciplines. This approach means that the source of knowledge does not lie with one person. This is particularly important if there are staff changes or if committee members become unwell or unavailable during an emergency. If your practice appoints an emergency response committee it is important to hold regular meetings with an agenda, written minutes and action items.

Emergency management coordinator role summary

The emergency management coordinator/committee:

- has up-to-date knowledge and skills relating to emergency planning and management (which is specific to the location of the practice)

- communicates this knowledge to other practice staff

- prepares, regularly reviews (at least quarterly) and updates an emergency response plan for the practice

- provides training and education to the entire practice team about the plan

- tests or exercises the plan (or components of the plan) annually

- provides practice staff access to the plan at any time

- make decisions as to whether/when the emergency response plan needs to be activated

- is responsible for building and maintaining relationships with other nearby practices and Primary Health Networks (PHNs) to discuss strategies of working together in the event of an emergency

- is responsible for connecting with local council and local emergency services.

1.2 Undertake local and other research

To start the planning process, it is recommended that the emergency management coordinator(s) research:

- the extent to which the practice is located in a disaster-prone area

- the landscape and surroundings of the practice to understand what additional steps need to be taken to protect the practice's infrastructure

- the demographics of the patients to identify vulnerable patients/patient groups in the event of an emergency

- residential aged care facilities (RACFs) close to the practice to ensure that patients residing in RACFs are able to access appropriate care in the event of an emergency

- the support provided by the relevant PHN to ensure better integration of services

- local emergency services to ensure effective communication and emergency management

- previous events that have affected the practice or community to understand what can be learnt from past events

- practice support facilities such as ambulance services, pharmacies and community nurses to identify what other services may be of assistance in an emergency.

The emergency management coordinator will be able to access this important information from local councils and local government emergency management committees.

Obtaining and documenting the above information will assist in the planning process and inform the overall development of the practice's emergency response plan.

Box 2 outlines important considerations that the emergency management coordinator should take into account during the planning process.

Box 2. Important considerations during the planning process

- Has the facility been damaged by flooding in the past?
- Is the practice located close to the waterfront, a river, stream, reservoir or any other body of water?
- What are the published and predicted flood levels for your area?
- Has information been obtained from the local council and emergency services regarding other flood/disaster plans and relevant evacuation assembly points and routes?
- Does the emergency response plan outline the appropriate actions for the different predicted floodwater levels?
- Is the practice located in a bushfire-prone area?
- What are the fire warning levels in the area (which are determined by the local fire agency)?
- Has the practice previously been affected by bushfires?
- Has the practice previously been affected by cyclones?
- Does the emergency response plan include a link to the Bureau of Meteorology's cyclone watch website?
- Has the practice previously been affected by earthquakes?

1.3 Practice layout

It is essential that staff are aware of the precise layout of the practice, where evacuation/assembly points are located and where critical emergency supplies are stored, in order to manage an emergency effectively.

As part of the emergency planning process, the emergency management coordinator should draw up a comprehensive floor plan of the practice, highlighting the specific location of:

• an evacuation route

• a safe assembly point

• fire extinguishers

• the main shut-off valves for water and gas

• heating/air conditioning equipment

• the electrical master switch

• hazardous material (eg chemicals)

• the emergency kit (as discussed in Section 1.4)

• first aid equipment

• outside water taps and hoses

• security and fire alarm systems

• underground or overhead power lines.

1.4 Emergency kit, equipment and supplies

Emergency kit

In an emergency, some towns can expect to be isolated for days or weeks, depending on road and other infrastructure damage. The emergency management coordinator should ensure that a generous amount of critical supplies is stored onsite in the event of an emergency. Further, the emergency management coordinator should gather and/or purchase appropriate resources and equipment to build an emergency kit that can be used by practice staff in the event of an emergency.

Box 3 outlines some of the items to include in the emergency kit.

Box 3. Emergency kit supplies	
Disinfectant	Battery-powered radio (including spare batteries)
Detergent	Torches (including spare batteries)
Additional first aid kits	Fully charged mobile phone
Plastic and garbage bags	Fire extinguisher with instructions
Bottles of clean water	Additional doctor's bags with extra medications
Non-perishable food items	Small supply of office stationery
Medical certificate pad	Prescription pad

Equipment and supplies

General practices hold specialised equipment and medical supplies, such as diagnostic equipment, pharmaceuticals and vaccines. Disasters can have devastating effects on the practice's infrastructure, including all of its contents.

As part of the emergency planning process, it is advisable to create and maintain a hard copy and electronic log of all medical equipment and supplies in the practice. In the event that some or all of the contents are destroyed, practice staff can quickly assess what equipment and supplies have been lost or damaged and what requires replacing.

2. Design and develop your plan

2.1 Compile key contact information

Staff contact details

In an emergency, the practice may need to contact practice staff urgently. This may be to advise staff not to attend the practice due to an imminent threat or to advise them that the practice requires extra support as a result of a recent emergency.

To ensure swift access to staff contact details, it is recommended that a list of all staff members' phone numbers is created and made available to all staff and that it is regularly reviewed and updated. The staff contact list should be kept in a secure place at the reception desk for easy access. An additional copy of this list should be stored in the practice's emergency kit.

Practice staff could also each keep a laminated, pocket-sized card with all staff contact numbers. Additionally, with the consent of practice staff, it is recommended that all staff have up-to-date contact phone numbers stored in their mobile phones.

Establishing a communication tree is a good way to ensure all staff are swiftly informed of an imminent disaster. The communication tree can be initiated by the emergency management coordinator where he or she calls another staff member and that staff member calls a third staff member, and so forth.

Response agency contact details

During an emergency, staff may need to urgently seek assistance from the relevant emergency response agency. It is recommended that a relevant state and territory response agency list is created and kept in a secure place at the reception desk for easy access during an emergency. A copy should also be stored in the practice's emergency kit.

The emergency management coordinator should have a laminated, pocket-sized list of all relevant emergency agencies with them at all times.

Other health services contact details

In the event of an emergency, practice staff may need to communicate with other health services and organisations including local hospitals, staff from nearby practices, primary care facilities, government health departments and PHNs. Practice staff may need to access referral and discharge papers or seek assistance from other organisations due to capacity issues. To ensure that communications can occur quickly, a list of nearby health services should be created.

Key business services contact details

If the practice is adversely affected by an emergency, practice staff will need to communicate with a range of service providers including insurance, telephone and internet, utilities, and disaster recovery specialists. To ensure that such communications can occur easily and quickly, it is recommended that a list of service providers is created and regularly updated and includes contact details, account and/or policy numbers.

2.2 Maintaining communication channels in an emergency

Registering to receive notifications

The majority of local councils have well-developed text messaging services to notify residents and individuals of potential and/or imminent disasters. The emergency management coordinator should register for this service via their local council or local emergency service if available.

Telephone communication

Emergencies will affect phone systems in different ways, so it is important to ensure that you have a tested contingency plan in the event of an emergency. For example, mobile phone towers may be affected or overwhelmed during an emergency and should not be solely relied upon, or there may be a power outage which could disable landline phones reliant on electricity.

In the event of a power outage, practice staff will need to rely on landline phones that do not require a power source, or on mobile phones that are fully charged. How your practice's phone system is set up will determine how the system may be disrupted in the event of a power outage or other emergency.

If your phone line runs through your internet connection, you should check its functionality and reliance on a power supply. Every provider is slightly different and the functionality also differs between National Broadband Network (NBN) connections and copper network connections.

Further information about NBN services and connectivity can be found here:
www1.nbnco.com.au/connect-home-or-business/information-for-home/what-happens-in-a-power-blackout.html

In the event that communication lines (landlines) are affected, it is likely that mobile phones will be used in an emergency. In this instance, the practice's landline can be diverted to a mobile number to ensure business continuity. Ensure mobile phones are fully charged and consider also purchasing a portable USB power pack charger as a back-up charging device.

Internet

Communication via the internet may also be impacted during a disaster such as during a power or network outage. Check with your individual provider how a power outage might affect your internet connection.

Programs and information such as pathology and radiology reports, patient discharge summaries and My Health Records may be unavailable during this time.

To ensure the continuation of services, hard copies of essential information should be kept. This may include important phone numbers, patient appointments and other resources relating to the Medicare Benefits Schedule (MBS) such as the *MBS Fee Summary*, which can be accessed at www.racgp.org.au/your-practice/business/billing

Practice staff may consider investing in an alternative internet connection to ensure ongoing access to the internet during a disaster. Alternative options include mobile data devices and satellite dishes. Practices should also consider alternative ways for conducting business in the event that internet access is lost. This could include provision for cash transactions and manual credit card/Medicare card machines which could be stored in the practice's emergency kit.

Radio

When other communication lines are down, a battery-powered radio can be used as a reliable means of receiving important information regarding an emergency. Practice emergency kits should be equipped with a battery-powered radio and a supply of batteries. Practice staff can tune into ABC Radio for up-to-date information regarding emergencies affecting their area.

2.3 Planning for business continuity

Establishing a temporary practice

Emergencies can cause significant damage to a building's infrastructure, causing it to be uninhabitable and unsafe. Therefore, when preparing the practice for a disaster, it is worth considering how the practice will continue providing essential services to the community if it is damaged or affected.

If it is determined that the practice will continue to provide services, then an appropriate and safe location for the temporary practice will need to be identified.

To facilitate this process, emergency management coordinators are encouraged to approach other business owners who might agree for a temporary clinic to be set up in their building if the need arises. Possible venues might include community halls, schools or vacant shops. These arrangements should occur as part of the planning process. If an agreement is made, it should be documented in writing and a copy kept by both parties. Further, all staff should be made aware of any arrangements so that in the event that the practice needs to temporarily relocate, all staff can assist with the physical relocation and communicate this to patients.

GPs should clarify with Medicare whether they are able to use the same provider number within the temporary practice or if a temporary provider number can be accessed. It is also suggested that GPs operating from a temporary location/practice seek endorsement from their relevant medical indemnity organisation to ensure that they are adequately covered.

Planning for reduction in staffing

In an emergency, practices may experience a significant reduction in staffing capacity. This may mean a decrease in the level of service they can provide to patients.

The emergency management coordinator is advised to consider how the practice will continue operating with a reduction in key staff. One way to help alleviate staffing issues in the event of an emergency is to provide staff with education and training in other roles (where a similar level of expertise is required) within the practice so they may be able to provide other duties.

It may be possible to make a reciprocal arrangement with a nearby practice to provide staff for a short period of time in the event of an emergency and to pool staff and resources in an emergency. PHNs may also be able to provide advice and/or support in the event of an emergency.

Vaccines

It is essential to maintain the temperature of vaccine fridges between +2 °C and +8 °C. To ensure temperature maintenance, vaccine fridges must be stored in a well-ventilated room with good circulation. Practice staff should monitor and record the temperatures at the start and end of each day.

There needs to be a contingency plan for managing vaccines in the case of a disruption to power. For example, it is recommended that practice staff make arrangements with local pharmacies and hospitals to store vaccines at appropriate temperatures in the event of an emergency. There is also the option of installing a back-up battery for vaccine fridges which automatically powers fridges when the power is cut off and shuts off when power resumes. Such batteries last 36–48 hours and when power is restored the batteries are automatically recharged.

Familiarity with vaccine management guidelines for the relevant state or territory health department is recommended.

The Department of Health's *National vaccine storage guidelines – Strive for 5* (2nd edn) outlines the basic principles for safe vaccine management and is available at www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/IMM77-cnt

Information technology and data

Practice operations rely increasingly on computer hardware, software and IT systems for the general practice setting. This equipment can be damaged or its functionality lost in the event of an emergency.

Hardware

During the emergency planning process, it is advisable to stocktake all hardware and equipment in the practice. In the event that any equipment is destroyed or damaged, staff will be able to ascertain what needs to be replaced. This list can be used as part of the practice's asset register.

If the practice leases computers and hardware, it is important to contact the leasing company as soon as possible to discuss the damage and the process involved in replacing items.

If IT equipment has been damaged as a result of a disaster, determine the operational status of equipment. For safety purposes, seek advice from a professional. Practices may need to transfer any equipment and computers that have not been damaged to a safe operational area within the practice to ensure their protection.

After an emergency, the practice may have limited or no access to computers. This may be due to damage to computers or damage to or loss of functionality of the server.

Practices should keep at least one fully charged laptop stored with current practice/patient data or ensure access to the previous day's back-up (whether physical or on a secure cloud).

It is important that practices have suitable media-reading devices to effectively restore data when IT systems are affected.

Software and applications

Software is generally stored on a disk or other device, is downloadable from the vendor's website, or stored in the computer's permanent memory. When first purchased, software is either registered to the practice or to an individual working within the practice.

It is recommended that a list of all software and access codes be created and maintained, including software support phone numbers. This list can be used as part of the practice's asset register.

If software and applications do not work due to server damage, assistance should be sought from an experienced IT technician, who will need to reinstall them.

Data protection

In the general practice setting, data protection is key to effective business continuity. Information management and information technology should always be considered as a high priority in emergency planning. Advanced planning will make the recovery phase significantly easier and faster.

Critical information should be kept current and stored off-site as part of high-quality back-up systems for information technology. As a minimum, daily back-up of all data should be performed (including email, shared documents, network file and databases and clinical and practice software) and verified. When a disaster is imminent, a hard copy list of all patients seen should be kept so that records can be updated when business as usual resumes.

Restore procedures should also be tested regularly. This may include contacting software vendors for product-specific recommendations regarding restoration processes and data integrity checks.

A regular recovery check should also be performed (dependent on the risk assessed by the individual practice) to ensure that recovery methods are working and appropriate for the practice. This can be coupled with a test plan to verify data integrity (eg searching for patient X to confirm their history and demographics are correct as documented in the test plan).

It is important to conduct regular audits on desktop computers/workstations to ascertain what data is being stored on local drives. There may be some applications that are not connected to the server and therefore not backed-up daily.

Paper medical records

If your practice still has paper medical records in storage, there are a range of activities staff can undertake to minimise damage to these records in an emergency. However, paper medical records can be damaged irrespective of the protective measures employed.

During disaster planning and preparations, a list of disaster recovery specialists in the area should be created, including their names, phone numbers and area of expertise. If paper medical records are damaged by water or fire, practices will need to have systems in place to assess whether the records can be recovered. It is advisable to access services from disaster recovery specialists during the emergency planning process to understand what services they provide.

When dealing with damaged paper records:

- assess the damage and review the possible options for recovery

- separate the damaged records from the undamaged records

- handle them as little as possible – even if the paper record is saturated, in most cases the majority of the writing will remain legible if water-fast pens have been used

- it may be appropriate to air or fan dry them onsite, if only slightly damaged by water

- it is recommended that practices contact an appropriate disaster recovery specialist for records that have significant damage.

2.4 Planning for loss of utilities

Power

Power supplies to practices may be disrupted or lost in the event of an emergency. Disruption to or loss of power supply will affect many of the practice's appliances and systems. Consideration of how computer systems, telephone systems, automatic doors, heating and cooling systems and lighting will be affected is key to disaster planning.

Uninterrupted power supply

The majority of practices will have an uninterrupted power supply (UPS) installed, which is designed to protect the computer server for a short period of time in the event of a power outage. UPSs are usually not intended to be used for long periods of operation. However, if this is a significant concern, it may be worth considering increasing the capacity of the power supply during emergency preparations.

UPSs need to be regularly checked as they have a limited lifespan. It is also worth comparing the cost of replacing a UPS battery with the cost of replacing the whole UPS. It might be that replacing the whole UPS is as cost effective as replacing the battery.

Power generators

Diesel or petrol generators can provide the practice with power if power supplies are disrupted. Generators can be used for back-up lighting, vaccine refrigerators, computer systems and other appliances in specific areas. Used in conjunction with a UPS, power generators can ensure that power is delivered to sensitive equipment such as computers and medical equipment.

Practices may wish to consider hiring or purchasing back-up power generators as part of the emergency planning process. Reserving a generator in the event of an emergency may involve an annual reservation fee to ensure that the practice is given priority during significant demand.

Lighting

Battery-powered emergency lighting to highlight exit routes is a mandatory requirement for facilities accessed by the public. These need to be tested regularly to ensure they are in working order.

However, this lighting will likely not be sufficient for all rooms and parts of the practice if there is a disruption to the power supply. Therefore, for safety purposes, ensure that practice staff have easy access to the emergency kit and additional torches, as well as a supply of batteries.

Wind-up or solar dynamo torches may be purchased, which can also be used to charge mobile phones.

Computer systems

If computers are not shut down properly during a power outage, they can incur significant damage. Some practices may have a UPS, which should continue to deliver power to the practice's main server to allow extra time for computers to be shut down correctly and/or to initiate a forced shutdown of the system.

Water

Practices may experience disruptions to their water supply in an emergency. Water pipes may be damaged within the building, local water supplies may be affected either through loss of supply or contamination, or water supply may be completely cut off to the area.

It is crucial that staff know where the water main is located and how to turn it off. The location of the water main should be highlighted on the practice map.

Keep a well-stocked supply of bottled water and alcohol sanitiser in the event that the local water supply is contaminated. Bottled water can be stored in the emergency kit. Arrangements for boiling and storing water for additional supplies should also be considered during the disaster planning process.

If there is damage to the water pipes and flooding results, practice staff will need to shut off the main water supply to the practice.

2.5 Insurance

Building, contents and business insurance are essential for any business, and general practices are no exception.

During the disaster planning process, it is recommended that insurance policies for the practice are reviewed regularly to ensure adequate coverage for the practice.

To ensure adequate coverage, it is important that the policy covers:

- all natural and man-made disasters

- extensive damage and total loss of the building

- the entire contents of the building, including loss and damage to medical equipment and supplies

- costs associated with interruption to the business (may include staff pay and loss of revenue) – this may trigger a higher premium

- costs associated with relocating to a temporary practice – this may trigger a higher premium.

It is recommended that key information about your insurance policy such as name of insurer, policy number, type of insurance coverage and contact details are kept off-site in the event of damage to the practice.

2.6 Infrastructure and contents protection

There are also practical safeguards that staff can undertake to help protect the facility and reduce the amount of damage caused to the practice's infrastructure and contents in the event of a natural disaster such as a bushfire, earthquake, cyclone or flood. See below for some of the key preventive steps that practices should take in preparation for natural disasters.

Box 4. Preparing the practice for a bushfire

- Remove excess rubbish, leaves, litter and shrubs from around the practice.
- Remove any flammable materials such as paint from the premises.
- Clear guttering surrounding the practice regularly.
- Cut the grass and remove all trimmings regularly.
- Ensure there is a wide firebreak around the practice.
- Remove all tree branches so that the building is clear from overhanging branches.
- Install a sprinkler system around the practice.

Box 5. Preparing the practice for a cyclone

- Check with your local council or a professional builder/architect that the practice has been built to meet cyclone standards.
- Check that the practice's infrastructure is in sound condition.
- Maintain the roof and eaves regularly.
- Fix all loose guttering around the practice.
- Remove or secure any dangerous debris outside the practice.
- Fit all windows with shutters or metal screens for added protection during high winds.
- Heavily tape windows shut.

Box 6. Preparing the practice for an earthquake

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

Box 7. Preparing the practice for a flood

- Identify all indoor items that need to be raised off the floor in the event of a flood.
- If practical, consider alternatives to carpet such as tiles.
- Relocate all low power points well above previous flood levels (using a licensed electrician).
- Secure any objects in the practice that are likely to float.
- Install flood-proofing equipment (eg sandbags) if locking up the practice for an extended period of time.

3. Practice and review your plan

3.1 Provide staff education and training

Once the practice's emergency response plan has been developed and documented, it is recommended that the emergency management coordinator provide the practice team with some basic education and training regarding the plan. This includes making sure the practice staff are aware of the plan and know how and where to access it.

3.2 Test your plan

Testing the emergency response plan, or at least components of the plan, is an important part of the emergency planning process. Exercising the plan will help the emergency management coordinator assess the plan's functionality and reinforce the appropriate actions to take in an emergency. It is recommended that emergency response plans are tested annually.

3.3 Review, monitor and update your plan

Information sourced in the preliminary research will change regularly, so it is crucial that the information in the plan remain current and up to date.

Emergency response plans should be fluid and revised when needed to reflect changes in emergency management processes and incorporate learning from past events.

4. Activate your plan

4.1 Assess the situation and seek advice

At the first notification of a possible crisis, the emergency management coordinator or delegate should attend community briefings to assess risk to staff, the practice, patients and the wider community.

The emergency management coordinator and/or other practice staff are advised to regularly check the relevant state or territory emergency service's website for up-to-date information about the anticipated degree of impact. The relevant service will determine if there is a need to evacuate.

In the event of an emergency, the emergency management coordinator should implement and communicate the emergency evacuation plan, including assembly points.

4.2 Respond and act

Based on information provided by the relevant emergency service, the emergency management coordinator will advise whether practice staff will need to evacuate the premises. If an evacuation is required, the emergency management coordinator will be responsible for communicating this to all staff via the activation of the communication tree. The emergency management coordinator will also need to provide practice staff with advice regarding safe evacuation and assembly points.

In the event of an emergency, if phone lines are disrupted, the coordinator should organise for phone calls to be diverted to the practice's back-up option, whether this be a corded analogue phone or mobile if still operational. There should be a recorded message regarding the practice's status and hours of operation, as well as relevant advice to patients. If the practice has a website or uses social media, information regarding the practice's operation should also be updated here by the emergency management coordinator and/or relevant IT support staff.

If it is determined that the practice does not need to be evacuated, then it is business as usual unless determined otherwise by the practice owner or practice manager.

4.3 Entering the practice after an emergency

Re-entering a practice after an emergency can be hazardous. Before anyone re-enters the practice, the emergency management coordinator should seek professional advice from either a building engineer or a responsible member of the emergency response team about when it is safe to re-enter the building.

Part C – Mental health in emergencies

Disasters affect individuals and communities in a range of ways and can cause major disruptions to people's lives, both physically and emotionally. Most individuals and communities draw on their diverse strengths during disasters and are resilient; however, the impact of disasters can be felt by individuals and their communities over a long period of time.

Individuals may be affected by emergencies by the loss of family or friends, their home, workplace, school, property, community, business, health or access to services. Those affected by disasters may report feelings of grief, fear and anxiety, anger, guilt, shame, numbness or depression. Some people's belief systems are impacted and they may experience a sense of loss of control over their life and future.

People exposed to extreme stressors such as disasters may be at increased risk of physical, mental and social health problems.[7] There is evidence to suggest that those affected by disasters may be at increased risk of developing anxiety, depression, increased substance use, acute stress disorder, post-traumatic stress disorder (PTSD) and complicated grief.[8] The majority of people recover from disasters without long-term mental health sequelae but may benefit from some basic and timely support during and/or immediately after a disaster.

Given that individuals affected by emergencies have an increased risk of developing social and mental health issues, it is essential they receive appropriate services in a timely manner. It is equally important that special consideration be given to the mental health and wellbeing of those responding to disasters and emergencies.

It is important to note that state and territory emergency management plans also encompass arrangements for mental health services in the event of a disaster or emergency. Given this, the provision of coordinated psychosocial support and adequate mental health care is a critical component of disaster planning and response.

1. Psychological preparation for an emergency

While some disasters occur seasonally, such as floods and bushfires, other disasters, such as earthquakes, are less predictable. While governments and disaster response agencies often start to prepare for disasters in anticipation of the disaster season, less thought may be given to what people can do to psychologically prepare for a disaster.

Being both physically and psychologically prepared for a disaster is of paramount importance. Understanding what people can do to psychologically prepare for a disaster and what they can do to cope during and after a disaster can make a significant difference to those adversely affected. It is common and natural for people to experience depression and various problems with anxiety in a disaster.[9] However, having a good understanding of what to expect during and after a disaster can assist in decreasing people's anxiety levels. People who are psychologically prepared for a disaster are generally more confident and able to make effective decisions regarding their emergency management plans.[10]

It is good practice to consider what activities practice staff can undertake to ensure that that they are psychologically prepared for an emergency.

The Australian Red Cross, in collaboration with the Australian Psychological Society, has developed a framework outlining the appropriate steps to take to ensure psychological preparedness for an emergency (refer to Table 1).

Table 1. Psychological preparation for a disaster		
Anticipate	**Identify**	**Manage**
What you might need What can you do to psychologically and physically prepare for a disaster? This will help you feel confident in the event of a disaster.	**Matters needing attention** It is important to consider the disaster planning process. Neglecting disaster planning can make people feel anxious in the event there is a disaster warning.	**Behaviours** Consider your behaviour during a disaster. Focus on practical tasks and remember to focus on the current situation. Preparing may help alleviate anxiety.
How you might feel Think about the emotions you might expect when faced with environmental threats caused by a disaster. Will you feel anxious, scared?	**Specific feelings** Identify specific feelings and consider ways you might manage them. Learn how to recognise the feeling of anxiety or stress in your body. Where in your body do you feel stress or anxiety?	**Feelings** Learn techniques for calming down anxious or distressed feelings, like breathing exercises, relaxation and calming techniques.
What you might be thinking Anticipate what type of thoughts you might have.	**Unhelpful thinking** Identify and be wary of unhelpful thinking such as: 'There is really not much you can do about a disaster' or 'Every year we have cyclone warnings but they never result in anything bad'.	**Thoughts** Use helpful thoughts and calming self-talk to help reduce anxiety and stay in control 'I have a good plan and I'm going to work through it step by step'.

Source: Adapted with permission from Australian Psychological Society's Psychological preparedness for disasters, AIM: The three steps to being psychologically prepared. Available at www.psychology.org.au/publications/tip_sheets/disasters

2. Psychological support and mental health care

Due to increased understanding of need both during and after disasters, it is routine procedure for government and non-government organisations to provide and coordinate psychosocial support and mental health services for affected populations.

Following the 2009 Victorian bushfires, a best-practice framework to guide provision of mental health care and support to disaster-affected communities was developed by a wide range of government and non-government stakeholders. The framework has three levels of support, based on the level of distress experienced and the timing of the intervention post disaster.

- Level 1 refers to early response information and support.

- Level 2 refers to simple psychological strategies that are helpful for people with more persistent problems.

- Level 3 refers to formal mental health interventions for smaller numbers of people who are at risk of developing significant mental health problems.

This framework and relevant programs have been successfully applied to the planning and implementation of previous government-led natural disaster response and recovery. Training in all three levels was provided to appropriate people in disaster-affected communities. The framework is referred to in the Attorney-General's *Australian Emergency Management Handbook* series (handbooks 1 and 2). These resources are available for purchase at https://aidr.infoservices.com.au/collections/handbook

This approach is implemented collaboratively with state and federal government departments responsible for community recovery, as well as all the other professional mental health providers and key disaster agencies. The approach maximises the possibility of creating an optimal recovery environment.

GPs are advised to familiarise themselves with these three levels and, when treating patients in disaster-affected communities, determine what level of support is required.

2.1 Level 1 – Early response: information and support

Level 1 refers to information and simple practical and emotional support provided to affected individuals and communities in the days or weeks following a disaster. Most people will only require this level of support. It is what GPs and practice staff often do on a daily basis with their patients who are in distress. Psychological first aid (PFA) for individuals is a well-known example of this, but it can also take the form of support groups, community meetings, and other community development activities.

Level 1 support can often be provided by community members with basic training to assist those experiencing distress and loss immediately following a disaster.

Critical incident stress debriefings and single-session psychological debriefing sessions were previously provided to individuals immediately after a disaster or traumatic event. However, the World Health Organization (WHO) Department of Mental Health and Substance Abuse has since stated that this approach is ineffective and in some cases may even be detrimental according to current evidence.[11]

In the event of an emergency, it is recommended that PFA be employed when appropriate to help people distressed by the impact of an emergency or a disaster.

PFA is an evidence-informed approach used to support those affected by a disaster through the recovery phase. This includes in the initial hours, days and weeks post-disaster. PFA is not to be confused with counselling or debriefing.

Overall, PFA aims to minimise stress and anxiety levels, meet immediate needs, promote flexibility in coping mechanisms and encourage positive adjustment. It is a primary tool used in the immediate post-disaster period for people who require assistance after experiencing a trauma.

The fundamental basis for this intervention is that people adversely affected by disasters will naturally experience a range of emotional, behavioural, psychological and physical reactions following a disaster that may hinder their ability to cope and recover from a disaster.

Note that PFA should not be confused with mental health first aid, which is specifically about managing existing mental health problems and disorders.

PFA can be delivered by anyone with appropriate level of training and those in the practice team who wish to provide extra services to individuals and communities in disaster-affected areas are encouraged to undertake training in PFA. The Australian Red Cross has a list of training providers.

For further information about PFA, refer to www.psychology.org.au/Assets/Files/Red-Cross-Psychological-First-Aid-Book.pdf

Figure 1 outlines the five core elements of PFA.

Figure 1. Five elements of psychological first aid

Adapted with permission from the Australian Red Cross and Australian Psychological Society's Psychological First Aid: An Australian guide to supporting people affected by disaster. Carlton, Vic: Australian Red Cross, 2013. Available at www.redcross.org.au/files/Psychological_ First_Aid_An_Australian_Guide.pdf

2.2 Level 2 – Simple psychological strategies

Disaster survivors and others affected by such events will experience a broad range of reactions, and some of these reactions will cause enough distress to interfere with adaptive coping and recovery.

While most mental health problems following disaster are of mild severity, depending on the scale of the disaster, some people may experience disaster or trauma-related mental health problems requiring low-intensity assistance to assist with recovery and resilience.

Level 2 support refers to simple, brief and practical psychological strategies that can be taught to community members with more persistent mild–moderate mental health problems.

Developed in the United States in the wake of Hurricane Katrina, 'Skills for psychological recovery' is a skills-based approach that assists individuals to better recover from the effects of disaster. Level 2 support can be provided by practitioners with basic counselling skills working in general practice, primary care, mental health care and community-based settings. The Australian Centre for Posttraumatic Mental Health developed a reference guide to this approach which is available at www.psid.org.au/Assets/Files/ACPMH-Quick-Guide-SPR.pdf

2.3 Level 3 – Formal mental health interventions

Level 3 refers to formal evidence-based psychological and pharmacological interventions for people with more persistent and severe distress, including those with diagnosable mental health conditions such as PTSD, depression, anxiety, complicated grief and substance use disorders.

Level 1 and Level 2 interventions will in most instances be sufficient in supporting the majority of people through their recovery from an emergency. However, some more vulnerable people will be at greater risk of long-term

mental health issues. A relatively small number of people affected by disaster will experience long-term effects and may require Level 3 interventions. These interventions are typically provided by mental health specialists such as psychiatrists and psychologists with expertise in treating people with mental health conditions.

It is important that GPs continue to monitor for and consider the possibility of long-term mental health effects of disasters, which may not be evident for months or years.

3. Self-care for GPs and practice staff

In a crisis situation, GPs, medical practitioners, mental health nurses, nurses and other health professionals are encouraged to work together to provide essential medical services.

GPs and other health professionals play a pivotal role in caring for and supporting those affected by natural disasters and emergencies. With a large influx of patients requiring assistance within short timeframes, front-line responders tend to overlook their own personal needs for support and instead focus on other people requiring medical attention.

Further, it is important to recognise that in a disaster GPs and other healthcare professionals can be both the victim and the responder.

This can put additional stress on already busy GPs, especially if their own practices, family homes and communities have been affected. The effects of disasters and emergencies permeate both the professional and personal lives of GPs and their practice teams. As health professionals are vulnerable to the same emotional and psychological responses as the public, it is important to be attentive to the challenges.

To be resilient, GPs and other staff in the practice team must acknowledge and address their own psychological needs. The additional demands on GPs and practice teams during this time intensify the need for self-monitoring and self-care strategies that assist with professional resilience. GPs should be attuned to physical and emotional vulnerabilities and attend to pre-existing stressors.

Refer to Box 8 for some suggested self-care strategies that GPs and their practice teams might use to enhance resilience during a crisis situation.

Box 8. Practising self-care

- Ask yourself:
  - How am I going?
  - What do I need?
- Check on your family and friends in disaster-affected areas to ensure their safety – this will help to alleviate potential anxiety and concern for loved ones.
- Limit your exposure to a tolerable level.
- Take regular breaks.
- Accept appropriate assistance offered to allow yourself time away from work.
- Monitor your own distress level.
- Notice where you embody stress and attend to your physical needs as much as possible.
- Maintain good general health with regular exercise, good nutrition and regular sleep habits.
- Use your personal and family support network.
- Maintain contact with friends and family, and talk to support people about your experiences and feelings.
- Increase interaction with professional peers.
- Engage in activities that balance work and non-work life.
- Maintain connections with organisations or activities that are meaningful to you.
- Seek help if needed from:
  - your GP
  - colleagues
  - the RACGP – members have access to additional supports and psychology services
  - other professional associations.

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Appendix 1 – Roles and responsibilities

In Australia, a division of the Attorney-General's Department, Emergency Management Australia (EMA), is the national lead for disaster and emergency management.

Box 9. Key emergency planning and management tasks and activities undertaken by Emergency Management Australia	
• Engagement with all levels of government	• Communication with all levels of government
• Engagement with all levels of government	• Provision of financial support and funding in disaster management
• Development and maintenance of the National Health Emergency Response Arrangements	• Maintenance of the Australian Health Management Plan for Pandemic Influenza

However, there are also a number of other government departments (at national, state/territory and local levels), agencies, authorities and organisations who engage in emergency planning and undertake emergency response activities.

A practice's emergency management coordinator should have a comprehensive understanding of emergency planning processes and management strategies. This includes an understanding of the roles and responsibilities that the different agencies and organisations play in emergency planning and management.

This appendix explains some roles and responsibilities of organisations involved in emergency planning, response and coordination (which relate to the primary care sector).

National arrangements, organisations and committees

National health emergency response arrangements

In Australia, the primary responsibility for managing and coordinating emergency responses lies with the state and territory governments. Under the Australian Constitution, the Australian Government does not have the statutory authority to provide direction to the state and territory governments on matters relating to emergency management. Therefore, an integrated, collaborative approach between the state and territory governments is critical.

Arrangements for a national health emergency response have been developed by the Australian Health Protection Principal Committee with assistance from the Department of Health. *The National Health Emergency Response Arrangements 2011* (Nat Health Arrangements) outline the strategic arrangements and mechanisms for coordinating Australian health sectors' response to national emergencies. For more information, visit www.health.gov.au/internet/main/publishing.nsf/content/ohp-response-arrangement-nov11

Australian Health Protection Principal Committee

The Australian Health Protection Principal Committee (AHPPC) is responsible for coordinating a national response to a range of health emergencies, including a natural disaster, bombing, outbreak of an infectious disease or a chemical, biological or radiological incident. The AHPPC comprises representatives from all state and territory health authorities and Commonwealth defense and emergency services agencies.

For more information, visit www.directory.gov.au/directory?ea0_lfz99_120.&&9ad55aad-bbd8-40d4-8826-afa786b147cb

Office of Health Protection

The Office of Health Protection (OHP) is a division of the Department of Health and was established to protect the health of the Australian community through effective national leadership and coordination. Additionally, it aims to build the appropriate capacity and capability to be able to detect, prevent and respond to threats to public health and safety.

For more information, visit www.health.gov.au/internet/main/publishing.nsf/content/ohp-about.htm

General Practice Round Table

The General Practice Round Table is a group made up of relevant professional groups and healthcare organisations. The group meets twice a year and:

- informs and provides advice to the OHP on the role of primary healthcare in emergency preparedness and response management

- establishes agreed expectations of members and what they can and cannot do together

- develops the potential roles of GPs and general practices in different health emergency situations and how they can be best supported in these roles.

The Royal Australian College of General Practitioners

The RACGP is the key professional body representing more than 35,000 GPs. It has a key role in advocating for and supporting the profession of general practice.

The RACGP researches, lobbies and advocates on issues that influence GPs and general practice teams. The RACGP also develops practice tools and guidelines to support GPs in their practice.

State and territory arrangements, organisations and committees

The primary responsibility for managing and coordinating emergency responses lies with the state and territory governments. Under the Constitution, each state and territory government has the responsibility for preparing, reviewing, maintaining and exercising an emergency plan for its jurisdiction.

Box 10. Key emergency planning and management tasks and activities undertaken by state and territory governments	
• Engagement with all levels of government	• Communication with all levels of government
• Maintenance of strong links with emergency services	• Development and maintenance of jurisdictional emergency plans
• Coordination and distribution of personal protective equipment (PPE)	• Management of public health
• Coordination of agency response (dependent on hazard)	• Development and maintenance of pandemic plans

State and territory authorities responsible for emergency response per hazard

The authorities responsible for planning and responding to disasters and emergencies differ significantly across the jurisdictions.

Box 11. Authorities responsible for disaster and emergency responses in each state and territory.	
Victoria	**Tasmania**
Bushfire – Country Fire Authority Life-threatening emergency: 000 Information and advice: 1800 226 226 www.cfa.vic.gov.au	**Bushfire** – Tasmania Fire Service / Department of Primary Industries, Parks, Water and Environment Life-threatening emergency: 000 Information and advice: 1800 000 699 www.fire.tas.gov.au
Earthquake – Victoria State Emergency Service (SES) Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.vic.gov.au	**Earthquake** – Tasmania State Emergency Service (SES) Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.tas.gov.au
Flood – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.vic.gov.au	**Flood** – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.tas.gov.au
Heatwave – Department of Health and Human Services Life-threatening emergency: 000 Environmental Health Program: 1300 768 874 www.health.vic.gov.au/public-health/environmental-health/climate-weather-and-public-health/heatwaves-and-extreme-heat	**Heatwave** – Department of Health and Human Services Life-threatening emergency: 000 Public Health Hotline: 1800 671 738 www.dhhs.tas.gov.au/publichealth/alerts/standing_health_alerts/extreme_heat
Human disease – Department of Health and Human Services Life-threatening emergency: 000 Communicable disease prevention and control: 1300 651 160 www.health.vic.gov.au	**Human disease** – Department of Health and Human Services Life-threatening emergency: 000 General enquiries: 1300 135 513 www.dhhs.tas.gov.au
Storm – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.vic.gov.au	**Storm** – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.tas.gov.au
Tsunami – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.vic.gov.au	**Tsunami** – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.tas.gov.au

Australian Capital Territory	South Australia
Bushfire – ACT Emergency Services Agency (Fire and Rescue / Rural Fire Service) Life-threatening emergency: 000 General enquiries: 13 22 81 http://esa.act.gov.au	**Bushfire** – South Australian Country Fire Service Life-threatening emergency: 000 Information hotline: 1300 362 361 www.cfs.sa.gov.au
Earthquake – ACT State Emergency Service (ACTSES) Life-threatening emergency: 000 Emergency assistance: 132 500 http://esa.act.gov.au	**Earthquake** – South Australian State Emergency Service (SES) Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.sa.gov.au
Flood – ACTSES Life-threatening emergency: 000 Emergency assistance: 132 500 http://esa.act.gov.au	**Flood** – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.sa.gov.au
Heatwave – ACT Health Life-threatening emergency: 000 Health Protection Service: 02 6205 1700 http://health.act.gov.au/datapublications/fact-sheets/emergencies-and-extreme-weather	**Heatwave** – SA Health Life-threatening emergency: 000 Emergency Management Unit: 08 8226 7115 www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/protecting+public+health/emergency+management/extreme+heat
Human disease – ACT Health Life-threatening emergency: 000 Communicable disease control: 02 6205 1700 www.health.act.gov.au	**Human disease** – Department of Health Life-threatening emergency: 000 Communicable disease control:1300 232 272 www.sahealth.sa.gov.au
Storm – ACTSES Life-threatening emergency: 000 Emergency assistance: 132 500 http://esa.act.gov.au	**Storm** – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.sa.gov.au
	Tsunami – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.sa.gov.au

New South Wales	Queensland
Bushfire – NSW Rural Fire Service (RFS) Life-threatening emergency: 000 Information line: 1800 679 737 www.rfs.nsw.gov.au	**Bushfire** – Queensland Fire and Emergency Services (QFES) / Rural Fire Service Life-threatening emergency: 000 General enquiries: 13 74 68 www.qfes.qld.gov.au
Earthquake – NSW State Emergency Service (SES) Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.nsw.gov.au	**Cyclone** – Queensland State Emergency Service (SES) Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.qld.gov.au
Flood – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.nsw.gov.au	**Earthquake** – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.qld.gov.au
Heatwave – NSW Health Life-threatening emergency: 000 Public Health Unit: 1300 066 055 www.health.nsw.gov.au/environment/beattheheat/pages/default.aspx	**Flood** – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.qld.gov.au
Human disease – NSW Health Life-threatening emergency: 000 Public Health Unit: 1300 066 055 www.health.nsw.gov.au	**Heatwave** – Queensland Government Life-threatening emergency: 000 General enquiries: 13 74 68 www.qld.gov.au/emergency/dealing-disasters/heatwave.html
Storm – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.nsw.gov.au	**Human disease** – Queensland Health Life-threatening emergency: 000 Communicable Disease Branch: 07 3328 9724 www.health.qld.gov.au
Tsunami – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.nsw.gov.au	**Storm** – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.qld.gov.au
	Tsunami – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.ses.qld.gov.au

Western Australia	Northern Territory
Bushfire – Department of Fire and Emergency Services (DFES) / Department of Environment and Conservation Life-threatening emergency: 000 Information line: 13 3337 www.dfes.wa.gov.au	**Bushfire** – Department of Environment and Natural Resources Life-threatening emergency: 000 https://denr.nt.gov.au
Cyclone – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.dfes.wa.gov.au	**Cyclone** – Northern Territory Police, Fire and Emergency Services (PFES) Life-threatening emergency: 000 Emergency assistance: 132 500 www.pfes.nt.gov.au
Earthquake – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.dfes.wa.gov.au	**Earthquake** – PFES Life-threatening emergency: 000 Emergency assistance: 132 500 www.pfes.nt.gov.au
Flood – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.dfes.wa.gov.au	**Flood** – PFES Life-threatening emergency: 000 Emergency assistance: 132 500 www.pfes.nt.gov.au
Heatwave – Department of Health Life-threatening emergency: 000 General enquiries: 08 9222 4222 http://healthywa.wa.gov.au/Articles/F_I/Heat	**Heatwave** – Department of Health Life-threatening emergency: 000 General enquiries: 08 8999 2400 https://nt.gov.au/wellbeing/health-conditions-treatments/heat-stress
Human disease – Department of Health Life-threatening emergency: 000 Disaster Management: 08 9222 4222 / 08 9328 0553 (a/h) www.health.wa.gov.au	**Human disease** – Department of Health Life-threatening emergency: 000 Centre for Disease Control (Darwin): 08 8922 8044 https://health.nt.gov.au
Storm – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.dfes.wa.gov.au	**Storm** – PFES Life-threatening emergency: 000 Emergency assistance: 132 500 www.pfes.nt.gov.au
Tsunami – SES Life-threatening emergency: 000 Emergency assistance: 132 500 www.dfes.wa.gov.au	**Tsunami** – PFES Life-threatening emergency: 000 Emergency assistance: 132 500 www.pfes.nt.gov.au

Local arrangements, organisations and committees

Box 12. Key emergency planning and management tasks and activities undertaken by local governments	
• Engagement with all levels of government	• Communication with all levels of government
• Maintenance of strong links with emergency services	• Development and maintenance of regional emergency plans
• Establishment and maintenance of strong links with PHNs and general practices	• Coordination of agency response (dependent on hazard)

General practices

General practices are a unique, important and essential component of health system infrastructure. GPs play an ongoing critical role in emergency management and response from the immediate/acute phase to the long-term recovery phase. GPs also play a key role in triage, coordinating care for patients between other service providers, and managing ongoing chronic illness, general health issues and other illnesses arising both during and after an emergency.

During an emergency, GPs may need to look after patients with medical conditions that would otherwise be referred to hospitals (eg heart attacks) as hospital services may be exhausted by patients affected by the emergency.

Similarly, the profession also plays a key role in educating community members and providing patients with quality health information in preparing for an emergency.

Primary Health Networks

PHNs are local organisations and are directed by local clinicians and other community health leaders. Given that they are regional primary healthcare organisations, they are responsible for data collection and identifying gaps in services and vulnerabilities in patient populations for their region. PHNs have been identified as the most appropriate organisations to support primary healthcare facilities in developing emergency response plans and business continuity plans.

Appendix 2 – Useful websites, resources and apps

National disaster information and resources

- ABC Emergency – www.abc.net.au/news/emergency

- Australian Bureau of Meteorology: Tsunami Warning Centre – www.bom.gov.au/tsunami

- Australian Disaster Resilience Knowledge Hub – https://emknowledge.org.au

- Australian Government: Disaster Assist – www.disasterassist.gov.au

- Attorney-General's Department: Emergency Management – www.ag.gov.au/emergencymanagement

- The Royal Australian College of General Practitioners: Public health and natural disasters – www.racgp.org.au/your-practice/business/tools/disaster

National Registration and Inquiry System

During a disaster, the Australian Red Cross launches its National Registration and Inquiry System. People residing and working in disaster-affected areas are encouraged to register their name and location details with the system. Once people have registered, friends and families will be able to locate those living or working in disaster-affected areas.

By connecting people, this system aims to alleviate stress and anxiety levels of people concerned for friends and families in disaster-affected areas.

The National Registration and Inquiry System can be accessed during a disaster by:

- visiting https://register.redcross.org.au

- calling 1800 727 077

- visiting an evacuation centre coordinated by the Red Cross.

Mental health and wellbeing

- Australian Centre for Grief and Bereavement – www.grief.org.au

- Beyondblue – www.beyondblue.org.au

- Doctors' Health Advisory Service – http://dhas.org.au

- Headspace – www.headspace.org.au

- Lifeline – www.lifeline.org.au

- Psychosocial Support in Disasters – www.psid.org.au

Mobile applications

- Emergency+ (National) – Available from the App Store and Google Play

- BOM Weather (National) – Available from the App Store and Google Play

- VicEmergency (Vic) – Available from the App Store and Google Play

- Alert SA (SA) – Available from the App Store and Google Play

- Fires near me (NSW) – Available on the App Store and Google Play

- MyFirePlan (NSW) – Available from the App Store and Google Play

- Self Recovery (Qld) – Available from the App Store and Google Play

- SES Assistance QLD (Qld) – Available from the App Store and Google Play

- Secure NT (NT) – Available from the App Store and Google Play

State/territory health departments

- Australian Capital Territory – www.health.act.gov.au

- New South Wales – www.health.nsw.gov.au

- Northern Territory – www.health.nt.gov.au

- Queensland – www.health.qld.gov.au

- South Australia – www.sahealth.sa.gov.au

- Tasmania – www.dhhs.tas.gov.au

- Victoria – www.health.vic.gov.au

- Western Australia – www.health.wa.gov.au