

Responding to other emergencies and hazards

The following are examples of checklists of what to do during the activation phase of an emergency. The steps outlined can be used in the event of a severe emergency.



AH&MRC
Aboriginal Health & Medical
Research Council of NSW

Pandemic diseases

Activate the AH&MRC Pandemic toolkit or ACCHO pandemic plan.

Telephone faults

Our ACCHO's telephone number/s:

Faults should be reported to the ACCHO's telephone system provider:

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

Water supply issues

Our ACCHO's water supplier:

The water shut-off valve within the ACCHO is:

The mains water shut-off valve external to the ACCHO is:

For internal plumbing emergencies, contact:

If our ACCHO is without water:

- Portable toilets can be hired from:

- Antibacterial handwash and disposable gloves are:

- Bottled drinking water is:

- Boiling water equipment are:

- Chloridation/iodine tablets are:

Gas supply issues

Our ACCHO's gas provider:

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

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

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

Electricity issues and power outages

Our ACCHO's electricity supplier:

Our ACCHO's preferred electrician:

The electrical fuse box is:

Before reporting a power outage, check the safety switch in the fuse box. The emergency torch/es and spare batteries are:

Power outages and vaccines

In the event of short-term power outages, our ACCHO adheres to the [National Vaccine Storage Guidelines](#) and NSW Health's [vaccine storage and cold chain management requirements](#) for the effective management of vaccines which is stored in:

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

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 (delete if not applicable).

Our ACCHO'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 ACCHO 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 to IT [supplier name] and [contact number].

Request the estimated timeframe for repairs.

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.
- ACCHO 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.

Fire

The fire extinguisher is [location] and the fire blanket is:

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.

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 at:

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- Direct patients and staff to the marshalling areas at [location].

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- Call the fire service on 000 from outside of the building, if unable to do so safely within the ACCHO.
 - 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.

Critical stock shortages

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

Our ACCHO will liaise with our [insert organisation e.g., Primary Health Network, PHU] for guidance regarding critical stock shortages.

Isolation Plan

Isolation of a community can occur for several reasons, such as disruption of infrastructure (supply routes for electricity, petrol, water, food; road or other transport route damage), ongoing unsafe conditions (fire, flood, storm) or health related lockdowns in the context of a pandemic. Even problems very far away can have downstream effects on community and cause major issues.

In the event of community isolation, the relevant disaster framework should be utilised, but these specific considerations should also be contemplated.

Isolation Plan

Activity Monitor alerts and emergencies as per routine activation protocols.

Coordinate with all local agencies and stakeholders listed in your emergency plan. Check if there were any additional key groups that were not included in the plan and that you need to work with now.

- Identify each group and their role in assisting the community.
- Leverage the strengths of Aboriginal communities in supporting each another.
- The [Australian Disaster Resilience Handbook 12](#) provides structures for making the most of spontaneous volunteers during a disaster.

Anticipate the length of isolation and consider different scenarios in your plan.

Consider the impacts on each of the following categories:

- Food supply
- Electricity supply
- Transport routes
- Water supply
- Petrol
- Healthcare supplies at primary care level
- Healthcare: Access to secondary/tertiary services
- Shelter
- Ability to keep cool or warm enough
- Removal of waste
- Connectivity (phones/internet)

Assess the status of resource stockpiles. Try to have a “whole of community” approach so that resources are pooled and shared equitably.

- Medication
- Material aid
- Food
- Water

Consider ring-fencing of critical medications/rationing resources if there are significant supply issues or concerns.

Complete a health needs assessment for the community, as listed in other activation protocols. Consider how disaster might affect different groups within the community. Consider also:

- Ability to continue to earn a living/financial insecurity
- Ability to conduct regular activities e.g. schooling
- Increased risks of domestic abuse

Provide advice to help conserve resources. Depending on the state of available resources and the period that the community is isolated for, you might ask the community to:

- Take showers/sponge wash when water is short.
- Only take food that they will definitely eat, to avoid wastage.
- Avoid panic buying, to ensure that there is enough for everyone.
- Walk, use public transport, carpool or work from home, to save petrol.
- Look after vulnerable community members by checking on neighbours, cooking extra to feed others etc.
- Participate in additional first aid training, to improve healthcare to those that cannot reach hospital as quickly as we would like them to be able to
- Organise/participate in community led social events to improve moral support and reduce isolation.
- Use alternative methods of socially connecting and working, such as increased use of online sessions.

Communicate with AH&MRC and external agencies for assistance. Use of a SitRep as a summary might aid these conversations.

Pay particular attention to distress/mental health impacts/tensions affecting the community and provide support as needed.

Resources

Organisation	Description
Australian Disaster Resilience Knowledge Hub	<u>Across the divide: how an isolated community stayed connected.</u> Description of how a community dealt with isolation following a disaster.

Resources

This template is based on the RACGP [Emergency Response Planning Tool](#) and the Practice Assist [General Practice emergency response plan](#). Further resources to support ACCHOs can be found in the table below.

Emergency	Organisation	Description
Extreme weather and natural disasters	NSW SES	Emergency Business Continuity Plan – ACCHS can enter their details to build an emergency plan for their service.
All	Australian Government	An emergency management and recovery plan template to help protect businesses before, during and after an emergency.
Flooding	NSW SES	How to use sandbags to protect your home during a flood.
All	NSW Small Business Commissioner	Build a Business Continuity Plan in case of an emergency. The practical guide include templates and checklists that can be filled out.