

Business Continuity Planning for Disasters and Emergencies

TEMPLATE

Updated December 2023



We acknowledge and pay respects to the traditional owners of the lands on which MPHN operates; the Wiradjuri, Nari Nari, Wemba Wemba, Perepa Perepa, Yorta Yorta, Ngunnawal, Ngarigo, Bangerang and Yitha Yitha Nations. We recognise our communities are made up of many Aboriginal and Torres Strait Islander peoples descended from additional mobs and clans who also call the Murrumbidgee region home.

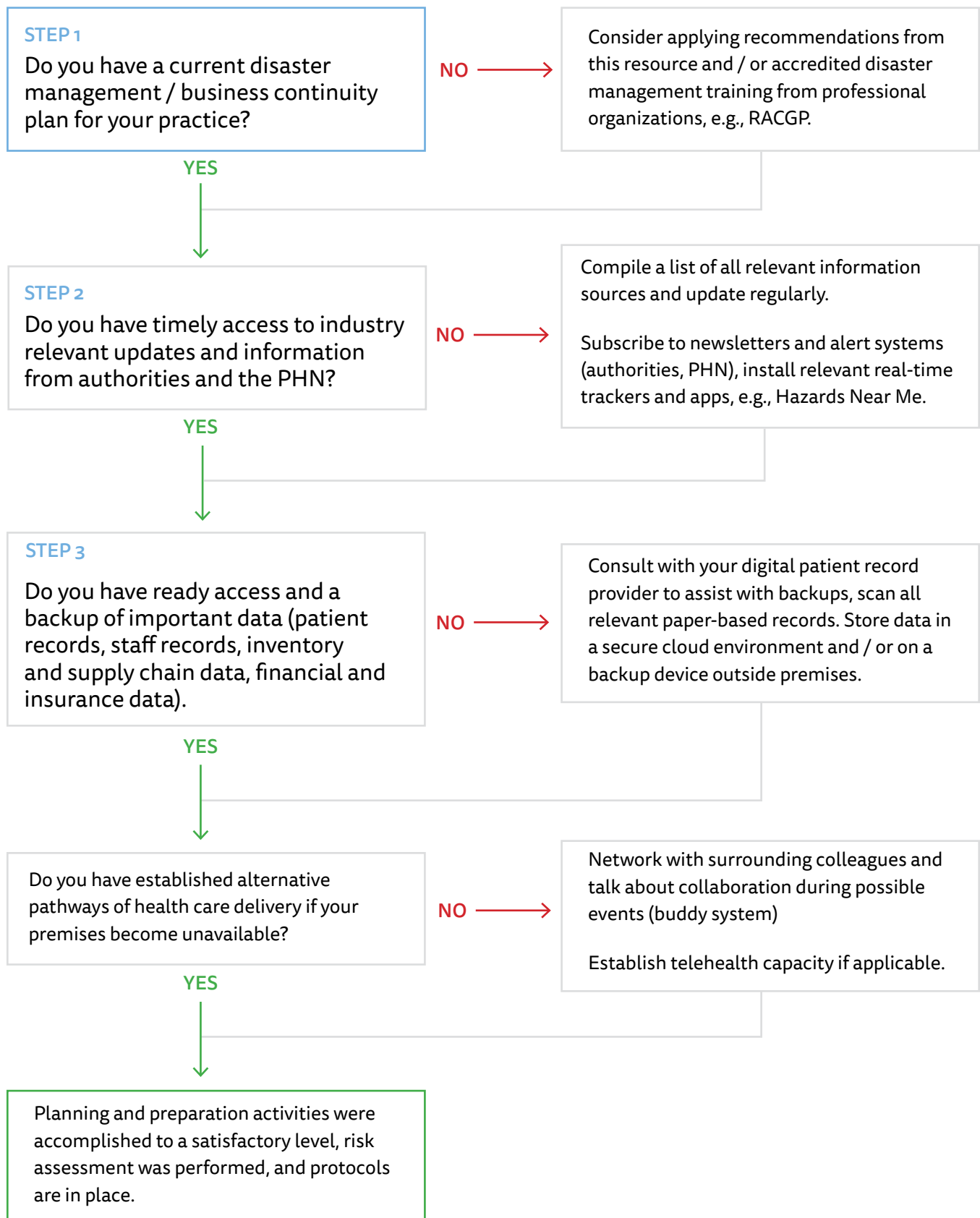
We pay respect to elders past, present and future and recognise these lands have always been places of traditional healing and medicine, and this plays a role in shaping future health services.



Note: The information in this template is intended as a guide for the development of a business continuity plan. Before developing a full emergency response plan, you should conduct risk assessments to determine which emergency situations could be applicable to your practice and add or delete information to reflect your practices policies, procedures, location and circumstances. While the author/s of this template have taken every precaution to ensure this guide is as complete as possible the author/s are not responsible for any loss or damage including consequential loss, suffered in connection with reliance on information obtained in the use of this guideline or the reliance of any information provided.

Adapted from Hunter New England and Central Coast (HNECC) PHN.

At a glance: Planning and preparedness decision guide - summary



Adapted from Greenlife Industry Australia. Ensuring business continuity during biosecurity incursions. August 2022.
[cic-107307-nursery-paper-aug-22-04-web-wfghaosxtcn.pdf](https://www.greenlifeindustry.com.au/cic-107307-nursery-paper-aug-22-04-web-wfghaosxtcn.pdf) ([greenlifeindustry.com.au](https://www.greenlifeindustry.com.au))

Business Continuity Plan

Please fill in this template where applicable and store hard and digital copies in strategically relevant positions (e.g., with practice owner, practice emergency coordinator, inside and outside of premises), so not all copies get lost if the practice is affected by a disaster. This template can be used as a guiding tool to create an individualised business continuity plan.

Name of business	
Practice owner	
Principal	
Practice manager	
Emergency Coordinator(s) Designated responsible staff member(s) who enforce this plan in case of an emergency or disaster	
Practice Address	
Practice Telephone	
Practice Fax	
Practice Email	
PHN Details	
Other relevant professional bodies	
Date plan completed	
Approved by	
Date for next review (6-12 month interval recommended, or if change of staff and business details)	

Important practice identifiers

IDENTIFIER	NUMBER	NOTES
Bank account 1		
Bank account 2		
ABN number		
GST number		
Tax File Number		

Important staff identifiers

STAFF NUMBERS	STAFF MEMBER	NUMBER	REGISTRATION EXPIRY DATE
Registration No.			
Medicate Provider No.			
Prescriber No.			

Minimum staff to perform practice functions

ROLE	NAME	BACKFILL IF NOT AVAILABLE

Minimum of equipment needed to perform function of practice

ITEM	STAFF RESPONSIBLE FOR OPERATION	COMMENTS	REMOTE OPERATION POSSIBLE	MIGRATION TO OTHER PREMISES POSSIBLE

Staff list

NAME	POSITION	CAN WORK FROM EXTERNAL? (Y/N)	CONTACT NUMBER	SECONDARY CONTACT NUMBER	EMAIL	HOME ADDRESS	TRAVEL TIME TO WORK	COMMENTS

Communication

STAFF CALL TREE

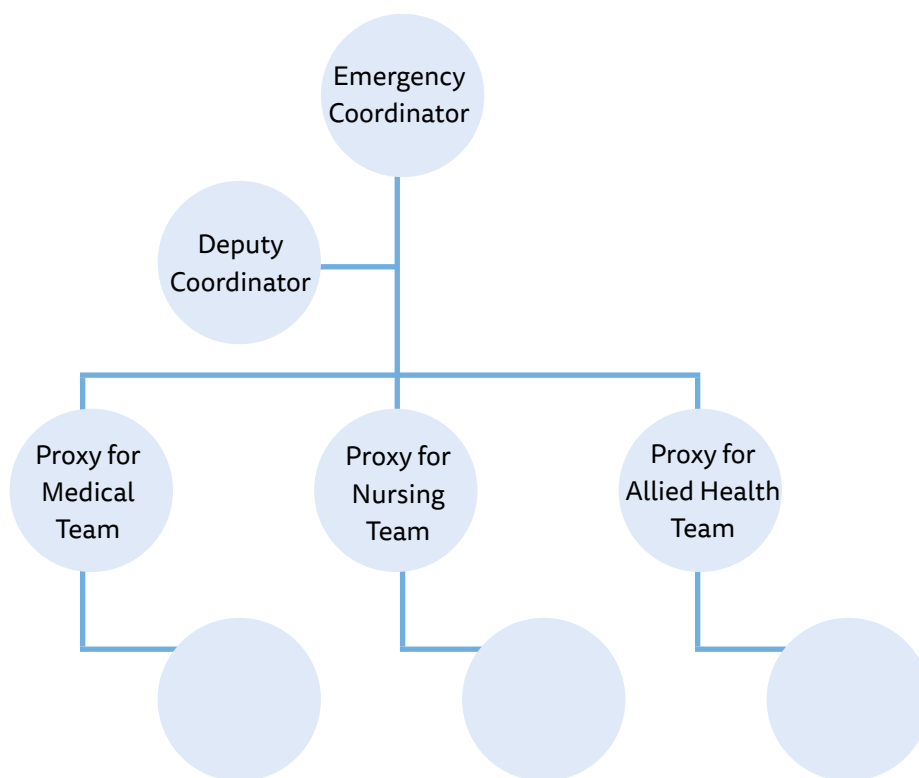
If a disaster affects your practice, you may quickly want to contact a group of specific people at short notice.

You can achieve this by creating a designated emergency contact group for these people on social media, e.g., on WhatsApp, Signal, Facebook, and sending out one message to the whole group at once. This method is subject to the internet functioning.

Another more conservative way of contacting a large group of people would be to set up a “call-tree”. For the initiator (emergency coordinator) this can be helpful in spreading the burden of contacting every member of the group individually. The initiator of the call tree would call a few people, and they subsequently call a few more people until everyone in the group has been informed. To ensure that everyone has been reached, a reporting status to the initiator can be included. A call tree is dependent on telecommunications systems functioning.

A call tree should be reviewed and tested twice per year to ensure it uses up-to-date contact information and all participants understand their role.

Example of a call tree



COMMUNICATION WITH PATIENTS

To keep patients updated on practice opening hours, availability, and other changes, it is useful to use different media types and methods. Depending on the nature of the disaster, options range from hanging up a sign at the practice’s front door, to announcing changes in the local newspaper or the radio, sending SMS out to all patients, to posting changes on the practice’s website and on social media.

Recommendation: Nominate a media spokesperson for enquiries. This could be the Emergency Coordinator.

COMMUNICATION WITH BUSINESS PARTNERS

Business partners to inform about changes in opening hours, service interruptions and practice accessibility.

PROVIDER	CONTACT NO.	NOTES
"Buddy" practice *		
Aged care facilities your business cooperates with		
NDIS providers your business cooperates with		
Pharmacies		
GPs		
Specialists you work with		
Laboratory service providers		
Diagnostic service providers		

"Buddy" system

A "buddy" is a colleague, who practices in your area, who you trust and may wish to nominate as your temporary replacement, if you become unavailable, your practice becomes inaccessible or partially or completely destroyed during a disaster. Having a discussion with your "buddy" before an event, to talk through disaster preparedness and relevant aspects of business continuity planning may assist you to have a plan B in place.

Depending on your agreement, a buddy may also let you use their premises in times of need if your premises become unavailable, or may let you borrow equipment, supplies or medications.

BUDDY PRACTICE DETAILS	CONTACT DETAILS	NOTES

Key contact information – Responding agencies

AGENCY	RESPONSIBLE FOR	LOCATION (Fill in your local branch)		CONTACT NUMBER	SECONDARY CONTACT NUMBER
NSW Rural Fire Service	Bushfire				
NSW Fire and Rescue	Bushfire, major structure collapse				
NSW State Emergency Services (SES)	Floods, storm, tsunami				
NSW Health	Human diseases				
Local Public Health Unit	Human diseases				
NSW Ambulance Service					

Key contact information – Other organisations

AGENCY	RESPONSIBLE FOR	LOCATION (Fill in your local branch)		CONTACT NUMBER	SECONDARY CONTACT NUMBER
Local hospital					
Local pharmacy					
NSW Department for Communities and Justice	Welfare, coordination of evacuation centres				
PHN	Primary care provider support				
Add relevant professional bodies (e.g., RACGP, ACRRM, Pharmacy Guild, etc.)					

My practice's utility and service providers

SERVICE	COMPANY	CONTACT	PRIMARY CONTACT NUMBER	SECONDARY CONTACT NUMBER	EMAIL	ACCOUNT NUMBER
Water provider						
Plumber						
Gas provider						
Report a gas leak or outage						
Electricity provider						
Electrician						
Generator hire						
IT provider						
IT technician						
Network technician						
Practice software provider						
Telecommunications provider						
Internet provider						

SERVICE	COMPANY	CONTACT	PRIMARY CONTACT NUMBER	SECONDARY CONTACT NUMBER	EMAIL	ACCOUNT NUMBER
EFTPOS provider / other payment processing providers						
Practice website provider						
Online booking system provider						
Medical supplies provider						
Vaccine ordering						

My practice's insurance providers

INSURANCE	COMPANY	CONTACT	CONTACT NUMBER	EMAIL	ACCOUNT NUMBER	COVERS WHO AND WHAT	EXCLUSIONS	LINK TO POLICY DOCUMENT
Indemnity insurance								
Workers compensation insurance								
Building and content (note additional natural hazards cover if applicable)								
Motor vehicle (if applicable)								
Individual insurance(s) for leased equipment								

Source: Royal Australian College of General Practitioners. General Practice Management Toolkit. Starting a General Practice (2012). [Starting a medical practice \(racgp.org.au\)](http://racgp.org.au)

Staff mental health and wellbeing

A disaster might not only directly impact the practice, individual team members may also be personally impacted. In addition, the practice team may experience second hand traumatic stress when they hear about the experiences of others.

The practice staff's own health and well-being must be a priority. Please refer to the [MPHN disaster management landing page](#) and [Murrumbidgee Health Pathways](#) for up to date resources and helpful information about mental health and wellbeing support during disasters.

Telehealth arrangements

Telehealth and e-prescribing have proven to be effective measures to safeguard the provision of care during a disaster (if applicable to your profession and practice setting).

Ensure that staff have access to hardware, remote access to the practice software and access to the telehealth provider portal, and note this in the table "Staff details – can work from external (Y/N)".

IT recovery plan

Have a data management plan in place to avoid the loss of digital records.

All business relevant records, patient records, business emails and user profiles need to be backed up.

Details regarding key software need to be recorded and stored off-site e.g., Practice Management System name, version number, vendor, contact details for vendor.

Consideration needs to be made as to how key username/password information can be kept and retrieved. A password management software may be an option for this.

MEASURE	SECURITY	OPTIMUM	MINIMUM	COMMENTS
Server backup	Encrypted and password secured / 2 factor authentication secured where possible	On-site primary and secondary servers with regular back-up intervals Off-site: Cloudbased back-up (cloud-to-cloud backed up solution)	Daily Backup through third party software or onto a NAS and a portable hard drive, stored separately from practice premises	
Software details				

If your practice is likely to be affected by a disaster:

In case you have preparation time, it still is safe, and you are able to do so, remove all critical IT infrastructure (e.g., server, computers) from the practice premises and bring them to a secure location that is unlikely to be affected by the disaster event. Identify safe locations and note them in this plan.

Loss of records: Staff, business, and patient records

Consider keeping digital copies of employment contracts, payroll records, accounting records, agreements, lease contracts, user manuals and other important documents that would be hard to replace if damaged or lost.

A fully electronic patient record system is most preferable, and easy to back up. Some practices may still use analogue records, which need to be stored in a dry and protected location to avoid damage by natural hazards and unauthorised access.

Practice infrastructure and network breakdown

What needs to be restored (think about power, IT network, telephone, gas and water connection, sewerage, safe access and parking, replacement of equipment)?

SEQUENCE	FUNCTION	STAFF MEMBER RESPONSIBLE FOR COORDINATION	PROVIDER / CONTRACTOR WHO WILL RESTORE
1.	Safe access and parking		E.g., contact first responding agency for information on safety clearance and wash-outs
2.	Power		
3.			
4.			
5.			

How to deal with reduced capacity

If your practice is affected by a disaster, your capacity to provide care may be affected and you may not be able to offer your patients the usual selection of services. Key staff may not be available and premises inaccessible, making triaging and reassessment of priorities necessary. Map out what services you won't be able to offer with reduced staffing or if you solely rely on telehealth for service delivery. Decide what category patients are high priority and continue to receive your care, what category patients you will need to refer to surrounding colleagues while your practice has reduced capacity, and what appointments need to be rescheduled.

Scenario: Loss of power

Loss of electric power can shut down your operations if you don't have measures in place to protect your business. Severe weather events such as heavy storms can cause widespread regional outages. Localised outages may also be caused by vehicle accidents, or failures in overhead transformers. Disruption of the power infrastructure may result in business losses that may last for hours up to days and in severe cases, even weeks.

A well-developed incident response plan that details all the necessary resources will enhance the resilience of your business.

CHECKLIST:

	If you own the premises of your practice, make sure that you regularly have the lightning arrestors, surge suppressors, cabling and utility substations checked. If you rent your premises, check with the facility management.
	Emergency lighting on floors of hallways and stairwells and emergency exit signage.
	Define an outside assembly point for evacuating patients and staff where they can receive further information and be coordinated.
	Regular system and data back-ups will ensure that you can return to business remotely, if applicable.
	Consider investing in an emergency power system: Generator and / or solar power with or without battery.
	Have spare supplies: e.g., power outlets, extension cables.
	Your water supply may depend on power (e.g., pumps), so have a continuity plan for disruption of water supply.
	Plan your business recovery strategy through remote work (e.g., have telehealth infrastructure ready to go)

INCIDENT RESPONSE PROTOCOL:

	After an outage occurs, all staff and patients to gather at the assembly point for a head-count, and to receive further instructions.
	<p>Contact the energy provider to establish the cause of the outage.</p> <ol style="list-style-type: none"> 1. Coordinate staff, patients and how business will be continued. 2. If outage only short term, stand by. 3. Assess the nature of the hazard that caused the power outage. If the outage is longer term and no evacuation is indicated, consider activating your emergency power system. 4. If no backup is available, send patients and staff home, deciding whether to work remotely or to reschedule appointments and business is necessary.
	Coordinate and check on progress of power re-establishment.
	Once power has been re-established, restart and recover systems.
	Check if data was lost between the last update and the outage and recover if needed.
	Instigate plan to protect vaccinations and medications that are subject to cold-chain management.
	Lessons learnt: Inform your future preparedness planning with knowledge from this incident. What worked well, what didn't? What would you like to improve? Discuss with involved staff and integrate their feedback.

Scenario: Loss of telecommunications infrastructure

Telecommunication infrastructure is reliant on power. If the infrastructure breaks down, you may not be able to make or receive calls, even if your practice has power.

While the Government may send out an SMS Emergency alert informing people in affected areas about ongoing outages, this alert is still dependent on telecommunication systems sending out messages and can't be guaranteed in an acute outage. You may not be able to contact emergency services in an acute outage, so make sure your staff and patients are safe.

Have a plan how to stay informed if a telecommunication system outage occurs.

Note that mobile telecommunication towers have battery back-ups but are not guaranteed to function for prolonged periods. Not all will have diesel generators.

	If you work or live in a remote setting or disaster-prone area, consider acquiring a satellite phone. Satellite phones are less prone to be affected by on-the-ground disruptions.
	Consider having a portable battery-operated radio with a spare set of batteries or a hand crank, UHF radio or personal locator beacon.

Note: No communication method is 100% resilient to natural disasters. You may not be able to reach all of your staff and patients if an outage occurs.

Source: Australian Government. Department of Infrastructure, Transport, Regional Development, Communications, and the Arts. Telecommunications in emergencies and natural disasters (2023). [Telecommunications in emergencies and natural disasters](#) | [Department of Infrastructure, Transport, Regional Development, Communications and the Arts](#)

Scenario: Water supply disruption

The disruption of water supply may bring your business to a halt, depending on what business processes are reliant on connection to the water system. Primary care providers use water in many processes.

- hygiene (washing hands, cleaning, flushing toilets)
- drinking and cooking in break rooms
- equipment and machinery connected to water supply (e.g., dental units, autoclaves, water distillers)
- use of distilled water in compounded pharmaceuticals

If your business is connected to the town water supply, recovery may be dependent on external factors. If you use tank water, your water supply is self-contained and not reliant on the council network. Water supply often relies on the power supply (e.g., pumps transporting water into the premises).

INCIDENT RESPONSE PROTOCOL:

	Contact the water provider and / or council to establish the cause of the outage.
	Coordinate staff, patients and how business will be continued. <ol style="list-style-type: none">1. If outage only short term, stand by.2. Assess the nature of the hazard that caused the water supply outage. If the outage is longer term and no evacuation is indicated, consider resorting to your emergency water supply, if your machinery can be run from a tank, and you have power.3. If no backup is available, send patients and staff home, deciding whether to work remotely or to reschedule appointments and business is necessary.
	Coordinate and check on progress of re-establishment of water supply.
	Once water supply has been reestablished, restart and recover systems (e.g., run water through pipes until clean, de-aeration of machinery, check if debris clogged up any filters)
	Lessons learnt: Inform your future preparedness planning with knowledge from this incident. What worked well, what didn't? What would you like to improve? Discuss with involved staff and integrate their feedback.

For more information and helpful resources about disaster management for primary care providers in the Murrumbidgee, please visit the MPHN disaster management pages for health providers and communities:

Health Providers: mphin.org.au/disaster-support-health-professionals

Communities: mphin.org.au/disaster-support

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