Emergency Response Plan

Version 9, July 2024

ERPT EMERGENCY RESPONSE PLANNING TOOL

RACGP

Royal Australian College *of* General Practitioners

BREWARRINA ABORIGINAL MEDICAL SERVICE

5-7 Sandon Street
Brewarrina NSW 2839

Single point of contact: 0408489005
                                 katrinaw@brewarrinaams.com.au

Emergency Co-ordinator: Katrina Ward

Copies of this emergency plan are located:

Practice Manager's office
Reception
Principal and GP have a copy at home

Documents associated with this plan:

- ERP Staff Data BAMS FEB 24.xlsx

- BAMS Providers Lists @ 31.8.23.xlsx

Emergency Response Plan

GP Practice:	Brewarrina Aboriginal Medical Service
Principal GP	
Practice Manager	Katrina Ward
Emergency Coordinator:	Katrina Ward
Physical Address:	5-7 Sandon Street Brewarrina NSW 2839
Mailing Address:	PO Box 40 Brewarrina NSW 2839
Telephone:	0408489005
Fax:	02 68392477
Email Address:	katrinaw@brewarrinaams.com.au
State:	NSW
PHN:	Western NSW
Date Plan Completed:	8 July 2024 02:14 PM
Plan Approved By:	
Review Summary:	

Date	Approved By
31st August, 2021	Katrina Ward
31st March 2023	Katrina Ward

WHAT TO DO

When A Disruptive Event Or Major Incident Threatens Or Occurs

If you become aware of an event which is likely to disrupt normal business processes for an extended period of time or to have a significant impact on operational activities

OR

If you receive an official warning of a widespread disaster or major health emergency

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PROCEED AS FOLLOWS

1. **Ensure that patients and staff are safe.**

2. **Contact the Emergency Coordinator** who is Katrina Ward. This person may be at work in the practice – extension 02 68393333. This person may be at home 0408 489005 or on mobile .

3. **Until the Emergency Coordinator is available,** the most senior staff member on site, shall assume control of the emergency.

4. **If the Emergency Coordinator cannot be contacted,** then locate the Telephone Call-in Tree in Section 1 of this manual. Call one of the people on the second line of the Tree. If you know that one of those people is currently at work, start by contacting that person.

5. **The Emergency Coordinator** will advise you on your next actions.

Table of Contents

Emergency Response Plan Setup

Emergency Response Plan

Staff Contact Details

Function	Name	Position / Title	Work extn	Email Address	Primary Contact Number	Secondary Contact Number	Home Suburb	Travel time to work (min
Medical	Katrina Ward	BAMS Manager and Chief Operations Manager	02 68393333	katrinaw@brewarrinaams.com.au	0408 489005		Brewarrina	
Nursing	DeeAnne Nixon	EEN	02 68393333	deeannen@brewarrinaams.com.au	02 68393333		Brewarrina	
Nursing	Julia Bow	Registered Nurse	02 68393333	juliab@brewarrinaams.com.au	02 68393333		Brewarrina	
Nursing	Bernadette Herstlet	Enrolled Nurse and Team Leader		BernadetteH@brewarrinaams.com.au	02 68393333		Brewarrina/Dubbo	
Administrative	Belinda Loughnan	Admin/Medicare	02 68393333	belindal@brewarrinaams.com.au	02 68393333		Brewarrina	
AlliedHealth	Joseph Gordon	AHW	02 68393333	josephg@brewarrinaams.com.au	02 68393333		Brewarrina	

Staff Call-In Tree

Emergency Coordinator

Katrina Ward
0408 489005

Nursing	**Administrative**	**AlliedHealth**
DeeAnne Nixon 02 68393333	Belinda Loughnan 02 68393333	Joseph Gordon 02 68393333
Julia Bow 02 68393333		
Bernadette Herstlet 02 68393333		

2. Key Contact Information – Support Agencies & Service Providers

Emergency Support Agencies

Support Agency	Location	Primary Contact Number	Secondary Contact Number	Comment
EMERGENCY - Fire / Ambulance / Police	All areas	000	000	
Bushfire - NSW Rural Fire Service (RFS) NSW Fire Brigades	All areas	000		
Earthquake - Police	All areas	131 444 / 000		
Floods - SES	All areas	132 500 / 000		
Heatwave - Police	All areas	131 444 / 000		
Human Disease - NSW Health	All areas	1300 066 055		
Storm - SES	All areas	132 500 / 000		
Tsunami - Police	All areas	131 444 / 000		

Utility and Service Providers

Service Provided	Company	Contact	Primary Contact Number	Secondary Contact Number	Email	Account No.
Local Council	Brewarrina Shire Council	Mr David Kirby	02 68305100	0427 392101	gm@brewarrina.nsw.gov.au	
Power Supplier	AGL	132080	Essential Energy			
Gas Supplier						
Water Services	Brewarrina Shire Council	Fred Turner	68 305100	0429 392 000	town@brewarrina.nsw.gov.au	
Air Conditioning	Mi Cool Air Pty Ltd	Michael Jarry	0438 462 978			
Domestic Waste	Brewarrina Shire Council	Russell Holz	68 305100	0491 954 839		
Clinical Waste	Cleanaway Daniels		1300 667 787			
Cleaning	In house		02 68393333			
Access Security	Dubbo City Locksmiths	Shannon Smith	02 68816882	0427 178867	shannon@dcls.com.au	
Fire Alarms & Extinguishers	Dynamic Fire	Rod Fensbo	1300 896 499	0458 161056	service@dynamicfire.com.au	
Lift (Elevator) Emergency						
Fixed Phone Services	Telstra/Cloudwize		02 5733 4000		support@cloudwize.com.au	
Mobile Phone Services	Concept BSG	Bob Condren	1300 001 222		support@conceptbsg.com.au	
Internet Service Provider	Telstra ADSL	Jo Byrnes	02 67334000		support@cloudwize.com.au	
EFTPOS Service Provider						
Switchboard Phone Equipment	Concept BSG	Bob Condren	1300 001 222		support@conceptbsg.com.au	

Service Provided	Company	Contact	Primary Contact Number	Secondary Contact Number	Email	Account No.
Accountant	Crowe Australasia	Abin Alias	02 68835600	1300 856 065	Online - Crowe Australasia Dubbo Office click on Abin Alias	2 Commercial Avenue Dubbo NSW 2830
Solicitor	WilliamsonBarwick	Adrian Barwicck	02 92514900		info@williamsonbarwick.com	
IT Hardware Maintenance	Cloudwize Technologies	Jo Byrnes	02 57334000		support@cloudwize.com.au	
IT Software Maintenance	Cloudwize Technologies	Jo Byrnes	02 57334000		support@cloudwize.com.au	
Practice Management Software	Communicare		1800 432 584			
Specialist Applications Maintenance						
IT Data Backup & Restore	Cloudwize Technologies	Jo Byrnes	02 57334000		support@cloudwize.com.au	
Insurance	Insurance House		02 67669688		ih@ihgroup.com.au	
Bank	Westpac		132032	02 68159700		
Pharmacy	St Marys Pharmacy Brewarrina	Sam Hasaballa	02 68392 098		brewarrinapharmacy@hotmail.com.au	
Courier						
Pathology Services	Western NSW Pathology	Jenny Bolton				
Radiology Services						
Building Maintenance						
Electrician						
Gas Appliance Maintenance						
Glazier						
Plumber						
Generator Hire	Woodings Hire	Gary Wooding	0418 787971			
Transport / Freight						
Locum Agency - Medical Staff	Omega Recruitment Agency	Sophia	02 80053453			
Locum Agency - Nursing Staff	Cornerstone Recruitment Agency	Shannan Dabek	1300 267 300			
Locum Agency - Admin Staff						
Port-a-loo hire	Woodings Hire	Gary Wooding	0418 787971			
Water Tank Hire						
Paper Recovery Specialist	Colour Copy Shop Dubbo		(02) 6884 5577			
Clinical Supplies	Vital Medical Supplies		1300 557 651			65396

Service Provided	Company	Contact	Primary Contact Number	Secondary Contact Number	Email	Account No.
Stationery Supplies	WINC office Supplies		132644		website www.winc.com	
Employee Assistance Program	Access EAP		1800 818 728		Contact via Website	

Service Provided	Company	Contact	Primary Contact Number	Secondary Contact Number	Email	Account No.
			132644		website www.winc.com	
					Contact via Website	

2a. Mental health support services

Introduction

When a disaster impacts a general practice, the practice team may also be personally impacted by the disaster, as well as being exposed to the traumatic experiences of others. Their own health and well-being must be a priority.

Early indicators that a team member may be affected by the traumatic experiences of their patients include:

- heightened response to the patient

- increased levels of arousal (sleep disturbance)

- avoidance

Impacted team members should consider:

- discussing distressing or difficult experiences with colleagues

- limiting their exposure to a tolerable level

- maintaining good general health with regular exercise, good nutrition and sleep habits

- seeking help if needed

Support services

The following services will be shared with team members in the event of a disaster affecting the practice or them personally:

Employee Assistance Program (EAP)

Employee assistance program (EAP) contact: Access EAP

Phone: 1800 818 728

Email: Contact via Website

Website: AccessEAP.com.au

RACGP GP Support Program

The **RACGP GP Support Program** provides free and confidential psychological support to members. Call 1300 361 008 24 hours a day, 7 days a week.

DRS4DRS

DRS4DRS is an independent program providing confidential support and resources to doctors and medical students across Australia, by doctors. Confidential phone advice is available 24 hours a day, 7 days a week via each state/territory helpline and referral service.

Australian Capital Territory	02 9437 6552
New South Wales	02 9437 6552
Northern Territory	08 8366 0250
Queensland	07 3833 4352
South Australia	08 8366 0250
Tasmania	1800 991 997
Victoria	03 9280 8712
Western Australia	08 9321 3098

The Essential Network (TEN) for Health Professionals

The TEN **online e-mental health hub**, developed by the Black Dog Institute, connects frontline healthcare workers with services to help manage burnout and maintain good mental health.

Other support services

Other support services providing 24 hours a day, 7 days a week crisis support include:

Name	Phone
Lifeline	13 11 14
Beyondblue	1300 22 4636

3. Risk Identification and Reduction

The principles of risk reduction are to identify and analyse risks from natural or man-made hazards that are significant because of their likelihood or because of their consequences. While it is difficult to eliminate the risk from many hazards, it is possible to reduce the magnitude of the impact and consequences when they do occur, through planning and preparation.

Risks identified for our practice

Please amend or edit the information below as applicable.

Hazard	Likelihood	Consequence	Preparedness	Response	Recovery
Threatening behaviour	Extremely high	Major	Prepare record of threatening behavior (who and what). Regularly practise building evacuation. Staff are trained in the security measures of the building, alarms locking doors etc. Have at least one staff member, in addition to the GP, present when the practice is open for routine/after hours consulting.	Call 000 immediately. Ascertain as much information as possible and record(who and what). Evacuate building as required. Ensure the safety of staff and patients. Do not contaminate a crime scene if at all possible.	Review incident and amend plan as necessary.
Explosion	Low	Moderate	Regularly practise building evacuation.	Call 000 immediately. Identify if explosion is internal or external to determine response (evacuate or shelter in place). Evacuate building and enact any part of the emergency plan that is required.	Enact business continuity plan if building has sustained damage. Review incident and amend plan as necessary.
Emergency exterior to the practice	Medium	Minor	Ensure all staff are aware of procedures for leaving the building to render assistance. Have portable first aid kit ready to grab. Ensure all staff have current first aid and AED training, if appropriate.	Dial 000 if appropriate. Notify practice manager or owner GP of incident and decide best course of action. Evacuate building and enact any part of the Emergency plan that is required. Enact business continuity plan if building has sustained damage.	Review incident and amend plan as necessary.
Flood (internal flood, flash flooding, storm surge, riverine)	Low	Minor	Ensure practice has a store of empty, or full, sandbags. Ensure that all electronic items are not resting on the floor, place them on tables shelves or raised off the ground.	Place sandbags to protect building. Remove critical items if necessary. Enact ERPT and business continuity plan where	Review incident and amend plan as necessary.
Severe weather / storm	Medium	Moderate	Ensure practice staff are aware of time lines for evacuation of staff and patients in the case of flash flooding. Regularly practice building evacuation. Ensure insurance cover is adequate.	Evacuate early where possible. Move equipment and furniture off the floor where required. Enact emergency plan and business continuity plan where necessary. Move practice to	Contact insurance company early, assess damage and determine if practice needs to move to new location. Review incident and amend plan as necessary.

Hazard	Likelihood	Consequence	Preparedness	Response	Recovery
			Contact local emergency services to see if your practice can assist at the community level. Ensure practice has a store of empty, or full, sandbags. Ensure that all electronic items are not resting on the floor, place them on tables shelves or raised off the ground.	alternative location where necessary	
Bush / grassfire	High	Moderate	Consult with local fire service if practice is in a bush/grassfire prone area. Develop plan for preparing and responding to bush/grassfire. Ensure that all staff are aware of triggers for closure and can communicate with their families. Contact local emergency services to see if we can assist at	Close or evacuate early where possible. Move equipment and furniture off the floor where required. Enact emergency plan where necessary. Assist at a community response level where appropriate or needed. Enact business continuity plan if building has sustained damage.	Contact insurance company early, assess damage and determine if practice needs to move to new location. Review incident and amend plan as necessary.
Structural Fire, Internal Fire	Medium	Moderate	Regularly practise building evacuation. Regularly test fire/smoke alarms.	Call 000 immediately. Do not attempt to fire a significant fire. Ensure that all staff and patients evacuate immediately. Enact emergency plan where necessary. Remove items of importance from the practice such as servers if necessary. Enact business continuity plan if building has sustained damage.	Contact insurance company early, assess damage and determine if practice needs to move to new location. Review incident and amend plan as necessary.
Smoke	High	Moderate	Ensure that doors and windows seal shut.	Call 000 immediately. Shut all doors and windows. Turn off air conditioning. If smoke is from an adjacent building consider evacuation. Enact business continuity plan if building has sustained damage.	Ventilate building if there is a smell of smoke or actual smoke. If doors and windows did not seal properly consider remedial work to ensure they do in the future. Review incident and amend plan as necessary.
Gas / chemical incident	Medium	Moderate	Regularly practice building evacuation and shelter in place procedures. Ensure insurance cover is adequate.	Call 000 immediately. Identify if gas/chemical leak is internal or external to the practice to determine response, either shelter in place or evacuate . Evacuate as soon as gas is smelt. Evacuate as soon as practice is aware of chemical spill. Do not turn lights or other electrical equipment on or off.	Do not re enter building until given permission to do. Review incident and amend plan as necessary.

Hazard	Likelihood	Consequence	Preparedness	Response	Recovery
				Contact fire service and/or gas company.	
Heatwave	High	Major	Ensure practice has an adequate stock of IV fluids entering the summer.	Monitor vulnerable patients if and when required.	Review incident and amend plan as necessary.
Pandemic	Medium	Moderate	Complete the pandemic section of ERPT.	Enact Pandemic plan.	Review incident and amend plan as necessary.

4. Loss of Power Supply to the Practice

Disruption of mains supply, contact AGL Phone Essential Energy.

Internal fault (within the premises) contact:

The practice manager or building manager. Phone: 0408 489005 Katrina or 0418 366042 for Bernie

The Electrician for the Practice is .
Phone .

The electrical switchboard for the Practice is located:

Our Practice has an Uninterruptible Power Supply (UPS) installed:

IT Hardware Maintenance Provider: Cloudwize Technologies. Phone 02 57334000.

The following systems are connected to a UPS and will continue to operate for approximately minutes. Most UPSs will detect if you have lost power and will instruct your server to shut down. Please confirm with your IT hardware maintenance provider.

- The server (which runs the PMS and centrally stores data) connects to computers on the network (e.g. nurses, GP and reception computers).

Our Practice has a Back up Power Generator Installed

To start the generator and switch over to alternative supply:

Follow instructions provided by electrician or type instructions here.

The following systems and facilities will be powered by the generator:

If power is likely to be disrupted for more than 5 hours we will consider the following:

Hiring a Generator

Generator Hire: Woodings Hire Phone 0418 787971.

Our Practice will hire a generator to run the following essential systems and facilities:

The size of generator required to support essential systems and facilities is Kilowatts.

We must contact our electrician on <<insert phone number from prior section>> or follow the connection instructions that are stored in the practice manager's office.

Evacuation

We will evacuate the building if an event poses safety concerns for patients or staff. The Practice's evacuation plan is located in the emergency kit.

Contingency Measures

Processes Affected by Power Loss	Short-term Contingency Measures
No access to Practice software	Issue hard copy Medicare forms, patient management forms, scripts and a hard copy of the patient's consultation notes.
Reception	Use mobile phones to communicate with patients. Retrieve all hard copy forms for use by other staff.
Administration	Use of Medicare hard copy forms.
Heating in all areas	Blankets stored in _____ If temperature is hot, open all windows to ensure airflow.

Processes Affected by Power Loss	Short-term Contingency Measures
Maintenance of vaccine refrigerators - temperature must be between +2°C and +8°C	Tape fridge door closed. Spoilage will occur after 6hrs. Longer term outage - move refrigerated supplies to eskies, seek advice from vaccine manufacturers regarding spoilage.
All diagnostic equipment – no testing available	Rearrange appointments, or refer urgent patients to alternative providers
Lighting	Battery operated torches and lanterns are stored in the practice manager's office. Batteries are stored in the practice manager's office.
Telephone PBAX system - See section 5	Transfer incoming calls to a mobile phone number: _0408 489005 Katrina_____ Spare land-line/back up phones are stored _____ Plug into external fixed line sockets. Use car charger to charge mobile phone batteries.

Other Comments or Instructions

Checklist

- Automatic opening doors are locked in the "open" position …
- The building is secured after evacuation

5. Disruption of Water or Gas Supply to the Practice

Short-term Disruption to Water Supply Systems

The supply tap from the street mains is located: .

Mains Supply Disruption

If the practice's water supply is disrupted due to a fault with the mains supply, contact the water services provider to find out when the water supply will return to normal.

Brewarrina Shire Council **Phone** 68 305100

Internal Disruption

If Practice supply is disrupted due to an internal fault or break in lines between the meter and the Practice, we will inform the building manager, Phone number 0408 489005.

Plumber: .
Phone: .

- If water is flooding the practice, turn off the supply at the street water mains.

- If burst pipes cause flooding near electrical connections or equipment, switch off appliances, shut down computers and servers, switch power off at mains if necessary. Do not power up any applications exposed to water.

- Ensure staff and patient safety. Move furniture, equipment, vulnerable items.

Contaminated Water Supply (Unsafe to Drink)

Put up warning notices that water is unsafe to drink. Use bottled water stock for immediate needs, purchase replacements from .

If the water supply is temporarily disrupted our short-term contingency measures are:

Facilities/Services Affected by Water Loss	Short-term Contingency Measures are:
Patient & Staff toilets	Hire "Port-a-Loo" facilities, Hire Co. ph _____ if not restored within 4 hours Situate port-a-loos _____ Arrange regular cleaning
Drinking water	Conserve uncontaminated water. Use cooler reserves or pre-purchased bottled water.
Hand washing	Use hand sanitizers – practices should maintain appropriate stock levels of hand sanitizer to support practice staff and patients.
Sterilizer operation	Arrange to take instruments to nearest unaffected practice or hospital. Purchase disposable sterilized instruments.

Disruption to Water Supply Systems for an Extended Period

We may consider:

- Hire a tank and arrange water supply delivery from

- Consider moving temporarily to alternative premises

Other Comments or Instructions

Checklist

6. Disruption to Telecommunication Systems

Telephone System Disruption

Telecommunications provider: Telstra/Cloudwize Phone 02 5733 4000.

The telephone switchboard equipment is a Mitel and, Model??? system, model no. .

The company who services the telephone switchboard equipment is Concept BSG Phone 1300 001 222.

If the telephone system is likely to be inoperable for more than , our telecommunications provider will be instructed to activate the following arrangements:

- Incoming calls will be transferred to alternative fixed line/mobile connections as follows:
  0418 489005

- Call service provider and explain priority reconnection needed due to disruption to patient services.

If voice communications systems cannot be resumed immediately, other short-term contingency measures are:

Facilities/Services Affected	Short-term Contingency Measures are:

Disruptions to Computer Applications Reliant on Data Communication

EFTPOS equipment provider Phone .

If data communications systems cannot be resumed immediately, our short-term contingency measures for important activities are:

Systems/Services Affected	Short-term Contingency Measures are:
Medicare Australia	Use hard copy Medicare forms and use the swipe machine system.
MBS online not being available	Ensure hard copy of summary or MBS fee summary available to general practice.
Booking Systems	Keep a hard copy if possible.
Prescribing	Keep hard copies of prescribing guidelines.

Messaging Systems and Web Access

If our telecommunication system is faulty **OR** if our Internet Service Provider is unable to function we will not be able to access email or internet.

- **Internet Service Provider: Telstra ADSL Phone 02 67334000.**

- The email address of our Practice is katrinaw@brewarrinaams.com.au

If our internet is unavailable, we will NOT be able to access web-based information or send or receive emails. The following alternatives might be available:

- Phone or fax communication if our fixed line service is still functioning.

- If fixed line services are also unavailable, use mobile phones to call or message people.

Other Comments or Instructions

Checklist

- Check availability of mobile phone chargers

7. Loss of IT Systems or Data

The staff member responsible for overseeing Information Technology systems in the Practice is Belinda Loughnan.

Loss or damage to IT

- **Computer Hardware Maintenance Providers: Cloudwize Technologies Phone 02 57334000.**

- **Computer Software Maintenance Providers: Cloudwize Technologies Phone 02 57334000.**

- **Service provider to restore backups: Cloudwize Technologies Phone 02 57334000.**

Recovery Priorities

Are as follows:

- Replacement of the practice's server.

- Recovery of data backups onto server and/or C drives on individual computers

- Restoration of reception computers, software and network connection.

- Restoration of GP computers, software and network connection.

- Restoration of all other computers, software and network connection.

- PMS
  Switch to manual appointment schedules. Print out for each doctor and keep updated.
  Patient contact details will not be accessible. Obtain back-up paper copy.
  Switch to paper based systems for recording patient consultations, Medicare forms, prescribing and account transactions. Prepared packs are stored __
  Direct transfer of data – if our computer systems are unavailable for an extended period, we will advise the following organisations which send important data directly into our PMS of alternative transfer arrangement. E.g. for pathology test results.

- Payroll
  The administrator will use the laptop and run payroll processes from home.
  The administrator will process payroll manually and issue individual cheques to staff. If possible payroll will be processed 24 hours early to allow clearance of banked cheques within usual timeframes.

Replacement Times

The estimated time to replace the server and reconnect the network is .

The estimated time to restore data backups to the server and/or individual C drives (local drives): .

The estimated time to replace all hardware: .

The estimated time to restore all software: .

Loss of Electronic Data and Records

The following contingency measures are in place:

- Server: the back-up system to protect data and records stored on the server is:

  - The server is backed up daily to Cloud__

  - Each computer's C drive (local drive) is backed up *1am to* 3pm

We test our backup restoration process every every month by Cloudwize Technologies.

Other Comments or Instructions:

Checklist:

Software Applications Inventory

7a. Cybersecurity Response

Staff Call-In Tree

- **IT hardware maintenance providers: Cloudwize Technologies Phone 02 57334000.**
- **Website developer: Phone .**
- **Website server host: Phone .**
- **Cybersecurity insurance: Phone .**

Cyber Insurance

- Our cybersecurity insurance covers:
- We will immediately contact our cyber security insurance provider if the following occur (examples): data breach, if we are scammed, receive ransomware, website or computer systems are hacked.

If you receive a suspicious email or text/web message

These messages may be a scam and/or contain malicious software (malware)

- Do not reply.
- Do not provide personal details.
- Do not open attachments or links, they may infect your computer with malicious software.
- Do not forward the email to anyone.
- Report the email as suspicious to our IT provider (internal/external). Do not forward the email but provide as an attachment. This will allow our IT provider to accurately assess the message.
- Inform other staff by sending a screenshot of the email so they will know what to look out for. Do not forward the email.
- Block the sender and delete the message.

If you have clicked on the link or opened a download from a suspicious email or if you have been told phishing emails have been sent from your account

- Disconnect your computer from the network and remove power supply.
- Notify the Practice Manager and immediately call our IT provider (internal/external).
- Your accounts will be deactivated and reinstated by our IT provider.
- If you've opened a download and it's asked you to enable macros, DO NOT enable macros. This will install the malware onto your computer. Macros should already be deactivated by IT.
- The Practice Manager will alert our banking institution to ensure no funds are transmitted to unknown entities.
- Notify those who may have received a phishing email using your address/name that you have not sent the correspondence.
- Report the incident with the Australian Cyber Security Centre via **https://acsc.gov.au/about.html** if appropriate.

If you receive a suspicious phone call requesting personal details or financial payments

- Hang up immediately.
- Do not provide any personal or financial details.
- If unsure, verify the identity of the contact through an independent source such as a phone book or online search of a reputable source i.e. ATO. Do not use the contact details provided in the message sent to you.

- Report the incident with the Australian Cyber Security Centre via **https://acsc.gov.au/about.html** or Scamwatch via **https://www.scamwatch.gov.au/** if appropriate.

If you Think you have been Scammed

- Immediately stop all contact.
- Notify the Practice Manager.
- The Practice Manager will alert our banking institution to ensure no funds are transmitted to unknown entities if the scam involves practice finances.
- Practice Manager will contact our cyber security insurance provider.
- Report the incident to Scamwatch the Australian Cyber Security Centre via **https://www.scamwatch.gov.au/** if appropriate.

If any of the below occur, it may be a sign that your computer may have been hacked:

- **random pop-up messages appear on your screen**
- **extra toolbars appear on your browser**
- **inappropriate images are appearing**

- Disconnect your computer from the network and remove power supply.
- Do not click on the messages, toolbars or images.
- Contact the Practice Manager and our IT provider (internal/external).
- Report the incident with the Australian Cyber Security Centre via **https://acsc.gov.au/about.html** if appropriate.

If you have landed on a suspect website or downloading software that appears suspicious

- Close the internet browser immediately.
- Delete the download.
- Disconnect your computer from the network and remove power supply.
- Contact the Practice Manager and our IT provider (internal/external).
- Your accounts will be deactivated and reinstated by our IT provider.
- Report the incident with the Australian Cyber Security Centre via **https://acsc.gov.au/about.html** if appropriate.

If antivirus software has displayed a message

- If the message displays "has been quarantined" you are likely safe to continue. Check with our IT provider (internal/external) who will confirm the antivirus logs.
- If the message says anything else, disconnect your computer from the network and contact our IT provider (internal/external).

If you have given control of your computer to someone unintended

- Disconnect your computer from the network and remove power supply.
- Notify the Practice Manager and immediately call our IT provider (internal/external).
- Document what message you received and what you saw.
- Practice Manager will contact our cyber security insurance provider.

- Report the incident with the Australian Cyber Security Centre via **https://acsc.gov.au/about.html** if appropriate.

If you are the victim of ransomware

Ransomware is a type of malicious software designed to block access to a computer system until a sum of money is paid.

- Disconnect your computer from the network and remove power supply.

- DO NOT PAY – data and access is rarely returned after payment.

- Notify the Practice Manager and immediately call our IT provider (internal/external).

- Practice Manager will contact our cyber security insurance provider.

- Report the incident with the Australian Cyber Security Centre via **https://acsc.gov.au/about.html** if appropriate.

If your login details have been compromised

- Document when and how you noticed the issue.

- Document what has been affected, e.g. company website, email.

- Notify the Practice Manager and immediately call our IT provider (internal/external).

- Your accounts will be deactivated and reinstated by our IT provider.

- Change all of your passwords.

- Estimate the severity and timeframe of the impact. Depending on the severity of the compromise and the systems affected, the Practice Manager will contact our cyber security insurance provider.

If your computer, or a website or software you use, appears to have been accessed by a non-authorised person

- Disconnect your computer from the network and remove power supply.

- Notify the Practice Manager and immediately call our IT provider (internal/external).

- The Practice Manager will alert our banking institution to ensure no funds are transmitted to unknown entities, if banking details were provided/potentially accessed.

- If you suspect data could be breached, follow response for 'If a data breach has occurred'.

- Report the incident with the Australian Cyber Security Centre via **https://acsc.gov.au/about.html** if appropriate.

If the practice website is hacked

Signs your website may have been hacked include:

- content appearing on website that is not appropriate

- phone numbers may have changed

- links changed to sites you would not link to.

If you believe your website has been hacked, you should follow the steps listed below:

- Notify the Practice Manager and immediately call our IT provider (internal/external) and web developer.

- The web developer will replace our homepage with a temporary page that says "Our website is currently under maintenance" so people are aware our website still exists.

- Document when and how you noticed the issue.

- Report the incident with the Australian Cyber Security Centre via **https://acsc.gov.au/about.html** if appropriate.

If a data breach has occurred

The Notifiable Data Breaches (NDB) scheme came into effect in Australia in February 2018 and applies to all agencies and organisations with existing personal information security obligations under the Privacy Act. These obligations extend to general practices. Under the NDB scheme, eligible data breaches have certain reporting requirements.

- Determine if the breach was accidental (e.g. an employee accidentally emailing out contact details) or malicious (e.g. due to a hacker).

- Contain the breach.

- Notify the Practice Manager and IT provider.

- Follow the RACGP flowchart 'Managing notifiable data breaches in general practice' to determine the appropriate pathway for action.

- If it is determined that an eligible data breach has occurred, as soon as practicable, notify the data breach to the Office of the Australian Information Commissioner (OAIC) via **https://www.oaic.gov.au/privacy-law/privacy-act/notifiable-data-breaches-scheme#how-to-notify** . If the breach relates to My Health Record, notify the Australian Digital Health Agency (information available via **https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/manage-data-breach**).

- Inform all individual/s at risk of serious harm from the data breach.

- Practice Manager will contact our cyber security insurance provider if the breach is of a malicious nature.

- Review and evaluate the incident and take action to prevent or mitigate the effects of future data breaches. This process will be documented.

8. Loss of Business Records

Business records are required for preserving, continuing or reconstructing the operations of the Practice.

The Business Records listed below have been duplicated or are in safe storage

The following arrangements are in place to allow for the replacement or quick recovery of the following business records, should they be lost, damaged, destroyed or normal access to them is prevented.

Business Records	Saved Format & Location of Original	Backup Format & Location	Person Responsible for the Information
Contracts, Agreements, Lease Agreements	Finance Manager Walgett AMS	Electronic Copy - Backup if required	Mathew Baker
Insurance Policies	Hard Copy - Practice Manager's Office	Electronic Copy - Insurance Broker	Practice Manager
Payroll Records	Finance Manager Walgett		Mathew Baker
Procedural Manuals and templates	Electronic copy in BAMS as well as Walgett	Cloudwize plus in Walgett	Belinda Loughnan

Paper Medical Records

Document Restoration Specialists
Colour Copy Shop Dubbo Phone (02) 6884 5577.
Key steps to take when dealing with damaged paper records:
• assess the damage to the paper records and review the possible options for recovery
• separate the damaged records from the undamaged records
• where paper medical records have been damaged by water or fire, 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
• for records only very slightly damaged by water, it may be appropriate to air or fan dry them on site
• for records that have significant damage, it is recommended that practices contact an appropriate disaster recovery specialist as a dehumidifier will be required to dry and restore records.

9. Complete or Partial Loss of the Practice Premises

Medicare Provider number:

Clarify with Medicare Australia that you have clearance to use your usual provider number to practice as a temporary or alternative location.

If the premises or essential operational areas become unavailable, (through fire or flooding):

- In discussion with local government, local emergency management committees and local practices, we will consider initiating a temporary move to alternative premises.

- Our preferred option is to co-locate with another practice and share facilities

- We may consider renting the disused offices

- Our preferred option is to temporarily provide telehealth services remotely while access to our practice premise is reinstated

Alternative Site Arrangements

During a disruptive event, some or all of our operational areas may need to temporarily move off-site.

The alternative premises are Phone . Located at street address Suburb .

Contact person for alternative site

Name:

Phone:

Mobile:

Alternative Site

How will you access clinical supplies, pharmaceuticals:

Telecommunications: What is already in place (Telephones, Computer network, Internet connection):

What needs to be done before moving in:

Estimated time to set up operations:

Transportation

To transport undamaged equipment, furniture and records to an alternative site, contact the following moving company:

Moving Company: .
Phone .

Organise transportation logistics with practice staff.

Alternative Working Arrangements for Partial Loss of Premises

If there is a partial loss of the building facility and we can continue to work from the undamaged areas:

- For some administrative processes or activities, we will consider the option of staff working from home or remote working from other locations.

- Staff may be re-allocated tasks according to priority.

Alternative Working Arrangements during a pandemic

In a pandemic our practice will consider modifying its work arrangements as follows:

- Triaging patients in the car park.

- Using a separate entrance for patients with influenza like symptoms.

- Displaying signage on the front door instructing patients to notify practice staff if they have influenza like symptoms.

Other:

Other:

9a. Telehealth

Telehealth

In the event of loss of the building facility, we can continue to provide remote consultations via telehealth. Our practice will facilitate provision of consultations via telehealth by:

- updating the practice website, telephone message and social media channels – notifying patients that the premise is currently not accessible but that they can be reviewed via telehealth

- ensuring the practice's administrative team are resourced to take calls and manage appointments and payments remotely

- ensuring GPs have the appropriate IT infrastructure and access to provide telehealth consults remotely (i.e. at home)

- ensuring GPs consult remotely from a safe and appropriate space that ensures the privacy of patients

- ensuring that all patients meet the eligibility criteria for MBS subsidised telehealth consultations (Refer to MBS advice – **http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Telehealth-Arrangements-Jan22)**

- ensuring arrangements are in place to refer patients who require a face-to-face consultation

- utilising digital health solutions including electronic prescribing, electronic requesting of pathology/diagnostic imaging, secure electronic communications, My Health Record, PRODA and HPOS

Considerations to support remote telehealth arrangements

How will you access the required resources for GPs and practice team members to carry out their roles remotely:

Telecommunications: What telecommunications resources do you currently have available and can these be used remotely:

What needs to be done before you can migrate to providing temporary telehealth consultations remotely:

Estimated time to set up remote telehealth consultations:

Other considerations:

For more information on providing consultations via telehealth see the RA CGP's suite of resources - **https://www.racgp.org.au/running-a-practice/technology/clinical-technology/telehealth**

10. Loss of Medical Supplies, Equipment and Furniture

Equipment and supply requirements to operate primary care services for our patients have been determined.

Ordering Lists

Ordering lists for equipment and supplies have been compiled to allow the business to re-establish services in as short a time as possible.

- If you already have preprepared order forms, upload to the document downloads area of your homepage and/or print off copies when you print your plan.

- Order equipment and non perishable supplies immediately for an alternative site, or return to the repaired facility.

For Clinical Equipment, Medical Supplies, Vaccine and Pharmaceutical ordering lists, see sections 10.1-10.4 below.

Clinical Equipment Requirements Essential to Core Service Delivery

The quantity of equipment recommended for ordering below reflects the requirements to totally re-equip our Practice from scratch.
The quantity of equipment recommended for ordering below reflects the requirements to support only a very basic level of service as an interim measure.

Equipment	Quantity Required	Available at Alternative Site	Supplier	Working Days to Replace	Comment
Stethoscope					
Sphygmomanometer					
Otoscope					
Portable Oxygen					
Nebuliser					
Steriliser					
Ophthalmoscope					

Personal Protective Equipment (PPE)

Item	Quantity Req	Supplier	Comment
Gloves			
Masks			
Apron			
Goggles			

Medical Supplies and Consumables Essential to Service Delivery

Item	Quantity Req	Supplier	Comment
Doctor's bag			
Needles			

Item	Quantity Req	Supplier	Comment
Syringes			
IV Catheters			
Disposable sterilized instruments e.g. forceps			
Bandages			

Pharmaceutical Supplies Essential to Core Service Delivery

Item	Quantity Req	Supplier	Comment
Adrenaline			
Doctor's bag emergency drugs			
IV fluids			
Local Anaesthetics			
Other Supplies – e.g. paracetemol			

Vaccine Supplies Essential To Service Delivery

Item	Quantity Req	Supplier	Comment
DTPa			
DTPa-IPV			
Varicella			
HPV			
Flu-Vax			
Pneumonia			

Item	Quantity Req	Supplier	Comment
hepB			
hepB-DTPa-Hib-IPV			
Hib-MenC			
MMR			
MMRV			
Rotavirus			

Suppliers of Equipment, Medical Consumables and Pharmaceuticals

Service Provided	Company	Contact	Mobile	Phone	Email	Account No.
Clinical Equipment						
Clinical Supplies						
Pharmaceuticals						
Vaccines						

Furniture, Appliances, Office Equipment

Location	Items	Comment
Consulting Room 1	Doctor's desk, chair, patient seating, text books	
Kitchen	Microwave	

11. Unique Identifier and Contract Numbers

To re-establish business processes and gain access to protected systems we will require the following authorisation numbers which are unique to our business.

The Practice

Brewarrina Aboriginal Medical Service

Medical

Katrina Ward

Type	Description	Numbers
Registration number		

Nursing

DeeAnne Nixon

Type	Description	Numbers
Nursing registration		

Julia Bow

Bernadette Herstlet

Allied Health

Joseph Gordon

Other

12. Communication During an Emergency Response

The practice is aware of the importance of keeping stakeholders informed when an event disrupts the normal business of our Practice. This is especially true during a pandemic.

Patients

For minor disruptions to service provision, booked patients will be advised of alternative consultation arrangements at the earliest opportunity.

- Mobile phone communication will be used in the event of a power or landline failure.

When an event causes disruption to the operation of the Practice, e.g. a pandemic, for an extended period of time or if we need to change premises, we will inform all patients by:

- Phone – SMS <please add instructions for sending out bulk SMS notification>

- Email – <please add instructions for sending out bulk email notification>

- Website – <please add instructions for editing the home page >

- Facebook – <please add instructions for logging in to post as the practice>

- Answer machine – <please add instructions for changing the answer service, or switching to a preset message for emergency situations>

- Notice board/posters and signs – <please add instructions for emergency situation signage, or file location of prepared signage ready to print and location of all noticeboards>

- Fact and information sheets – <please add instructions on where spare copies are kept, or file location to print more>

- Newsletter mailouts – <do you have patients with no email or mobile? Please add instructions for mail merge or notifying these patients>

- We will ensure that all patients are advised of how to contact us.

Emergency Support

We will advise the RACGP and our PHN Western NSW at the earliest opportunity of:

- Any major changes to normal service provision

- Any changes to our contact information

- If we require any assistance from them

and

- Keep them updated on staffing levels during the Response period

Other Parties

We will keep other health providers informed (and provide alternative means of contact) such as

- Local pharmacies

- Other health professionals who treat our patients

- Diagnostic services

- Pathology Laboratory

- Aged care services

Key Business Contact Notification

Media Policy

The Practice policy for responding to questions from the media:

The Practice recognises that staff may be approached from time to time to respond to queries from the media. The potential for media interest increases when an event disrupts the normal service functions of the Practice. Without exception, all requests for information from the media should be directed to the spokesperson for the Practice.

- The spokesperson for the practice is Katrina Ward.

- In his/her absence, media queries should be directed to .

Staff

The Emergency Co-ordinator will keep our staff informed throughout the disruptive episode. will communicate decisions and inform staff.

Other Comment or Instructions:

Checklist:

13. Insurance

The business risks which have been insured by the Practice are listed below:

Insurance Company Details

Insurance Company Name	Postal Address	Contact Name	Phone	Fax	Email	Description of cover	Policy Number
Walgett Aboriginal Medical Service Limited	33 Wee Waa Street, Walgett NSW	Mathew Baker	+61268203744		mathewb @walgettams.com .au	Building, Contents	
						Building, Contents	

Natural Disaster

Business Interruption

Notable Exclusions

14. Loss of or Non-availability of Key Staff

Sudden Non-availability of Medical Staff (unplanned)

Locum Agency - Medical
Staff: Omega Recruitment Agency
Phone: 02 80053453

Locum Agency - Nursing
Staff: Cornerstone Recruitment Agency
Phone: 1300 267 300

Locum Agency - Admin
Staff:
Phone:

- If a Clinician is incapacitated from providing medical services to patients
  The Principal GP will arrange for the remaining doctors to cover for a short period. If the absence is likely to be for an extended period, locum arrangements will be made.

  Arrangements will be made with local practices to provide staffing support.

Impact of Major Incidents, such as a Pandemic, on Staffing Levels

To ensure the continuity of the business functions and services, the Practice will ensure information and knowledge is shared within each operational level as much as practical and that all personnel are aware of the location of operational manuals and procedures.

- Should the lack of staff be prolonged
  the Emergency Co-ordinator will implement strategies which mitigate and manage the risk to the Practice

- Our PHN will be kept informed of staffing levels within our Practice.

Emergency Access to Secure Systems and Areas

Password-protected Information

In the event of the unplanned absence of a staff member, the following back-up arrangements for applications protected by username/password security is:

Administrator access to the Practice Management System is held by _____ AND _____

In the event of the unplanned absence of a staff member, the following back-up arrangements for password access to single user applications is as follows:

The access password to all single user applications is known by the Primary User AND _____

Entry Systems to Buildings - Keyed or Numerical or Swipe Cards

Identifiers and contract numbers for the Practice organisation, for individual doctors and nurses, are recorded in Section 10.

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15. Business Continuity Plan

An event that destroys part or all of our premises and assets will require the re-establishment of some or all business activities from scratch. Recovery services have been prioritised for critical functions and key activities of practice, and where possible restored in the following order.

Priority to Restore Functions & Activities

Key service or function	e.g. Medicare billing, external contract, payroll
Staff member responsible	Katrina Ward
Successor e.g. back up staff member	Bernadette Herstlet
Maximum Permissible Outage Time. This is the maximum amount of time that the function can be inoperable for. This may be a contractual obligation.	
Staff required to fulfil function	1 Doctor 1 Nurse 1 Receptionist
Premises required to fulfil function	
Clinical equipment / consumables required to fulfil function	
IT required to fulfil function	
Telecommunications required to fulfil function	
Other	
Utilities	
External contractors	
External suppliers	
Other	

Priorities for Restoring Utility and Technical Support Services

Maintenance/repair contractors and service technicians will be directed to restore services in the following order, where practicable:

Power:	Essential Energy 132080

Telecommunications:	Cloudwize Technologies 02 57334000 support@cloudwize.com.au
IT Systems:	Cloudwize Technologies 02 57334000 support@cloudwize.com.au
Water:	
Premises:	

16. Pandemic

Human resources

Staff roles and responsibilities

The Principal GP or Practice Manager should appoint two members of staff as the Pandemic Leader and Coordinator, if there is capacity, a Communication Coordinator. These roles will be dependent on the practice size and model. In a smaller practice, one person may need to fulfil all roles.

The following roles and responsibilities have been identified as crucial to a practice response.

Pandemic Leader: Katrina Ward

The role

The Pandemic Leader is the overall leader of the response once a pandemic has been identified.

Responsibilities

The prime responsibility is to implement the practice's pandemic plan proportional to the level of threat.

- Assume leadership

- implement the practice's pandemic plan at a level proportional to the level of threat and to lead the practice team throughout the response.

- Providing assistance to the Pandemic Coordinator during development of the practice's pandemic plan

- Establish and maintain systems to collect pandemic surveillance data & maintenance of systems

- Identify key stakeholders, initiate contact & maintain relationships

- Overall management of staff safety, staffing and support

- Ensure infection prevention and control guidelines and measures have been implemented

- Activate triaging of patients

- Facilitate post pandemic review of response for staff

Pandemic Coordinator: Katrina Ward

The role

The Pandemic Coordinator's role is to undertake key coordinating activities to ensure that the practice is prepared for and able to effectively respond to a pandemic.

The prime role during a pandemic is to ensure that response activities are being executed appropriately.

Responsibilities

- Developing the practice's overall pandemic plan

- Undertake appropriate education and training to fulfill this role

- Ensure awareness of State & Commonwealth pandemic plans

- Integrate pandemic plan in practice's overall business continuity plan

- Manage stockpiles for clinical and non-clinical equipment

- Establish and maintain infection control measures and principles

- Monitor emergence of disease in Australia and relevant communication via Government and RACGP websites

- Identify and contact vulnerable patient groups

- Identify key stakeholders, initiate contact & maintain relationships

- Establish processes for communicating with the public

- Provide staff with instructions for application and removal of PPE

- Schedule regular team meetings for all practice staff and provide staff with appropriate education and training

- Display communication posters in the practice

Communication Coordinator: Katrina Ward

The role

The Communication coordinators role is to undertake key communication activities to ensure practice staff, patients and stakeholders have the most current information regarding the pandemic. Please note that this role has not been specified in the Pandemic Implementation Guide but would involve all matters relating to communication.

Responsibilities

- Monitor emergence of disease in Australia and relevant communication via Government and RACGP websites

- Establish processes for communicating with the staff and public

- Display communication posters in the practice

- Update practice website with instructions for patients

- Display practice signage with instructions for patients

- Add telephone holding message with instructions for patients

- Update online booking system with instructions for patients and screening questions

- Consider contacting all patients providing information on symptom and information for accessing care

Staff contact details

All staff contact details are listed in Section one

Staff Rostering

For a range of reasons, staff may be reluctant to work in the practice during a pandemic. At the first warning of a pandemic the Pandemic coordinator should poll the staff using the questions below to determine who is willing to work during a pandemic

- Do you or immediate family have health restrictions that may impact your ability to work in the practice during a pandemic?

- Would you be prepared to work in the practice during a pandemic?

- Would you be prepared to work additional/after hours is the practice extended its hours during a pandemic?

- Would you be prepared to work at a different location if a designated pandemic clinic was established?

This list of our staff shows their ability to work during a pandemic

Staff Member	Willing to Work	After Hours	Pandemic Clinic

Staff immunisation register

Staff Member	Immunised	Date of Immunisation	Vaccines Administered	Other Vaccines and Date Administered
				MMR (measles), Yellow Fever
				MMR (measles), Yellow Fever
				MMR (measles), Yellow Fever
				MMR (measles), Yellow Fever

See the Australian Immunisation Handbook - Vaccination for people at occupational risk for more information - **https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-people-at-occupational-risk**

Training register

All pandemic education and training should be recorded in the box below.

Staff	Training	Date
	Hand Hygiene. Infection prevention and control. Cleaning. Application and removal of PPE.	

Equipment and supplies

During a pandemic, supplies may become scarce. It is therefore important that the Pandemic Coordinator establish and maintain adequate stock levels of clinical and non-clinical equipment to ensure continued operations during a pandemic.

Brewarrina Aboriginal Medical Service will at all times hold four weeks stock of clinical and non clinical supplies.

The below template for clinical and non-clinical supplies should be completed and updated by the Pandemic Coordinator.

Clinical supplies	Quantity	Storage
Plastic aprons	* please note, record expiry date if applicable.	If you cannot store this much product at your location where will you store it? Your local PHN? Your local pharmacy?
Gowns		
Surgical Masks		
P2 Masks		
N95 Masks		
Goggles/glasses		
Face shields		
Gloves		
Swabs		
Soap		
Alcohol based hand sanitiser		
Tissues		
Paper linen for examination couches		
Tissues		

Clinical supplies	Quantity	Storage
Cleaning products		
Rubbish bins		
Bin liners		

Infection prevention and control

Brewarrina Aboriginal Medical Service will reduce the risk or prevent the transmission of infectious diseases by embedding infection control measures in everyday practice. While all GPs, clinical staff and non-clinical staff should have a good understanding of infection control principles, it is the responsibility of the Pandemic Leader to ensure that they are appropriately implemented within the practice during a pandemic. The Pandemic Leader is responsible for establishing and maintaining appropriate infection control principles and should refer to the RACGP's Infection Prevention and Control Standards and the NHMRC's Guidelines for the Prevention and Control of Infection in Healthcare for more detailed information. Relevant resources can be found in the pandemic resources section at the top of the pandemic section of the ERPT. They can also be found on the RACGP's and the NHMRC's websites.

Risk identification within the practice

The Pandemic Coordinator needs to identify areas of transmission risk in the practice, what the risk is and how the risk can be mitigated.

In a pandemic, the practice may implement the following modifications:

Where in the practice	What is the risk?	Mitigation	Action in the event of	Responsible staff member
Waiting room	Cross infection	Remove all toys and magazines	n/a	
Door Handles	Cross infection	Routine cleaning	n/a	
Consultation room		Cleaning routines with Detergent and disinfectant	n/a	

Cleaning policy

The below table includes key components for a practice's cleaning policy.

During a pandemic this must be adhered to.

Area to clean	Frequency	Specific procedure	Specific products	Staff member responsible
Clinical space for infected or suspected infected patients	After each patient	Step 1 – Appropriately discard any single use products Step 2 – Wipe all surfaces and equipment the patient has contacted with a detergent product Step 3 – Wipe all surfaces and equipment the patient has contacted with a disinfectant product		
Reception				

Waste management policy

The practice should have an agreed process for the disposing of and storage of, if needs be, different types of waste as listed below.

Type of waste	Procedure for disposal	Procedures for storage
Clinical Clinical waste can include: discarded sharps, human tissue, materials that contain free flowing or expressible blood, products contaminated with secretions		
Related Related waste can contain cytotoxic, pharmaceutical and chemical waste.		
General All other non-contaminated products		

Hand hygiene and respiratory etiquette

Excellent hand hygiene and respiratory etiquette are essential in infection prevention and control. Staff and patients need to be reminded of this, especially during a pandemic. A relevant resource is available from the Pandemic resources section at the top of the pandemic section in the ERPT or the RACGP website.

Correct use of PPE

The correct use of PPE is essential in protecting the health of staff and limiting the spread of the pandemic. A relevant resource is available from the Pandemic resources section at the top of the pandemic section in the ERPT or the RACGP website.

Patient triage

It is vital that practice staff are trained to recognise signs and symptoms of potentially infectious disease so they can triage appropriately. A relevant resource is available from the Pandemic resources section at the top of the pandemic section in the ERPT or from the RACGP website.

Managing the facility during a pandemic

The below table details suggested modifications that our practice may implement during a pandemic.

In a pandemic, the practice may implement the following modifications:

- Request that patients with symptoms wait in the car or outside

- Arrange to use an alternative entrance during a pandemic

- Arrange for an alternative waiting room for patients with symptoms

- Use an existing consultation room as a dedicated room for treating and managing patients with symptoms

- Provide conveniently located masks, tissues and alcohol based hand sanitizer in waiting areas and passageways

- Conduct consultations in car park or patient car

- Streamline payment processes and post bills in the mail

Staff education and training

The Pandemic Coordinator should keep a log of all pandemic education and training that staff receive. A relevant resources is available from the Pandemic resources section at the top of the pandemic section in the ERPT or from the RACGP website.

Clinical management

Establish and maintain systems for data collection

The proposed system is that all year round, clinicians use the appropriate coding (as per their practice software) to flag patients with symptoms. During the Standby stage the practice should use this data to create weekly reports (de-identified-only numbers are required) and report this data to their RACGP state/territory Faculty office on a weekly basis. The Faculty will then collate this information and report to the State Health Department, who will report to the Commonwealth.

Identify at risk and vulnerable patient groups

During the standby stage, it is important that vulnerable patients are identified by the practice as they may need to be contacted during a pandemic. Some practice software packages will have the functionality to be able to identify vulnerable patients within the practice. A relevant resource is available from the Pandemic resources section at the top of the pandemic section in the ERPT or the RACGP website.

Diagnosing and treating the pandemic

The Pandemic Leader is responsible for collecting the most up to date information and creating an information sheet for clinicians. The Pandemic Coordinator is responsible for ensuring that all GPs have an up to date information sheet in each consultation room, which lists the

case definition, treatment algorithm and antiviral information. These will be available from the state public health dept and the RACGP state faculty.

Antivirals

Information regarding antivirals can be accessed from: www.flupandemic.gov.au or www.racgp.org.au During a pandemic, the Pandemic Coordinator can obtain up to date information regarding new antiviral medications including multi-dose vial protocols from the state RACGP faculty. This information should be kept with the case definition and treatment algorithm in all clinical areas

Managing patients at home

The Pandemic Leader and Coordinator need to be aware of which patients are being treated via HITH and confirm clinical governance expectations of GPs. A relevant resource is available from the Pandemic resources section at the top of the pandemic section in the ERPT or the RACGP website.

17. COVID Safety Plan

Current as of 8 July 2024.

Introduction

This plan provides members of the practice team guidance on operating in a COVID-safe way, and helps identify and mitigate risks during the ongoing pandemic.

Purpose and objectives

Our practice is dedicated to the health, safety and wellbeing of all team members, patients, contractors and visitors. In this pandemic environment, we acknowledge additional precautions are required and that these are outlined in this COVID Safety Plan.

Practice access and patient flow

To control the flow of people into and through the practice, we will:

- encourage telehealth consultations (where appropriate)

- check the temperature of each person presenting to the clinic. If the temperature registers >37.5°C the person will be asked to remain outside of the clinic until further assessment can be conducted

- have a management plan in place for patients presenting with symptoms suggestive of COVID-19 which enables immediate isolation of that patient, as well as the requirement that the patient don of a surgical face mask to reduce risk of transmission [refer to the RACGP resource: Managing patients who present with respiratory symptoms: **https://www.racgp.org.au/clinical-resources/covid-19-resources/other-health-issues/managing-patients-with-respiratory-symptoms**]

- limit patient entry to the entrance located at [define which entrance]

- define foot traffic through the practice using floor markings and signage

- display information at the entrance and ensure clear messaging on the website asking patients to call ahead if they have any symptoms suggestive of COVID-19 to enable appropriate triage

- display information at the entrance outlining the requirements of entry [define requirements, ie. wearing a mask, have an appointment, be free from symptoms consistent with COVID-19]

- require all people entering the practice to don a face mask [patients are asked to bring their own, but will be supplied with one if they present without a mask]

- provide access to hand-hygiene products upon entry and exit (and at appropriate locations throughout the practice), such as an alcohol-based hand sanitiser or hand-washing facilities.

Physical distancing

While acknowledging the nature of medical care means maintaining a physical distance of 1.5 m with a patient is not always possible, our practice will put in place physical distancing measure by:

- providing training to all members of the team

- taping a line on the floor 1.5 m from all people's chair/desk as a physical indicator

- erecting physical shields at high-interaction areas (eg reception)

- minimising patient congestion in the waiting room by
  – limiting the number of people on the premises at any one time
  – having patients wait in their cars or outside until the GP or nurse is ready
  – spacing furniture in the waiting room
  – encouraging patients to call ahead to book an appointment rather than walk in.

Infection-control training

All members of the practice team, including GPs, nurses, and reception and cleaning staff, will undertake infection-control training.

All training will be documented and include:

- completion of Department of Health COVID-19 infection control training **https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training**

- completion of the Australian Commission on Safety and Quality in Health Care e-learning modules **https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/infection-prevention-and-control-elearning-modules** on the principles of infection prevention and control

- review of the RACGP Infection prevention and control standards (5th edition) **https://www.racgp.org.au/running-a-practice/practice-standards/standards-for-other-health-care-settings/infection-prevention-and-control**

- ensure team members are aware of their role when managing a patient presenting with – or exhibiting symptoms suggestive of – COVID-19.

Use of personal protective equipment

Appropriate use of personal protective equipment (PPE) is critical in limiting the spread of COVID-19. All members of the practice team will:

- ensure standard precautions, including hand hygiene, cough etiquette and appropriate waste-management techniques, are maintained

- be trained in donning and doffing PPE

- wear PPE appropriate to the patient presentation and as per advice from the local public health unit

- dispose of all used PPE in accordance with standard precautions.

Environmental management and cleaning

Our practice will frequently and regularly clean and disinfect shared spaces, surfaces and communal items.

Our practice will:

- enhance air flow by opening windows and doors in shared spaces (where and when appropriate) and optimising fresh air flow in air conditioning systems (by maximising the intake of outside air and reducing or avoiding recirculation of air)

- minimise the volume of equipment in clinical areas and waiting rooms to reduce the cleaning burden and risk of transmission

- minimise the sharing of clinical and administrative equipment between team members

- adhere to strict environmental cleaning as per the most current advice from the Department of Health's Coronavirus (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities or our local public health unit **https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities**

- clean and disinfect frequently touched surfaces with detergent and disinfectant wipe/solution between each episode of patient care – using a cleaning detergent followed by a disinfectant, or a two-in-one product with cleaning and disinfecting properties

- require team members who are cleaning an area or equipment possibly exposed to SARS-CoV-2 to wear fresh non-contaminated gloves, a surgical mask, and eye protection

- provide training to all staff members on environmental cleaning requirements (this training will be documented)

- maintain a cleaning log.

Record-keeping

To aid contact tracing in the event a patient, team member, contractor or any visitor to the practice tests positive for COVID-19, our practice will:

- maintain a record of all patient appointments (including recording people accompanying the patient), team member work times, and contractors/visitors to the practice, including entry and exit times

- utilise a contactless electronic system (ie QR code or similar) to record contact details, ensuring data is stored confidentially and securely and is only used for the purpose for which it was intended

- maintain these records for a minimum of 28 days.

Practice team management and limiting interactions in closed spaces

To reduce the risk of COVID-19 transmission between practice team members, we will:

- regularly communicate with all team members regarding the requirement to not attend the practice if they have any symptoms consistent with COVID-19, regardless of how mild, and will encourage testing in line with local public health unit advice

- check the temperature of each practice team member on commencement of work. Where the person registers a temperature >37.5°C they will not enter the practice and will be asked to seek further medical review

- require a verbal/written/electronic attestation from each team member at the commencement of each shift confirming they do not have any symptoms consistent with COVID-19, have not been in contact with a confirmed case, and have not been directed to isolate

- support any team member who tests positive for COVID-19, or is identified as a close contact or is required to self-isolate – including by making them aware of their leave entitlements

- where a team member typically works across a number of sites within the business, minimise movement between sites by scheduling shifts at one location (where possible)

- encourage physical distancing in common areas (ie tea room), through organisation of furniture, floor markings and signage

- encourage tea breaks/lunchbreaks to be taken outside

- stagger breaks to limit the number of people in common areas

- encourage all team members to provide their own drinking vessels and cutlery

- require all team members to thoroughly clean communal items (eg cutlery) immediately after use by washing with hot water and detergent or by placing them in the dishwasher to be washed on the hottest possible setting

- ban the sharing of food on site (eg cake and dips).

Responding to a positive case, or close contact, in the practice team

If a member of the practice team tests positive to COVID-19, our practice will:

- contact the local public health unit and follow their advice

- follow the direction of the local public health unit regarding cleaning of the practice

- ensure the team member does not return to the practice until they meet the criteria for release from isolation, and as instructed by the local public health unit

- assist the local public health unit in contact tracing by proving records of all patients, team members and visitors who have attended the practice during the period in which the team member was potentially infectious (as defined by the local public health unit).

- implement 'close contact' requirements as outline by our state/territory health department, including contact tracing if any patient or team member meets the criteria for being a 'close contact'

- ensure the team member does not return to the practice until they meet the criteria for release from isolation, and as per local requirements.

Plan review

This plan will be reviewed regularly to ensure it reflects the current processes and procedures of Brewarrina Aboriginal Medical Service, as well as current legislation requirements and public health directives. The plan will be reviewed on or before .

Public health unit contacts

State/Territory	Public health unit contact
Australian Capital Territory	02 5124 9213 (business hours) 02 9962 4155 (after hours)
New South Wales	1300 066 055

State/Territory	Public health unit contact
Northern Territory	08 8922 8044 1800 008 002
Queensland	https://www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units
South Australia	1300 232 272
Tasmania	1800 671 738
Victoria	1300 651 160
Western Australia	08 6373 2222

State/Territory	Public health unit contact
Northern Territory	
Queensland	

18. Patient aggression and violence

Introduction

This module is in addition to your practice's policy on managing patient aggression and violence. To support you in developing this policy the RACGP has developed a guide to support practice team's in identifying and managing incidents of patient aggression and violence. The guide includes templates to use/amend when issuing warning letters, placing patients on acceptable behaviour agreements, or discontinuing care for patients at a practice. The guide is available at **www.racgp.org.au/patientaggression**.

This module of the ERPT supports your policy through a checklist of actions in the event of a patient being aggressive or violent. It should align with your practice's policy.

Our practice's policy

- Our practice has an agreed policy in place about how to manage incidents of patient aggression and/or violence. This policy is stored on the Intranet and hard copies of WAMS Organisational Policies & Procedures. All team members are trained on this policy as part of their induction.

Definition of patient aggression or violence

Patient aggression and violence cover a wide spectrum of behaviours and actions, including, but not limited to:

- verbal aggression (including rudeness, yelling, swearing)

- intimidation and threats

- abusive letters, phone calls or emails

- online trolling

- threatening or inappropriate body language

- assault or armed assault

- forcible confinement or false imprisonment

- acts of indecency

- sexual assault

- destruction of property or possessions

- stalking or loitering.

Early intervention strategies to de-escalate violence

When a team member recognises warning signs of escalating patient aggression and they feel safe to do so, they can attempt to de-escalate the situation by:

- appearing calm and remaining respectful, controlled and confident

- using reflective questioning – demonstrate that they are listening by confirming the message is right (eg 'You need to a see a GP as soon as possible, is that correct?')

- being clear and direct in their language, and clearly and simply explaining their intentions

- monitoring their own body language and avoiding acts like crossing arms and intense eye contact – these can be perceived as threatening

- assuring the patient their actions are in their best interest

- engaging the patient by asking questions that are likely to elicit a 'yes'. The most effective way is to briefly summarise the patient's perceptions and views as you understand them, with questions at the end such as 'Have I got that right?' or 'Is that what you mean?'

- maintaining a solution focus – asking the patient to solve the problem they are concerned about by identifying as many solutions as they can think of to address the problem. Repeat these back to them rather than arguing about the pros and cons of each option. This may lead to compromise between parties and avoid a 'black and white' or 'us and them' situation.

Responding to an act, or threat, of aggression or violence

If a patient's behaviour is or becomes threatening, aggressive or violent, the following steps will be followed.

Immediate response

If in an unsafe situation, team members will (if able):

- calmly ask the aggressor to leave

- activate a duress alarm or phone alert system

- retreat to a safe location and alert other people on site to the risk

- call 000 for police.

Follow-up response

After any violent or threatening event, our practice will:

- Debrief the practice team – giving them an opportunity to identify any triggers or possible future safeguards

- Check in with any patients or visitors that were involved in, or witness to, the event

- Provide team members with details of the Employee Assistance Program and other support services and encourage them to access services if required

- Complete an incident report and add it to the practice's incident and event register

- Formally review the incident – considering:
  – what happened
  – factors that may have triggered the event
  – ongoing risks
  – whether the incident could have been prevented

- Implement changes or additional safeguards if the investigation determines these necessary. We will monitor the outcome of the changes considering:
  – what worked, and why
  – what did not work, and why
  – if the change is sustainable
  – what alternatives can be trialled

- Flag the record of the patient who has been violent or aggressive in a sensitive manner to inform team members of the behaviour/event, being mindful that patients can request access to their medical records

- Consider (after seeking advice from our Medical Defence Organisation):
  – giving the patient a formal warning
  – placing the patient on an acceptable behaviour agreement
  – discontinuing care for the patient at the practice