Emergency Response Plan

Version 331, December 2025

ERPT EMERGENCY RESPONSE **PLANNING TOOL**

RACGP

Royal Australian College *of* General Practitioners

EDWIN TERRACE MEDICAL CENTRE

160 Penn Ave
Fairlights

Single point of contact: 2 9856 3214
admin@fairlights.org.au

Emergency Co-ordinator: Lucas Theobald

Copies of this emergency plan are located:

Practice Manager's office
Principal GP has a copy at home

Documents associated with this plan:

- Fire&EmergencyLevy-HealthpointDeclarationFormMay22.pdf

- BerkshireHathaway-HealthpointCorpTravelApplicationformMay22.pdf

Emergency Response Plan

GP Practice:	Edwin Terrace Medical Centre
Principal GP	Emma Bland
Practice Manager	Damien Lewis
Emergency Coordinator:	Lucas Theobald
Physical Address:	160 Penn Ave Fairlights
Mailing Address:	160 Penn Ave Fairlights
Telephone:	2 9856 3214
Fax:	2 9856 3213
Email Address:	admin@fairlights.org.au
State:	VIC
PHN:	Murray
Date Plan Completed:	4 December 2025 12:48 PM
Plan Approved By:	Emma Bland

Review Summary:

Date	Approved By
01/08/21	Dr Bland

The ERPT uses the term 'team members' and 'personnel' throughout the tool to capture the wide range of people who provide a service or function within a general practice. This may include medical, nursing, allied health, administration personnel etc.

General Practice business models vary widely, however typically involve general practices leasing out spaces to GPs with the practice providing administrative support (reception services, medical consumables etc). GPs working under this model are considered to be independent practitioners operating as sole providers and the use of the 'team member/personnel' does not imply GPs are employees of the practice.

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 team members are safe.**

2. **Contact the Emergency Coordinator** who is Lucas Theobald. This person may be at work in the practice – extension 102. This person may be at home 2 9856 3489 or on mobile 40 2356 8779.

3. **Until the Emergency Coordinator is available,** the most senior team 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.

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Team Member Contact Details

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General Practice business models vary widely, however typically involve general practices leasing out spaces to GPs with the practice providing administrative support (reception services, medical consumables etc). GPs working under this model are considered to be independent practitioners operating as sole providers and the use of the 'team member/personnel' does not imply GPs are employees of the practice.

Function	Name	Position / Title	Work extn	Email Address	Primary Contact Number	Secondary Contact Number	Home Suburb	Travel time to work (minutes)
Administrative	Lucas Theobald	Practice Manager	102		2 9856 3489	40 2356 8779	Fairlights	10
Medical	Emma (nee organ) Bland	Owner GP	101		2 5689 3175	04 5684 2359	Manly	25
Medical	Neil Morrisey	GP	105		2 5476 8942	04 5681 2569	Seaforth	25
Medical	Marcus Welby	General Practitioner	4578	mwelby@edwinterrace.com	03 670 9876	04 78456777	Timbuktoo	15
Nursing	Emma Woodhouse	Practice Nurse	106		2 5871 5682	04 5871 5684	North Bagowlah	17
Nursing	Everitt McGill	Practice Nurse	108		2 4584 9613	04 5874 9632	Fairlights	16
Administrative	Carrie White	Receptionist	107		2 2157 8456	04 5896 1245	Fairlights	6
Administrative	Jason Issacs	Receptionist	104		2 5671 2358	04 1258 6527	Penrith	55
AlliedHealth	Mattie Ross	Pharmacist	106		2 5891 4521	04 2158 6325	Manly Vale	12
AlliedHealth	Adam West	Phlebotomist	103		2 8745 3256	04 2358 7426	Fairlights	7

Team Member Call-In Tree

Emergency Coordinator

Lucas Theobald
2 9856 3489
40 2356 8779

Medical	**Nursing**	**Administrative**	**AlliedHealth**
Emma (nee organ) Bland	Emma Woodhouse	Carrie White	Mattie Ross
2 5689 3175	2 5871 5682	2 2157 8456	2 5891 4521
04 5684 2359	04 5871 5684	04 5896 1245	04 2158 6325
Neil Morrisey	Everitt McGill	Jason Issacs	Adam West
2 5476 8942	2 4584 9613	2 5671 2358	2 8745 3256
04 5681 2569	04 5874 9632	04 1258 6527	04 2358 7426
Marcus Welby			
03 670 9876			
04 78456777			

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	08 5461 1236	000	
Bushfire - County Fire Authority	All areas	000	03 2145 5478	
Earthquake - SES	All areas	131 444 / 000		
Floods - SES	All areas	132 500 / 000		
Heatwave - Police	All areas	131 444 / 000		
Human Disease - Department of Health	All areas	1300 066 055		
Storm - SES	All areas	132 500 / 000		
Tsunami - SES	All areas	131 444 / 000		

Utility and Service Providers

Service Provided	Company	Contact	Primary Contact Number	Secondary Contact Number	Email	Account No.
Local Council	CityOfSydney	andy	299368100	044895632	andy@healthyplace.com.au	65/895235/001
Power Supplier	ZIP	Vic	2 8908 2700		vic@apag.org.au	1658-flmc
Gas Supplier	Australian Power and Gas	Jo	2 8908 2700		jo@apag.org.au	1658-flmc
Water Services	Sydney Water		13 20 92			hha 5489
Air Conditioning	Airco	Vlad	2 5658 5462	04 2358 8745	Vlad@airco.com.au	0002356
Domestic Waste	Trashit	Celine	2 8956 2149	04 2564 8516	Admin@trashit.com.au	N/A
Clinical Waste	Nitrix	Jimmy	2 3157 8945	04 2358 6512	Jim@nitrix.org.au	0002458
Cleaning	Zippy Cleaning	Zippy	2 5134 8952	04 2315 8745	Zippy@zippycleaning.com.au	6589
Access Security	Strong Box Security	Leon	2 5489 6325	4 4589 3256	Leon@strongbox.org.au	FMC
Fire Alarms & Extinguishers	HeatSafe		1800 658429			52189
Lift (Elevator) Emergency	Fallout	Derek Lifthanser	1800 923956			73
Fixed Phone Services	Billys		1800 555 888			12589654
Mobile Phone Services	Telstra		1800 555 888			12589654
Internet Service Provider	Telstra		1800 555 888			12589654
EFTPOS Service Provider	dollars		1800 548965			5648965

Service Provided	Company	Contact	Primary Contact Number	Secondary Contact Number	Email	Account No.
Switchboard Phone Equipment	Digicom	Shaznay	2 5685 1245		shaz@dgc.org.au	
Accountant	CR Accounting	Charlotte Rampling	2 5689 3154	04 5689 3247	Charlotte@CRA.org.au	
Solicitor	Brother and Brother	Simon or Jill Brother	2 5486 1280	04 2358 6203		
IT Hardware Maintenance	Cactus IT	Ciara Murphy	1800 235 689	4 568 9625	cm@cit.org.au	fairlightsmc
IT Software Maintenance	Cactus IT	Ciara Murphy	1800 235 689	4 568 9625	cm@cit.org.au	fairlightsmc
Practice Management Software	MedTech		1800 256 965			fairlightsmc
Specialist Applications Maintenance	Cactus IT	Ciara Murphy	1800 235 689	4 568 9625	cm@cit.org.au	fairlightsmc
IT Data Backup & Restore	Cactus IT	Ciara Murphy	1800 235 689	4 568 9625	cm@cit.org.au	fairlightsmc
Insurance	Medical Assurance Society	Ellie	1800 236 025	4 2569 8546	ellie@MAS.org.au	FMC222
Bank	ANZ	Douglas Scrouge	3 9582 3457		DS@ANZ.com.au	
Pharmacy	Ivan's Pharmacy	Ivan Mitchell	2 6589 3214		ivan@imp.org.au	
Courier	Poste Haste		1800 2136 854			1548963
Pathology Services	FastPath	Emily Sojourne	2 5674 1258		emily@fastpath.com.au	44521698
Radiology Services	Horizon Radiology		1800 254 893			2215896
Building Maintenance	Rabbit Building Maintenence	Keith Richards	2 4513 6587	4 2569 8546	Keith@rabbit.org.au	FMC00125
Electrician	Anne Fraser	Anne Fraser	2 817 9215	4 815 9335	AF@Anneselectric.com.au	55 002369
Gas Appliance Maintenance						
Glazier						
Plumber	Sarah Plumbing Services	Sarah Mellow	2 5689 3245	4 2365 8961	Sarah@sps.org.au	
Generator Hire	Onsite Electrics	Samuel Wong	2 5698 3214	4 5896 3214	Sam@onsite.org.au	0001258
Transport / Freight	Van Helsing Carriers		04 0215 8745			
Locum Agency - Medical	Medical locums		1800 2365 8965			00012548
Locum Agency - Nursing	Nurses to Go	Lauren Bacal	1800 2365 8965		lauren@ntg.org.au	FMC00125

Service Provided	Company	Contact	Primary Contact Number	Secondary Contact Number	Email	Account No.
Locum Agency - Admin	TempsRUs		1800 6543 2155			
Port-a-loo hire	Prestige Loos	Jemmima	2 5912 7610	4 7692 4012	Jemima@prestige.com.au	
Water Tank Hire	Water Anywhere	Bernard		04 576 1299	gerald@waterA.org.au	
Paper Recovery Specialist	Dynamix Safety		2 5684 2158			
Clinical Supplies	EBOS	Stanley Kubric	1800 675 201		stanley@ebos.com.au	00098FMC
Stationery Supplies	Office Max	Peter Pencil	03 9876 4537		pp@officemax.com.au	76
Employee Assistance Program	Instep EAP Services	Jemma Stepp	1 800 7234 1234	04 8888 7766	jemma@instep.com.au	7759
Website developer	Cactus Lab Ltd	Christian Bale	09 735 8019	027 555 4443	christian@cactuslab.com	
Cyber Insurance provider	Delta Insurance	John Moore	09 630 0828	027 999 555	john@delta.com	
Website server host	Freeparking Ltd	Dan Murphy	09 723 4449	04 555 7774	dan@freeparking.com	

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:

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

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

Name	Phone
Lifeline	13 11 14

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
Structural Fire, Internal Fire	Low	Major	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.
Pandemic	High	Major	Complete the pandemic section of ERPT.	Enact Pandemic plan.	Review incident and amend plan as necessary.
Bush / grassfire	Low	Minor	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.
Flood (internal flood, flash flooding, storm surge, riverine)	Medium	Moderate	Ensure practice has a store of empty, or full, sandbags. Ensure that all electronic items are not resting on the	Place sandbags to protect building. Remove critical items if necessary.	Review incident and amend plan as necessary.

Hazard	Likelihood	Consequence	Preparedness	Response	Recovery
			floor, place them on tables shelves or raised off the ground.	Enact ERPT and business continuity plan where	
Threatening behaviour	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.
Heatwave	Medium	Minor	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.
Explosion	Low	Major	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	Moderate	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.
Tropical cyclone	High	Major	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. 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	Move to protect building early, place sandbags and board up doors and windows where necessary. Move equipment and furniture off the floor where required. Enact emergency plan and business continuity plan where necessary. Evacuate early where possible. Move practice to alternative location where necessary	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
			items are not resting on the floor, place them on tables shelves or raised off the ground. Have stock of material to board up windows if applicable		
Severe weather / storm	Extremely high	Major	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. 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.	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 alternative location where necessary	Contact insurance company early, assess damage and determine if practice needs to move to new location. 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. Contact fire service and/or gas company.	Do not re enter building until given permission to do. Review incident and amend plan as necessary.

4. Loss of Power Supply to the Practice

Disruption of mains supply, contact ZIP Phone 2 8908 2700.

Internal fault (within the premises) contact:

The practice manager or building manager. Phone:

The Electrician for the Practice is Anne Fraser.
Phone 2 817 9215.

The electrical switchboard for the Practice is located:

Behind the reception desk in wooden cupboard

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

IT Hardware Maintenance Provider: Cactus IT. Phone 1800 235 689.

The following systems are connected to a UPS and will continue to operate for approximately 60 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).

If power is likely to be disrupted for more than 16 hours we will consider the following:

Hiring a Generator

Generator Hire: Onsite Electrics Phone 2 5698 3214.

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

- Server plus one printer and 3 workstations

- PABX plus four phones

- Lighting in Treatment room one, nurses room and Dr's rooms one and two.
  All other rooms have natural light

- Kitchen Equipment, Food Fridge, Microwave and kettle

- Vaccine fridge, ECG, Otoscope, Nebuliser, suture light

The size of generator required to support essential systems and facilities is 28 Kva Kilowatts.

We must contact our electrician on 2 817 9215 to connect generator

Evacuation

We will evacuate the building if an event poses safety concerns for patients or team members. 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.

Processes Affected by Power Loss	Short-term Contingency Measures
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: 04 3492 1630 Spare land-line/back up phones are stored in reception drawers, bottom draw Plug into external fixed line sockets. Use car charger to charge mobile phone batteries.

Other Comments or Instructions

Checklist

- The building is secured after evacuation

- Automatic opening doors are locked in the "open" position …

- If any people are caught in the lifts – call Mall Security on 8858 9722, stay in voice contact with the people in the lift

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: to the right of front door..

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.

Sydney Water **Phone** 13 20 92

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 4 5290 3081.

Plumber: Sarah Plumbing Services.
Phone: 2 5689 3245.

- 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 Four Square Suprette.

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 2 4589 4501 if not restored within 4 hours Situate port-a-loos outside back door 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 Water Anywhere 04 576 1299

- Consider moving temporarily to alternative premises

Gas Supply Disruption

Our Gas Appliance Maintenance Providers are: Phone .

Our Gas Supplier is Australian Power and Gas Phone 2 8908 2700.

Any faults with supply systems or appliances could be hazardous to patients and team members, potentially requiring an evacuation of the building until the problem is resolved.

- Evacuate the building and call 000. Do not switch appliances on or off, as this may create a spark and cause an explosion

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Checklist

- Check availability of mobile phone chargers

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6. Disruption to Telecommunication Systems

Telephone System Disruption

Telecommunications provider: Billys Phone 1800 555 888.

The telephone switchboard equipment is a Samsung, PSH5478 system, model no. 22087612 L.

The company who services the telephone switchboard equipment is Digicom Phone 2 5685 1245.

If the telephone system is likely to be inoperable for more than 24, our telecommunications provider will be instructed to activate the following arrangements:

- Incoming calls will be transferred to alternative fixed line/mobile connections as follows: 04 5389 2359 and 04 2390 7645

- 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:
Reception	Please ensure company mobiles are available and used until the regular system is restored.

Disruptions to Computer Applications Reliant on Data Communication

EFTPOS equipment provider dollars Phone 1800 548965.

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 Phone 1800 555 888.**

- The email address of our Practice is admin@fairlights.org.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

7. Loss of IT Systems or Data

The team member responsible for overseeing Information Technology systems in the Practice is Emma Bland.

Loss or damage to IT

- **Computer Hardware Maintenance Providers: Cactus IT Phone 1800 235 689.**

- **Computer Software Maintenance Providers: Cactus IT Phone 1800 235 689.**

- **Service provider to restore backups: Cactus IT Phone 1800 235 689.**

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 in plastic crates on shelves in reception
  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 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 for new hardware replacement.

The estimated time to restore data backups to the server and/or individual C drives (local drives): 12 hours.

The estimated time to replace all hardware: 24 hours.

The estimated time to restore all software: 12 hours.

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 data cartridge

  - The server is backed up daily to hard drive

  - The server is backed up daily online – JW runs weekly back-up checks/tests

  - Each computer's C drive (local drive) is backed up daily to data cartridge

We test our backup restoration process every 6 months.

7a. Cybersecurity Response

Team Member Call-In Tree

- **IT hardware maintenance providers: Cactus IT Phone 1800 235 689.**

- **Website developer: Cactus Lab Phone 09 630 0828.**

- **Website server host: Freeparking Ltd Phone 09 723 4444.**

- **Cybersecurity insurance: Delta Insurance Phone 07 564 3336.**

Cyber Insurance

- Our cybersecurity insurance covers: Business interruption, legal liability, loss of funds and related expenses or service costs incurred by the insured as a result of a network attack, wrongful act or hacker theft, all as described in the policy.

- 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.

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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	Hard copy in filing cabinet,	electronic copy in business drive on server	Carrie White
Insurance Policies	Hard Copy - Practice Manager's Office	Electronic Copy - Insurance Broker	Carrie White
Payroll Records	Payroll folder on server	PDF to accountant monthly	Carrie White
Procedural Manuals and templates	on Nurses shelves, PDF on server in procedures folder	With daily server backup	

Paper Medical Records

Document Restoration Specialists
Dynamix Safety Phone 2 5684 2158.
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 or the RACGP that you have clearance to use your usual provider number to practise at 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 a disused building space

- 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 Bayside Medical Phone 2 1547 8961. Located at street address 221 Bayside Drive Suburb Fairlight.

Contact person for alternative site

Name:	Dr Ash Williams
Phone:	2 5489 6325
Mobile:	04 1254 8965

Alternative Site

How will you access clinical supplies, pharmaceuticals:

Supplies already at alternate location as it is a practice. we will salvage any items from our practice to bring with us

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

All in place, we will bring 2 additional laptops.

What needs to be done before moving in:

nothing

Estimated time to set up operations:

4 hours

Transportation

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

Moving Company: Van Helsing Carriers.
Phone 04 0215 8745.

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.

- Consult Section 15 for prioritisation of re-establishing functions and activities.

Other:

9a. Telehealth

Telehealth

In the event of loss of the building facility or to support infection prevention during a pandemic, 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:

Softcopy procedural processes have been sent to all clinical staff.

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

All telehealth software has been set-up on clinical laptops for remote telehealth consultations. If problems please contact - RXtelehealth on 04 6145 7233

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

All clinical staff are set-up to work from home when required.

Estimated time to set up remote telehealth consultations:

None

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	4	No	Ebos	2	please order Littmann Cardio 2's
Sphygmomanometer	2	not enough at alternate site	Ebos	2	portable cuffs rather than electronic or boxed versions please
Blood Pressure Meter	4	Yes	Welsch Allen	2	
Portable Oxygen	1	yes			
Otoscope	1	no	Ebos	2	
Nebuliser	1	no	Ebos	2	power not gas driven
Steriliser	1	yes			

Personal Protective Equipment (PPE)

Item	Quantity Req	Supplier	Comment
Gloves	2 box per size	Ebos	
Masks	4 boxs	Ebos	
Apron	4 boxs	Ebos	
Goggles	10	Ebos	

Medical Supplies and Consumables Essential to Service Delivery

Item	Quantity Req	Supplier	Comment
Doctor's bag	1	Ebos	
Needles	10x 14g, 18g, 20g and blunt	Ebos	
Syringes	10x 1ml, 5ml, 10ml and 20ml	Ebos	
IV Catheters	10x 14g, 18g, 20g and 22g	Ebos	
Disposable sterilized instruments e.g. forceps	nil	Baxter	
Bandages	10 x each size	Baxter	

Pharmaceutical Supplies Essential to Core Service Delivery

Item	Quantity Req	Supplier	Comment
Adrenaline	5x 1:10000 5x 1:1000	Ebos	
Doctor's bag emergency drugs	5x MST ampule 5x Odansatron ampule 2 courses of Erthromycin	Local pharmacy	
IV fluids	5x 500ml saline 5x 500ml glucose 5%	Baxter	
Local Anaesthetics	5x lidocaine ampule	Baxter	
Other Supplies – e.g. paracetemol	100x paracetamol 1g 100x ibuprofen 200mg	Ebos	

Vaccine Supplies Essential To Service Delivery

Item	Quantity Req	Supplier	Comment
DTPa	10	Ebos	

Item	Quantity Req	Supplier	Comment
DTPa-IPV	10	Ebos	
Rotavirus	10	Ebos	

Suppliers of Equipment, Medical Consumables and Pharmaceuticals

Service Provided	Company	Contact	Mobile	Phone	Email	Account No.
Clinical Equipment	Ebos	Stanley Kubric		1800 675 201	stanley@ebos.com.au	00098FMC

Furniture, Appliances, Office Equipment

Location	Items	Comment
Consulting Room 1	Doctor's desk, chair, patient seating, text books	
Kitchen	Microwave, fridge, kettle	
Consulting Room 2	Doctor's desk, chair, patient seating, text books, Shelves	
Consulting Room 3	Doctor's desk, chair, patient seating, text books, shelves, table	

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

Edwin Terrace Medical Centre

Type	Description	Numbers
Bank Account	Main business bank account	12-3456-7891011-12
GST	GST number for the practice	987654321
ABN Number	ABN Number	87654321JGWD

Medical

Emma (nee organ) Bland

Type	Description	Numbers
Registration number		GP989898
Provider number		GP978960
Prescriber number		GP978961

Neil Morrisey

Type	Description	Numbers
Registration number		GP98765
Provider number		GP98766
Prescriber number		GP98767

Marcus Welby

Nursing

Emma Woodhouse

Type	Description	Numbers
Nursing registration		N123456
Prescriber Number		N123457

Everitt McGill

Type	Description	Numbers
Nursing registration		

Allied Health

Mattie Ross

Description	Numbers
Pharmacist Registration Number	PHARM9876

Adam West

Description	Numbers
Phlebotomist Registration Number	PHLEB4578

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:

- Send a SMS to all patients advising them of emergency arrangements.

- Putting a sign at the front door

- Mailing out an informative letter

- Placing an announcement in the local community newspaper

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

Emergency Support

We will advise our PHN Murray 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

- If we need their assistance combining services with another GP practice.

and

- Keep them updated on operational capacity 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, in particular the resthome closest to our practice, Roses Rest Home.

Key Business Contact Notification

Business Name	Street Address	Contact Name	Phone	Email	Relationship to our Business
Powlett Pharmacy	21 Powlett Street, Fairleigh Heights, Sydney NSW 2588	Peter Tsai	+61 2 5432 1987	peter@powlettpharmacy.com.au	Closest phamarcy to send patients to pick up their prescriptions.
PathLab	2 George Street, Fairleigh Heights, Sydney NSW 2588	Ruth Hotham	+61 2 5432 1986	ruth@pathlab.com.au	Main Pathology Laboratory we send our clients to.
Roses Rest Home	18 Simpson Street, Fairleigh Heights, Sydney NSW 2588	Andrea Webb	+61 2 5432 1985	andea@simpsonstreet.com.au	Our GPs predominantly care for their patients.

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 Emma Bland.

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

Team members

The Emergency Co-ordinator will keep our team members informed throughout the disruptive episode. Damien Lewis will communicate decisions and inform team members.

Other Comment or Instructions:

Checklist:

- Communication to patients instigated

- Communication to Key Business contacts completed.

13.

This section was not completed.

14. Loss of or Non-availability of Key Team Members

Continuity of Management – Succession Arrangements during an Emergency Event

All key personnel may not be immediately available during an emergency event. To support effective management during an emergency, a step-up plan is in place to ensure that the Practice's core functions can continue, should the designated leader not be available.

The step-up personnel nominated in Succession Planning in an Emergency will manage the function until such time as the designated leader is available or they are instructed to stand-down by the Emergency Coordinator.

Sudden Non-availability of Medical Team Members (unplanned)

Locum Agency - Medical
Name: Medical locums
Phone: 1800 2365 8965

Locum Agency - Nursing
Name: Nurses to Go
Phone: 1800 2365 8965

Locum Agency - Admin
Name: TempsRUs
Phone: 1800 6543 2155

- 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. Our closest practice is Normanby Road Medical Centre

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Impact of Major Incidents, such as a Pandemic, on Team Member 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 team members 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 team member levels within our Practice.

Emergency Access to Secure Systems and Areas

Password-protected Information

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

Administrator access to the Practice Management System is held by Damien Lewis AND Emma Bland.

In the event of the unplanned absence of a team 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 Damien Lewis.

Entry Systems to Buildings - Keyed or Numerical or Swipe Cards

Damien Lewis has access to and provides access for all swipe cards. Security keypad numbers known by all staff.

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

Succession Planning during an Emergency

All key personnel may not be immediately available during an emergency event. To support effective management during an emergency, a step-up plan is in place to ensure that the Practice's core functions can continue, should the designated leader not be available.

The step-up personnel nominated in Succession Planning in an Emergency will manage the function until such time as the designated leader is available or they are instructed to stand-down by the Emergency Coordinator.

Personnel Performing Higher Duties

Core Function	Person Normally Responsible	Successor	Normal Role	Phone	Mobile
Medical	Emma Bland	Neil Morrisey	GP	105	04 5681 2569
Nursing	Emma Woodhouse	Everitt McGill	Nurse	2 4584 9613	04 5874 9632

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	Provision of Industrial medical services to
Team member responsible	Emma Woodhouse
Successor e.g. back up team member	Jason Issacs
Maximum Permissible Outage Time. This is the maximum amount of time that the function can be inoperable for. This may be a contractual obligation.	72 hours, contractual obligation
Team members required to fulfil function	1 Doctor 2 Nurses 1 Receptionist
Premise required to fulfil function	Our medical centre or two rooms in Wentworth Chemical plant
Clinical equipment / consumables required to fulfil function	Grab bag, plus scales
IT required to fulfil function	laptop with GoDoc software

Key service or function	Medicare billing, external contract, payroll
Team member responsible	Neil Morrisey
Successor e.g. back up team member	Emma Bland
Maximum Permissible Outage Time. This is the maximum amount of time that the function can be inoperable for. This may be a contractual obligation.	Two days, will need funding after this
Team members required to fulfil function	1 Admin
Premise required to fulfil function	Admin office or home
Clinical equipment / consumables required to fulfil function	nil

IT required to fulfil function	Laptop with secure internet software and access to practice management software.

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:

Premises:	If premises are not going to be available for more than 72 hours then use alternative location
Power:	Priorities for systems requiring power are, server, PABX and Vaccine fridge.
Telecommunications:	Priorities for telecommunications systems are cell phones if land lines are inoperable, and the PABX
IT Systems:	Within the IT system our priorities are the Server, two works stations and a printer. we also require the internet for the following systems - payroll, PMS?
Water:	Bottled water used for drinking, alcohol hand rub for hand washing unless involving bodily fluids. If mains supply will be out for longer than a week hire water tank and pump.

16. Pandemic

Human resources

Team roles and responsibilities

Two team members should be appointed to act as the Pandemic Leader and Pandemic Coordinator and, if there is sufficient capacity, a Communication Coordinator. Allocation of these roles will be dependent on the practice size and model. In a smaller practice, one person may fulfill all roles. These roles and responsibilities have been identified but can be amended according to the needs of your practice.

Pandemic Leader: Emma (nee organ) Bland

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

- Manage and lead all staff policy and training on all aspects of the COVID-19 outbreak
  This includes distributing Commonwealth, state government and RACGP approved material to all staff on how to best manage the spread of COVID-19 in the work place and outside community.

- 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 influenza 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: Mattie Ross

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 – disseminate the latest updates to all staff members.

- 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. For COVID-19 ensure patients with symptoms are kept form entering the practice. They must be triaged in the carpark by a staff member with suitable PPE equipment. Poster stopping entry, on the front door.

Communication Coordinator: Adam West

The role

The Communication coordinator's role is to undertake key communication activities to ensure practice team members, 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.
  Support the practices pandemic leader in internal and external communication and training as it immediately relates to COVID-19

- Establish processes for communicating with the staff and public

- Display communication posters in the practice.
  Develop posters and notices for the front door making patients aware of the criteria for entering the premises or not and other triaging processes

Team member contact details

All team member contact details are listed in Section one

Team member Rostering

For a range of reasons, team members may be reluctant to work in the practice during a pandemic. In advance or at the first warning of a pandemic the Pandemic coordinator should survey the team members using the questions below to determine who is willing/able to work during a pandemic

- Ask all employees: 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 flu clinic was established?

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

Team Member	Willing to Work	After Hours	Pandemic Clinic
	Yes	Yes	Yes
Emma (nee organ) Bland	Yes	Yes	Yes
Neil Morrisey	No	Yes	No
Marcus Welby	Yes	Yes	Yes
Emma Woodhouse	Yes	Yes	Yes

Team Member	Willing to Work	After Hours	Pandemic Clinic
Everitt McGill	No	Yes	Yes
Carrie White	Yes	Yes	No
Jason Issacs	Yes	Yes	Yes
Mattie Ross	Yes	Yes	Yes
Adam West	Yes	Yes	No

Team immunisation register

Team Member	Immunised	Date of Immunisation	Vaccines Administered	Other Vaccines and Date Administered
Damien Lewis	Yes	15.9.14 16.4.19 21.7.19 21.7.19	Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Hepatitis B Influenza Measles, mumps rubella (MMR) (if non-immune) Pertussis (dTpa [diphtheria-Tetanus-acellular pertussis]) Varicella (if non-immune) COVID-19
Emma Bland	No	Flu date MMR date HEP C date	Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Hepatitis B Influenza Measles, mumps rubella (MMR) (if non-immune) Pertussis (dTpa [diphtheria-Tetanus-acellular pertussis]) Varicella (if non-immune) COVID-19
Neil Morrisey	Yes	15.9.14 16.4.19 21.7.19 21.7.19	Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Hepatitis B Influenza Measles, mumps rubella (MMR) (if non-immune) Pertussis (dTpa [diphtheria-Tetanus-acellular pertussis]) Varicella (if non-immune) COVID-19
Emma Woodhouse	Yes	15.9.14 16.4.19 21.7.19 21.7.19	Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Hepatitis B Influenza Measles, mumps rubella (MMR) (if non-immune) Pertussis (dTpa [diphtheria-Tetanus-acellular pertussis]) Varicella (if non-immune) COVID-19

Team Member	Immunised	Date of Immunisation	Vaccines Administered	Other Vaccines and Date Administered
Everitt McGill	Yes	15.9.14 16.4.19 21.7.19 21.7.19	Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Hepatitis B Influenza Measles, mumps rubella (MMR) (if non-immune) Pertussis (dTpa [diphtheria-Tetanus-acellular pertussis]) Varicella (if non-immune) COVID-19
Carrie White	Yes	15.9.14 16.4.19 21.7.19 21.7.19	Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Hepatitis B Influenza Measles, mumps rubella (MMR) (if non-immune) Pertussis (dTpa [diphtheria-Tetanus-acellular pertussis]) Varicella (if non-immune) COVID-19
Jason Issacs	Yes	15.9.14 16.4.19 21.7.19 21.7.19	Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Hepatitis B Influenza Measles, mumps rubella (MMR) (if non-immune) Pertussis (dTpa [diphtheria-Tetanus-acellular pertussis]) Varicella (if non-immune) COVID-19
Adam West	Yes	15.9.14 16.4.19 21.7.19 21.7.19	Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Hepatitis B Influenza Measles, mumps rubella (MMR) (if non-immune) Pertussis (dTpa [diphtheria-Tetanus-acellular pertussis]) Varicella (if non-immune) COVID-19
Mattie Ross	Yes	15.9.14 16.4.19 21.7.19 21.7.19	Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Hepatitis B Influenza Measles, mumps rubella (MMR) (if non-immune) Pertussis (dTpa [diphtheria-Tetanus-acellular pertussis]) Varicella (if non-immune) COVID-19
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever

Team Member	Immunised	Date of Immunisation	Vaccines Administered	Other Vaccines and Date Administered
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	Yellow Fever
			Hepatitis B, Influenza, MMR (if non-immune), Pertussis Varicella (if non-immune), COVID-19	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.

Team Member	Training	Date
	Hand Hygiene. Infection prevention and control. Cleaning. Application and removal of PPE.	
	Hand Hygiene. Infection prevention and control. Cleaning. Application and removal of PPE.	
	Hand Hygiene. Infection prevention and control. Cleaning. Application and removal of PPE.	
	Hand Hygiene. Infection prevention and control. Cleaning. Application and removal of PPE.	
	Hand Hygiene. Infection prevention and control. Cleaning. Application and removal of PPE.	15.9.14
Neil Morrisey	Hand Hygiene. Infection prevention and control. Cleaning. Application and removal of PPE.	16.03.19
Emma (nee organ) Bland	Hand Hygiene. Infection prevention and control. Cleaning. Application and removal of PPE.	16.03.19
Marcus Welby	Hand Hygiene. Infection prevention and control. Cleaning. Application and removal of PPE.	16.03.19
Emma Woodhouse	Hand Hygiene. Infection prevention and control. Cleaning. Application and removal of PPE.	16.03.19
Everitt McGill	Hand Hygiene. Infection prevention and control. Cleaning. Application and removal of PPE.	16.03.19
	Hand Hygiene. Infection prevention and control. Cleaning. Application and removal of PPE.	

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

Edwin Terrace Medical Centre will at all times hold four weeks stock of clinical and non-clinical supplies and has an identified supply chain to increase supplies if necessary.

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

Clinical supplies	Quantity	Storage
Plastic aprons	200	Practice storage cabinet
Gowns	nil	Practice
P2 Masks	60 boxs	Practice
N95 Masks	10 boxs	Practice
Goggles/glasses	20	Practice
Face shields	20	Practice
Gloves	200 boxs	Practice
Swabs	100	Practice
Alcohol rub	20 bottles	Practice

Clinical supplies	Quantity	Storage
Tissues	400 boxs	Practice
Paper linen for examination couches	40 rolls	Practice

Infection prevention and control

Edwin Terrace Medical Centre will reduce the risk or prevent the transmission of infectious diseases by embedding infection control measures in everyday practice. While all GPs and clinical and non-clinical team members 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	Team member responsible
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	
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	
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	
Waiting room	Cross infection	Remove all toys and magazines	n/a	

Where in the practice	What is the risk?	Mitigation	Action in the event of	Team member responsible
Door Handles	Cross infection	Routine cleaning	n/a	
Consultation room		Cleaning routines with Detergent and disinfectant	n/a	
COVID-19 Waiting room	Cross infection	Remove all toys and magazines	n/a	
Door Handles	Cross infection	Routine cleaning	n/a	Neil Morrisey
Public toilet	Cross infection	Routine cleaning with suitable antiseptic spray, including all door handles after each use.		Emma (nee organ) Bland
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	
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	
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	
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	Team 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				
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				
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				
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				
COVID-19 Cleaning policy: Clinical space for infected or suspected infected patients	After each patient	Wipe all surfaces the patients has contacted. These include: disinfection for frequently touched surfaces such as tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, taps and sinks.dispose of, or clean any items of equipment used in the consultation	Always use industrial bleach or equivalent in an area that has been used by a infected or suspected infected	Carrie White
Reception	hourly	wipe with spray and cloth	use Xtreme Viradeath	Carrie White

Area to clean	Frequency	Specific procedure	Specific products	Team 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				
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				
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				
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	Yellow bags or sharps bins, collected weekly by Cliniwast	Store in Fenced waste area in car park. could store up to four weeks. after this contact state health
Related Related waste can contain cytotoxic, pharmaceutical and chemical waste.	Yellow bags or sharps bins, collected weekly by Cliniwast	Store in Fenced waste area in car park. could store up to four weeks. after this contact state health
General General waste can include disposable nappies, tongue depressors, disposable specula and spatulas	Black bags, collected twice weekly	Could store up to Five weeks in fenced are in car park

Hand hygiene and respiratory etiquette

Excellent hand hygiene and respiratory etiquette are essential in infection prevention and control. Team members 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 (https://www.hha.org.au/local-implementation/promotional-materials/posters).

Correct use of PPE

The correct use of PPE is essential in protecting the health of team members 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 (https://www.safetyandquality.gov.au/publications-and-resources/resource-library/sequence-putting-and-removing-personal-protective-equipment-ppe).

Patient triage

It is vital that practice team members 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.

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 (e.g. 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

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 influenza like 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 influenza like symptoms. All staff members to have suitable PPE equipment.

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

- Provide conveniently located masks, tissues and alcohol rub in waiting areas

- Conduct consultations in car park or patient car

- Streamline payment processes and consider online banking or pay wave technology.

- Triage symptomatic patients via telehealth

Communication

Communicating with key external stakeholders

Our key pandemic stakeholders are listed in Section 2 – Key Contact Information

During a pandemic, it is helpful for practice team members (who have varying rosters/shifts) to record and track communication with external stakeholders. This record will be kept at the reception desk for visible access.

Date	Team member	Organisation	Comments

Communicating with patients

During a pandemic, we will communicate with our patients via:

- Posters and signage:
  – disease symptoms
  – triage arrangements
  – practice entry requirements (e.g. wearing a mask or access via a different entrance)

- Relevant template posters are available on the RACGP website

- Fact sheets and information sheets

- Newsletters and mail-outs

- Telephone, SMS

- Email

- Practice website, which will contain up-to-date information about the pandemic, opening hours and other relevant information

- Notice board

- Telephone answering machine with message on hold

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
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

17. 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 [insert location]. 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

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