



RACGP

*Managing emergencies and
pandemics in general practice*



A guide for
preparation,
response and
recovery

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Published by
The Royal Australian College of General Practitioners
College House, 100 Wellington Parade
East Melbourne VIC 3002 Australia

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Fax 03 8699 0400
www.racgp.org.au

ISBN 978-0-86906-352-1
Published June 2013

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A guide for preparation, response and recovery

Acknowledgements

Managing emergencies and pandemics in general practice: A guide for preparation, response and recovery has been developed by The Royal Australian College of General Practitioners (RACGP) under the guidance of the project's steering committee.

The RACGP received project funding from the Department of Health and Ageing via the Office of Health Protection to develop this resource.

The RACGP undertook an extensive consultation process to develop this resource and would like to thank those who offered ideas and suggestions, provided feedback on drafts and attended the national disaster management summit in 2012. The collective effort has resulted in the production of a comprehensive resource that provides general practices with practical advice on how to better prepare for, respond to and recover from the impact of emergencies and pandemics.

The RACGP would particularly like to thank:

- Dr Glynn Kelly (Chair, Project Steering Committee)
- Dr Penny Burns (Deputy Chair, Project Steering Committee)
- Professor Gerry Fitzgerald (Project Steering Committee)
- Dr Jenny Firman (Project Steering Committee)
- Mr Andy Wisheart (Northern Region Emergency Planning Manager, New Zealand)
- Members of the RACGP's National Faculty of Specific Interests – Disaster Management Network
- Australian Psychological Society
- Australian Practice Nurses Association
- Australian Medicare Local Alliance
- All other GPs and practice staff who provided feedback during the consultation process.

Foreword

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

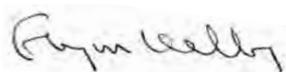
The RACGP was actively involved in supporting GPs and practices adversely affected by the floods in Queensland, Victoria and New South Wales in 2010, 2011 and 2013 and the Victorian and Tasmanian bushfires in 2009 and 2013. Similarly, the College played an important role in developing and disseminating crucial health information during the 2009 pandemic.

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

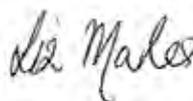
The RACGP continues working with GPs, other GP organisations, state and territory governments and the Australian Government, and other stakeholders to coordinate the provision of clinically relevant health information and emergency management resources to support GPs and their communities.

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

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



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Chair
Disaster Management Network



Dr Liz Marles
President
Royal Australian College of General Practitioners

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1. Disasters and emergencies in Australia

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

The Commonwealth of Australia defines a disaster as:

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

According to the United Nation's Office for Disaster Reduction, approximately 517 775 Australians are affected by a disaster each year.² Between 1980 and 2010, there were 162 disasters in Australia, resulting in the deaths of 959 people.²

While it is generally expected that bushfires occur seasonally in rural and remote areas, the Tasmania (1967 and 2013) and Canberra (2003) bushfires demonstrated that urban metropolitan areas are also at risk.³ The Tasmanian bushfires of 1967 consisted of 110 separate fires, causing the homelessness of 7000 people, the injury of 900 people and the death of 62 people.³ The Black Saturday Fires, which occurred in Victoria in February 2009, are considered to be the most devastating fires in Australian history; they resulted in 173 fatalities and the destruction of more than 2100 homes.⁴

Disasters can have a profound impact on the population's health and wellbeing, causing injury – both short-term and long-term – and death. The degree to which people are affected will vary significantly depending on the type and severity of the disaster. People affected by disasters can also have an increased risk of mental health and social problems. However, the literature suggests that the majority of people are resilient and have the courage and strength to overcome these setbacks. Psychological first aid can provide basic support for the distressed immediately after an event.⁵

Disasters can also have long-term effects on the country's economy. It is estimated that disasters cause more than \$1.14 billion damage to Australian businesses, homes and the nation's infrastructure each year.⁶ Insurance claims for the 2010 Queensland floods currently stand at \$2.38 billion (at May 2013), while claims for Queensland's Cyclone Yasi, which occurred in 2011, stand at \$1.4 billion.⁷

Currently, scientific research indicates that the intensity and frequency of disasters is expected to rise in the future.⁸ For this reason, thorough and comprehensive disaster planning and preparation by all levels of government, statutory authorities, agencies, individuals, businesses and communities is of paramount importance. Lessons learnt from past events highlight the importance of disaster preparation in reducing the overall impact of a disaster.

Disaster planning should never be neglected or overlooked.



2. General practice and emergencies



The Royal Australian College of General Practitioners (RACGP) has developed *Managing emergencies and pandemics in general practice: A guide for preparation, response and recovery* with support from the Department of Health and Ageing.

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

While this guide has been specifically developed for the general practice setting, it is recognised that other primary care settings might find it useful during their emergency preparations and we encourage them to use it.

General practice is the linchpin of Australia's health service infrastructure. GPs and practice teams are at the forefront of medical care, providing Australians with access to quality healthcare on a daily basis. It is estimated that GPs see approximately 88% of Australia's population each year.⁹

In an emergency, it is generally expected that the demand for healthcare services will rise, especially in the event of a pandemic.¹⁰ During previous emergency responses, GPs and practice teams have consistently worked to provide individuals with the best care possible. They have demonstrated their commitment to the communities they serve during emergencies and pandemics by ensuring that individuals requiring urgent medical attention were seen and that people residing in disaster-affected areas could continue to receive ongoing care.

This commitment reinforces the ongoing critical role that GPs and practice teams play in responding to emergencies, from the immediate and acute phase to the long-term recovery phase. Evidence surfacing since the outbreak of the H1N1 virus in 2009 suggests that the crucial role of general practice in managing the pandemic was underestimated and not fully considered during pre-planning processes.¹⁰

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

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

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

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

3. Emergency planning in general practice

3.1 The impact of emergencies in general practice

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

In an emergency, general practices may experience:

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

To help reduce the overall impact of an emergency, it is essential that business owners undertake appropriate emergency planning and preparation activities. While general practices essentially operate as private businesses, they are unique in the sense that they provide essential health services to individuals within the community.

Some practices may find fewer patients attend the practice during an emergency as a result of damaged infrastructure and access issues. Conversely, other practices may see an increase of patients attending due to injuries sustained during the event. So that practices are well positioned to continue providing essential services to patients, it is extremely important that they are appropriately prepared to manage the potential impact of an emergency.

3.2 Why plan?

Comprehensive planning can assist in reducing the overall impact of an emergency and reduce liability and financial loss due to damages sustained during an event. Having an emergency response plan will increase a practice's capacity to continue to provide essential services to patients during an emergency. The plan will identify contingency measures that can be implemented to reduce the impact of an emergency and outline appropriate actions to ensure that the practice can keep running (even if only in a limited capacity) until the practice fully recovers and can return to normal functioning. Furthermore, investing time and effort in developing a well-thought-out emergency response plan will help to expedite the recovery process.

Engaging in simple emergency planning activities will help practice staff to feel confident and prepared and will reduce any sense of panic in the event of an emergency. Through the emergency planning process, practice staff would have anticipated what equipment would be required and considered the key actions staff would undertake before an emergency. Overall, practices that have an up-to-date emergency response plan will be better positioned to respond to an emergency.





Potential loss of earnings for closure of a practice for 1 day

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

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

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

3.3 The emergency planning process

Emergency planning is the process of identifying, reviewing and updating a series of appropriate actions for managing an emergency. Practices should be aware that the emergency planning process is fluid and ongoing; emergency response plans are of no value if they contain out-of-date information.

To ensure that practices engage in emergency planning processes, it is recommended that they undertake a range of emergency preparation activities.

3.3.1 Appoint an emergency management coordinator

Practices should have up-to-date knowledge of emergency planning and management information. Therefore, it is recommended that practices appoint a staff member as their 'emergency management coordinator'. Having one person in the practice responsible for all things emergency related will ensure that emergency planning is placed at a preferential level and not overlooked or neglected.

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

Depending on the size of the practice, it may also be worth considering appointing a deputy emergency management coordinator, in the event that the primary emergency management coordinator is on extended leave or becomes ill during an emergency.

Role of the emergency management coordinator(s)

It is vital that the emergency management coordinator(s):

- ensure that they and all practice staff have up-to-date knowledge and skills relating to emergency planning and management (which is specific to the location of the practice)
- draft and finalise an emergency response plan for the practice
- be responsible for training and educating the entire practice team about the plan
- be responsible for reviewing and updating the plan on a quarterly basis
- test or exercise the plan (or components of the plan) annually
- ensure practice staff can access the plan at any time
- make decisions as to whether/when the emergency response plan needs to be activated
- be responsible for building and maintaining relationships with other nearby practices and Medicare Locals to discuss strategies of working together in the event of an emergency
- be responsible for connecting with local council and local emergency services.

3.3.2. Undertake local and other research

To start the planning process, it is recommended that the emergency management coordinator(s) conduct preliminary research and obtain information regarding:

- the geographic location of the practice – to identify if the practice is located in a disaster-prone area
- landscape and surroundings – to understand what additional steps need to be taken to protect the practice's infrastructure
- demographics of the patients – to identify vulnerable patient groups in the event of an emergency or pandemic
- residential aged care facilities (RACFs) close to the practice – to ensure that patients residing in RACFs are not overlooked and that they are able to access appropriate care in the event of an emergency or pandemic
- support provided by the relevant Medicare Local – to ensure better integration of services
- local emergency services – to ensure effective communication and emergency management
- previous events that have affected the practice or community – to understand what can be learnt from past events
- practice support facilities such as ambulance services, pharmacies and community nurses – to identify what other services may be of assistance in an emergency.

It is envisaged that the information obtained, as detailed above, will assist in the planning process and inform the overall development of the practice's emergency response plan. An important part of the emergency planning process is to understand how the practice might be affected in the event of an emergency so that appropriate measures may be taken.

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

3.3.3. Develop and document the emergency response plan

As discussed earlier, to ensure there is continuity in emergency planning processes, it is recommended that the practice's appointed emergency management coordinator be the primary person responsible for developing and documenting the emergency response plan (with the assistance of other team members as appropriate).

The emergency response plan includes important details regarding the appropriate actions and steps to take in the event of an emergency. It is important the plan is documented clearly, concisely and accurately and should be easy to read and understand.

The emergency management coordinator should ensure that the emergency response plan is easily accessible by all practice staff. A copy of the plan should be kept at the reception desk for easy access.

3.3.4. Provide staff education and training

Once the practice's emergency response plan has been developed and documented, it is recommended that the emergency management coordinator provide the practice team with some basic education and training regarding the plan.

It is important that practice staff are aware that the practice has a plan in place and know how and where to access the plan.





In addition to scheduled briefing sessions regarding the plan, it is recommended that the emergency management coordinator regularly discuss the plan at team meetings to ensure that staff are reminded of the plan and that new staff are made aware of its existence.



3.3.5. Test components of the plan on an annual basis

Testing the emergency response plan or at least components of the plan is an important component of the emergency planning process. Exercising the plan will give the emergency management coordinator insight into the plan's functionality and reinforce the appropriate actions to take in an emergency.



3.3.6. Review and monitor the plan on a quarterly basis

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



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



Figure 1. Summary of the initial planning process

3.4 Important considerations during the planning process

While undertaking research during the planning process, the emergency management coordinator should consider if and how the practice has been affected by an emergency previously and what practical steps can be taken to ensure that the practice is prepared to effectively respond to an emergency.

This process will help inform the practice's emergency response plan and will also help the practice team (via the emergency management coordinator) feel that they are adequately prepared to respond to an emergency.

The practice's emergency management coordinator should take into account hazard-specific considerations.

Important considerations during the planning process

- If available, have the emergency management coordinator subscribe to text alert services (e.g. from the local council, state governments, the State Emergency Service (SES), local fire agencies and public health authorities) so that they can receive alerts in the event of a disaster affecting the area.
- Has the facility been damaged by flooding in the past?
- Is the practice located close to the waterfront, a low-lying river, stream, reservoir or any other body of water?
- What are the published flood levels for your area?
- What are the predicted flood levels for your area?
- Has information been obtained from the local council and emergency services regarding other flood/disaster plans and relevant evacuation assembly points and routes?
- Does the emergency response plan outline the appropriate actions for the different predicted height levels?
- Is the practice located in a bushfire-prone area?
- Is the emergency management coordinator aware of the fire warning levels in the area (which are determined by the local fire agency)?
- Has the practice been affected by cyclones previously?
- Is the practice emergency management coordinator aware of the Bureau of Meteorology's cyclone watch website, where notifications regarding imminent cyclones are issued?
- Has the practice been affected by earthquakes in the past?



4. Preparing the practice for an emergency

While developing the practice's emergency response plan, it is important to consider the key activities required to increase the practice's capacity to effectively respond to an emergency. The appointed emergency management coordinator and other practice staff can undertake a range of activities that may reduce the overall impact of an emergency on the practice.

4.1 Practice layout

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

As part of the emergency planning process, the emergency management coordinator is responsible for drawing up a comprehensive floor plan of the practice, highlighting the specific location of:

- an evacuation route
- a safe assembly point
- fire extinguishers
- the main shut-off valves for water and gas
- heating/air conditioning equipment
- the electrical master switch
- hazardous material (e.g. chemicals)
- the emergency kit (as discussed in Section 4.2)
- first aid equipment
- outside water taps and hoses
- security and fire alarm systems
- underground or overhead power lines.

4.2 Emergency kit

In an emergency, some towns can expect to be isolated for days or weeks, depending on road and other infrastructure damage. Practices should always have a generous amount of critical supplies stored on site in the event of an emergency. Practices are advised to gather and/or purchase appropriate resources and equipment to build an emergency kit that can be utilised by practice staff in the event of an emergency.

Examples of some of the items to include in the emergency kit follow.

Emergency kit supplies	
Disinfectant	Battery-powered radio (including spare batteries)
Detergent	Torches (including spare batteries)
Additional first aid kits	Analogue or dial-up phone
Plastic and garbage bags	Fire extinguisher with instructions
Bottles of clean water	Additional doctors bags with extra medications
Non-perishable food items	Small supply of office stationery
Medical certificate pad	Prescription pad

4.3 Infrastructure and contents protection

There are also practical safeguards that staff can undertake to help protect the facility and reduce the amount of damage caused to the practice's infrastructure and contents. While the advice provided below will not be relevant for all practices, it highlights some of the key activities that practices should consider during the emergency planning process and prepare for (as appropriate).

Preparing the practice for a bushfire

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

Preparing the practice for a cyclone

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

Preparing the practice for a flood

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

Preparing the practice for an earthquake

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





5. Essential information and key contacts



5.1 Staff contact details



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



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



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



To ensure that staff can be informed of an imminent disaster swiftly, the practice should establish a communication tree for practice staff. The communication tree can be initiated by the emergency management coordinator: he or she calls another staff member and that staff member calls another staff member, and so forth.



5.2 Contact for response agencies

During an emergency, staff may need to urgently seek assistance from an emergency response agency. As discussed in *Appendix 1 Roles and responsibilities*, different response agencies are responsible for different hazards. It is recommended that a list of all relevant state and territory response agencies be created and that this list be kept in a secure place at the reception desk for easy access during an emergency. A copy should also be stored in the practice's emergency kit.

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

5.3 Other health services

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

5.4 Practice information

If the practice is adversely affected by an emergency, practice staff will need to communicate with a range of service providers. To ensure that such communications can occur easily and quickly, it is recommended that a list containing important information regarding the practice's accounts and service providers be created and regularly updated. The list should include contact details and account and/or policy numbers of service providers such as insurance, telephone, internet, utilities and disaster recovery specialists.

6. Pandemic influenza

6.1 Background

6.1.1 What is seasonal influenza?

Every year, the influenza virus causes serious infection and even death worldwide, primarily during the winter months. Influenza viruses evolve over time, changing slightly from year to year, and various strains are continually spread throughout the world.

The influenza virus can lower the body's ability to fight other bacterial infections and can therefore often lead to other serious infections such as pneumonia. While the influenza virus can have serious complications, especially for the elderly and people with chronic medical conditions, generally most healthy people are able to fully recover from the virus.

6.1.2 What is pandemic influenza?

The World Health Organization (WHO) describes a pandemic as the worldwide spread of a new infectious disease. Pandemic influenza occurs when a new strain of the influenza virus emerges that most people have not been exposed to and therefore have no immunity. Pandemic influenza causes serious disease that is easily spread, infecting large population groups across every continent, ultimately causing significant illness and death. Historically, viruses that have triggered pandemics have generally originated from animal influenza viruses.

Throughout the ages, the world has experienced pandemics of varying scales. More recently, the world has endured outbreaks of infectious disease in 1918, 1957, 1968 and 2009.¹¹ As a result of these pandemics, more than 800 million people lost their lives. While significant advances in science and technology ensure that governments and health professionals have a better understanding of how to manage an outbreak of infectious disease, these statistics reinforce the need for medical practitioners and community members to remain vigilant and be prepared for the next outbreak.

Unlike seasonal influenza, it is impossible to predict when and where the next pandemic will start, what impact it will have on public health and how quickly it will spread. Acknowledging the devastating impact that pandemic influenza can have on human populations and the economy, governments around the world are increasingly taking appropriate steps to prevent pandemic influenza from occurring.

6.1.3 Management of H1N1 in 2009

In a pandemic, GPs and practice teams play a significant role in supporting public health goals in disease control. To reduce the overall impact and spread of pandemic influenza, it is essential that the practice team have appropriate skills and knowledge regarding infectious diseases so they are prepared to manage pandemic influenza in the general practice setting.

Following the outbreak of the H1N1 virus in 2009, the evidence suggests that the role of general practice in managing pandemics was underestimated and not fully considered during planning. During the outbreak, general practice played a vital role in managing the virus in the community, which was fortunate given that the hospital system was overstretched and did not have the capacity to treat and manage high volumes of infected patients.¹⁰



6.1.4 Influenza versus the common cold

While both influenza and the common cold are viral respiratory infections (usually affecting the nose, throat and lungs), it is important to note that the influenza virus is significantly worse than the common cold.¹²

Table 1 outlines the primary differences in symptoms of the common cold and the influenza virus.

Table 1. Symptoms of influenza and the common cold

Symptom	Influenza	Common cold
Fever	Often high, lasting 3 to 4 days	Rare
Headache	Frequent	Rare
Aches and pains	Common; can be severe	Slight
Cough	Common; can become severe	Sometimes; mild to moderate
Sneezing	Sometimes	Common
Runny nose	Sometimes	Common
Sore throat	Sometimes	Common
Shivering	Common	Rare
Physical capacity	Frequently bedridden	Normal
Energy levels	May show moderate to extreme signs of weakness	A littler lower than usual
Complications	Pneumonia, kidney failure and heart failure Can be life-threatening	Sinus or ear infection

6.1.5 How is the influenza virus spread?

The influenza virus can be spread in a number of ways, including:

- a droplet – a large particle that can be propelled up to a metre while coughing or sneezing
- indirect contact, such as transmission to an object that is then touched by another person
- direct contact, such as person-to-person contact
- airborne – small particles that can remain suspended in the air and travel great distances.

6.1.6 Ways to protect against infection

The spread of infection can be reduced or minimised through a few simple techniques including but not limited to:

- encouraging respiratory etiquette – covering the mouth or nose when coughing or sneezing
- social distancing – maintaining at least 1 metre distance from other people
- hand hygiene – regularly washing hands or using alcohol-based rub
- correct use of personal protective equipment (PPE) – using PPE in accordance with manufacturer's instructions and evidence-based guidelines
- surface cleaning – regularly cleaning all surfaces.

See www.racgp.org.au/your-practice/standards/infectioncontrol for further information regarding surface cleaning and PPE.



6.2 Pandemic plans and key resources

6.2.1 The Australian Health Management Plan for Pandemic Influenza

The Australian Health Management Plan for Pandemic Influenza (AHMPPI) 2009 is a national health plan, based on international best practice and evidence for responding to an influenza pandemic. The primary purpose of the AHMPPI is to provide information regarding the required measures to healthcare providers so that they can effectively manage an outbreak of infectious disease such as pandemic influenza.

It is recommended that general practices be familiar with the AHMPPI to ensure that they are able to effectively respond in the event of a pandemic. It is important to note that the AHMPPI is currently being revised (at May 2013) and a revised edition will be released in late 2013 or early 2014.

Practices can download a current copy of the AHMPPI from the Department of Health and Ageing (www.health.gov.au).

6.2.2 State and territory plans for pandemic influenza

While there is a single national plan for the management of pandemic influenza, states and territories are responsible for emergency responses and are also required to have a jurisdictional plan for the management of pandemic influenza. For continuity purposes, it is expected that the jurisdictional plans are accurately aligned with the AHMPPI.

General practices are also advised to become familiar with their relevant state or territory influenza pandemic plan to ensure that they are aware of its contents and are able to effectively respond in the event of a pandemic (see *Table 2*).

Table 2. State/territory influenza pandemic plans

State/territory	Pandemic plan	Year	Availability
Australian Capital Territory	Australian Capital Territory health management plan for pandemic influenza	2007	www.health.act.gov.au
New South Wales	NSW health influenza pandemic plan	2010	www.health.nsw.gov.au
Northern Territory	Special counter disaster plan – human pandemic influenza	2009	www.health.nt.gov.au
Queensland	Pandemic influenza plan	2009	www.health.qld.gov.au
South Australia	Pandemic influenza – a summary of health's operational plan	2012	www.health.sa.gov.au
Tasmania	Tasmanian action plan for pandemic influenza	Under review	www.dhhs.tas.gov.au
Victoria	Victorian action plan for human influenza pandemic	2012	www.health.vic.gov.au
Western Australia	Western Australian health management plan for pandemic influenza	2009	www.health.wa.gov.au

6.2.3 WHO pandemic alert levels

WHO has identified six phases of pandemic alerts that are used to inform the world about an outbreak of infectious disease and the need to employ intensive and appropriate measures.

The Department of Health and Ageing, via the Australian Health Protection Principal Committee, has international systems in place so that it is alerted to pertinent information regarding current and future pandemics.

See www.who.int/en for further information regarding the WHO pandemic alert levels.



6.2.4 Pandemic alert levels in Australia

Pandemic alert levels provide signals to governments to put their pandemic plans into action. The WHO levels describe the pattern on a global level and differ from the Australian alert levels. Australian general practices and health organisations need to follow the Australian Government recommendations.

Further information regarding Australia's pandemic alert levels can be accessed from the *Australian health management plan for pandemic influenza* and the Department of Health and Ageing website. A brief description of the alert levels is included in *Table 3*.

Table 3. Australia's pandemic alert levels in summary

Australian phase	Description		
ALERT	A novel virus with pandemic potential causes severe disease in humans who have had contact with infected animals. There is no effective transmission between humans. Novel virus has not arrived in Australia.		
DELAY	Effective transmission of novel virus detected overseas in: <ul style="list-style-type: none"> - small cluster of cases in one country overseas - large cluster(s) of cases in only one or two countries overseas - large cluster(s) of cases in more than two countries overseas. Novel virus not detected in Australia.		
CONTAIN	Pandemic virus has arrived in Australia causing a small number of cases and/or small number of clusters.	PROTECT	A pandemic virus, which is mild in most but severe in some and moderate overall, is established in Australia.
SUSTAIN	Pandemic virus is established in Australia and spreading in the community.		
CONTROL	Customised pandemic vaccine widely available and is beginning to bring the pandemic under control.		
RECOVER	Pandemic controlled in Australia but further waves may occur if the virus drifts and/or is re-imported into Australia.		

Source: Australian Government Department of Health and Ageing, Pandemic phases – 6 (last updated January 2011)

As discussed in 6.2.1, the AHMPPI is currently being revised. It is expected that the updated AHMPPI will also have new pandemic stages. The proposed pandemic stages can be viewed in Appendix 3.

6.2.5 Disease surveillance

The Department of Health and Ageing has developed the National Notifiable Disease Surveillance System, which monitors the incidence of an agreed list of communicable diseases in Australia. It is crucial that all practice staff are aware that patients may present with suspected or confirmed cases of infectious disease. In some cases, clinical staff such as GPs and practice nurses will be required to notify the relevant state or territory health authority when a patient presents to the practice with a suspected or confirmed case of an infectious disease. Health authorities have contact tracing systems that have been developed to trace people who have been in contact with infectious patients.

See www.health.gov.au for further information regarding the National Notifiable Disease Surveillance System.

GPs have access to important clinical information, beyond the level of data notified by public health laboratories, which significantly contributes to surveillance systems and the epidemiological investigation and control of communicable diseases in Australia.

6.3 Pandemic planning in general practice

Pandemic influenza can have a devastating impact on the population's health and also the country's economy. General practice plays a unique and important role in managing and preventing the spread of pandemic influenza. Appropriate preparation for future pandemics will help lessen the overall impact of the pandemic.

Increasing the length of time the primary care sector can sustain increased patient volumes is one of the most effective ways the health system can combat a pandemic. To ensure this, there need to be strict protocols for the way that patients with influenza-like symptoms are managed in the community. Additionally, there needs to be a significant change in the way that general practices operate.

Given that general practice is the first point of health system contact for most Australians experiencing influenza and other respiratory symptoms, it is essential that general practices are adequately equipped and resourced to implement a timely response to the next pandemic.

Despite the fact that services and staff in general practices are often overburdened and overstretched, pandemic planning should never be neglected or overlooked. In order to effectively manage the next pandemic, general practices need to understand the potential impacts of pandemics so they can make appropriate arrangements.

6.3.1 Developing a pandemic plan

Developing a quality pandemic plan will ensure that the practice is well equipped to manage the next outbreak of pandemic influenza. The plan explains how the practice intends to operate before and during a pandemic.

The key components of an effective pandemic plan will include information regarding:

- the practice pandemic coordinator
- a list of pandemic resources and pandemic plans
- how the practice will run clinical sessions during a pandemic
- how the practice intends to triage patients in a pandemic
- the practice's policies on infection control
- equipment (clinical and non-clinical) needed to manage pandemic influenza
- communication methodologies (with patients and other services)
- clinical management (including the use of antiviral medication)
- policies to manage multiple staff absenteeism.

6.3.2 Appointing a practice pandemic coordinator

As recommended in the RACGP's *Pandemic flu kit*, it is advised that general practices appoint a staff member with the appropriate experience and knowledge to act as the key person to coordinate all practice activities relating to pandemic planning and management. It is envisaged that the appointed practice pandemic coordinator will be responsible for developing the practice's pandemic plan (in liaison with key staff) and providing education and training to other staff in the practice.

Key activities that the practice pandemic coordinator may undertake when preparing for and responding to a pandemic include:

- undertaking appropriate education and training, such as review of the RACGP's *Pandemic flu kit*, national and state and territory plans and the RACGP's *Infection control standards*





- developing a plan for the management of pandemic influenza for the practice
- subscribing to appropriate communication networks regarding Australian pandemic alert levels (e.g. the RACGP health alerts)
- regularly monitoring communication from the Department of Health and Ageing and the RACGP regarding pandemics
- obtaining regular advice from state and territory governments regarding the management of pandemics
- maintaining the practice's stock of PPE
- scheduling regular team meetings for all practice staff and providing practice staff with education and training regarding the plan
- providing the practice team with ongoing training regarding the plan so that new staff are made aware of the plan.

6.3.3 Equipment required in a pandemic

Lessons learnt from past events indicate that during a pandemic there is an increased demand for key supplies, often resulting in a shortage of essential equipment.

Where possible it is recommended that practices have appropriate stocks of clinical (such as PPE) and non-clinical (such as cleaning products and alcohol rub) supplies to ensure the practice can continue to run and provide patients with essential services in the event of a pandemic.

6.3.3.1 Non-clinical equipment

- **Rubbish bins:** Areas with high human traffic such as waiting rooms and reception areas will need to have additional waste bins to ensure that staff and patients can dispose of used tissues easily. Bins should be lined with plastic bag liners so that the contents are contained within the bin and easily disposed of regularly. It is recommended that bins are emptied (double bagged) a couple of times a day, especially in the peak of a pandemic. Staff disposing of rubbish bins should wear gloves and appropriate PPE (see Section 6.4).
- **Quality cleaning equipment and products:** Practices will need to ensure a well-stocked supply of cleaning products such as surface sprays, mops and buckets. During peak traffic times, it is recommended that practice staff regularly clean surface areas such as reception desks, waiting room tables and chairs and entrance/exit areas or door handles.
- **Tissues:** During a pandemic there will be an increased demand for tissues in the practice. It is essential that practices have a well-stocked supply of tissues conveniently located around the practice. Areas with a high volume of traffic such as waiting rooms, reception areas and bathrooms should have boxes of tissues available for patients.
- **Paper or linen covering for examination couches:** Practices generally use either paper or linen to cover examination couches located in consulting rooms. During a pandemic it is advisable to either use paper towelling that is changed after each patient or wipe down the examination couch with an approved sanitiser between patients. Linen coverings are not recommended during a pandemic.
- **Alcohol-based hand sanitiser:** Good infection control principles specify the use of an alcohol-based hand sanitiser. In a pandemic, there will be an increased need for alcohol hand rub. Practices need to have a well-stocked

supply of hand sanitiser and ensure that patients and staff can have easy access to it throughout the different areas within the practice such as waiting rooms, reception areas, consultation rooms and children's play areas.

Hand Hygiene Australia has an online training module that practice staff can undertake. See www.hha.org.au for further information.

6.3.3.2 Clinical equipment

- **PPE:** In the general practice setting, PPE is clothing and equipment designed to protect employees and staff from risk of infection or illness. PPE can help prevent contact with an infectious agent or bodily fluid that may contain an infectious agent by creating a barrier between the staff member and the infectious material. This is discussed in the next section.

6.4 Personal protective equipment

Given that general practice staff are at the front line of patient healthcare, there is an increased risk of acquiring communicable disease(s) while interacting with and examining patients. To eliminate/reduce the spread of pandemic influenza, the proper use of quality PPE is imperative.

6.4.1 Availability and accessibility

While there is a national medical stockpile of PPE held by the Australian Government and state and territory health departments, supplies are limited.

The Australian Health Protection Principal Committee has the authority to determine when access to the national medical stockpile will be provided. Such determinations are usually based on the risk of exposure and the availability of supply.

State and territory health departments will coordinate the distribution of PPE on the advice of the Australian Health Protection Principal Committee. Jurisdictional pandemic plans also provide further information regarding the arrangements for the distribution of PPE in the event of a pandemic.

Given the above, it is important to note that individual practices are responsible for sourcing and providing PPE for staff and patients within the practice. Practices are therefore encouraged to maintain a small supply of PPE (for up to 4 weeks for all staff) within the practice at all times.

Employers and practices should become familiar with occupational health and safety legislation applicable to their state or territory to ensure that they are complying with all legislative requirements in relation to the supply and use of PPE in the workplace.

6.4.2 Types of PPE

The types of PPE frequently utilised in general practice include:

- plastic aprons
- gowns
- surgical masks (P2 and N95)
- respirators
- goggles/glasses
- face shields
- gloves.



To ensure the effective utilisation of PPE in general practice, it is essential that:

- all PPE is used in accordance with the manufacturers' instructions
- PPE is fitted and removed correctly
- regular education and training regarding the use of PPE is provided to appropriate staff (including new staff members)
- a record of training in PPE is kept and updated regularly
- there is appropriate signage around the practice reminding staff how to don and remove PPE.

6.4.3 Assessing risk

PPE should be used consistently by all practice staff involved in patient care or who may have contact with respiratory secretions.

Additional precautions such as social distancing should be used when a patient is known or suspected to be infected with micro-organisms. These precautions provide additional barriers between practice staff and the infected patient.

Practices are required to assess the level of risk when determining which staff use PPE (see *Table 4*). The level of risk is relative to exposure. The use of social distancing, hand hygiene, cough etiquette, environmental controls and PPE will help reduce the exposure.

Table 4. Assessing risk to determine preventive measures

Extreme risk	High risk	Lower risk
<p>Those highly likely to be exposed to known or suspected sources of pandemic influenza during specific medical procedures, such as the taking of a throat swab.</p> <p>In this case the prevention measures are wearing a mask, goggles, gown and gloves (PPE).</p> <p>Example: GP or clinical staff taking a throat swab from a patient with suspected pandemic influenza.</p>	<p>Those within a close proximity to a patient with a cough. In this case the prevention measures are distance and the patient wearing a mask.</p> <p>Example: Patients sitting in the waiting room in close proximity to a patient with suspected pandemic influenza because reception staff have not been able to change the work environment allowing for at least 1 metre between themselves and the presenting patient. GPs, PNs and other clinical staff treating patients who have a cough but are not wearing a mask. (Droplet transmission).</p>	<p>Those in an environment that has been modified, including social distancing, vigilant cleaning protocols of contact surfaces and prompt thorough waste disposal.</p> <p>Example: Reception staff do not share pens with patients; patients perform hand hygiene before presenting to reception, reception staff are 1 metre away from patients when they present to reception.</p>

6.4.4 Correct use of PPE

The correct use of PPE is essential in protecting the health of staff and limiting the spread of influenza.

Recommended order of PPE application:



1. Clean your hands



2. Put on your mask



3. Put on your goggles



4. Put on your gown



5. Put on your gloves



6. Treat your patient





Recommended order of PPE removal:



1. Remove your gloves



2. Clean your hands



3. Take off your gown



4. Clean your hands



5. Take off your goggles



6. Clean your hands



7. Take off your mask



8. Clean your hands

6.5 Pandemic management in general practice

The following practice and clinical management issues need to be carefully considered in the event of a pandemic.

6.5.1 Management of the practice facility during a pandemic

During a pandemic, practices should implement a series of minor changes to the facility which help reduce the spread of infection.

To help reduce the spread of infection, practices can:

- post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the facility and use alcohol-based hand rubs when entering the practice
- ask that patients use disposable tissues to cover the nose and mouth when coughing
- provide coughing patients with a mask as soon as they enter the practice
- provide conveniently located masks, tissues and alcohol-based hand rubs for waiting areas
- use an existing consulting room as a dedicated room for treating and managing patients with suspected influenza symptoms
- request that patients with influenza-like symptoms wait in the car or outside
- ensure that staff are wearing appropriate PPE at the entrance so they can triage patients into dedicated consulting rooms.

6.5.2 Infection control measures, principles and guides

General practices can reduce the risk or prevent the transmission of infectious diseases by embedding effective infection control measures in everyday practice. GPs, clinical staff and non-clinical staff should have a good understanding of infection control principles.

In summary, effective infection control measures in the practice can be employed by:

- having a policy that addresses how and how often the practice will be cleaned
- having a policy on how contaminated waste will be managed
- embedding quality triaging processes in everyday practice
- having a policy on practice staff hand hygiene
- encouraging respiratory etiquette and social distancing
- providing staff with information so they know how to order and store PPE and other disposable consumables within the practice
- providing tissues and no-touch receptacles for used tissue disposal.

The application of quality infection control measures is key when treating patients with infectious diseases.

Practices are advised to review the RACGP's *Infection control standards for office based practices* (4th edition) for detailed information regarding infection control (downloadable from www.racgp.org.au/your-practice/standards/infectioncontrol). These Standards have been developed specifically for the primary care setting. Practice staff are required to comply with the Standards to ensure that the risk of cross-infection is minimised.

The Australian Commission on Safety and Quality Healthcare has developed the *Australian guidelines for the prevention and control of infection in healthcare* (www.nhmrc.gov.au/node/30290), which provide recommendations outlining the critical aspects of infection prevention and control. It is important to note that these Guidelines are targeted towards the acute hospital setting.





6.5.3 Practice staff

Practices will need to consider what measures they can take to ensure that the practice can continue running smoothly. To help reduce absenteeism, it is recommended that all practice staff be vaccinated. When considering the practice's staffing needs, it is important to also identify if any staff have underlying medical conditions or special needs that may affect their ability to work in the practice during a pandemic.

Further information on managing staff absenteeism is discussed in *Section 7.11*.

6.5.4 Case definition

Case definitions for pandemic influenza viruses are communicated by public health authorities. However, it is important to note that the case definitions may change at different phases of a pandemic. The practice pandemic coordinator should therefore maintain good communication pathways with state and territory health authorities so they are aware of any changes made to case definition or clinical management.

6.5.5 Patient triage

Each practice needs to develop screening protocols so staff can effectively triage patients with influenza-like symptoms. Screening protocols and triage algorithms guide practices through the initial screening process and clinical assessment. Where practical to do so, patients with influenza-like symptoms should be encouraged to contact the practice via telephone first, rather than arriving at the practice unannounced.

There is also a need to educate patients about the importance of notifying reception staff that they have a possible infectious disease when they present to the practice. Practices are encouraged to display posters advising patients to notify reception staff if they have influenza-like symptoms.

The RACGP's *Infection control standards* state that it is vital that all staff are trained to recognise symptoms and signs of potentially infectious disease so they can respond appropriately.

As a general rule, there are three levels of questioning when trying to detect pandemic influenza in patients:

- Routine questions – all patients asked.
 - So that our GP can provide the best possible care, can you please give me a reason for your visit?
- Additional questions – when a patient indicates signs and symptoms consistent with an infectious disease.
 - May I ask a few more questions relating to your health?
 - Do you have a rash?
 - Do you have a cough?
 - Do you have diarrhoea?
- Further questions – when the practice suspects a local outbreak of an infectious disease (such as measles or a suspected case of pandemic influenza). The case definition will help in determining these types of targeted questions.
 - Have you recently travelled overseas?
 - Have you been exposed to anyone with a confirmed case of influenza?

6.5.6 Vaccination

The annual influenza immunisation does not always provide protection against new viruses. Nevertheless, seasonal influenza vaccination is encouraged according to current immunisation guidelines. Pneumonia can be a severe illness and a complication of influenza infection. Pneumococcal vaccine is recommended to all at-risk groups, according to recommendations in the National Health and Medical Research Council (NHMRC) *Immunisation handbook* (10th edition).

See www.immunise.health.gov.au for further information regarding the NHMRC's guidelines.

6.5.7 Advice regarding the use of antivirals

In the event of pandemic, antivirals may assist in preventing the development of infection in people exposed to the influenza virus. In some cases, when antivirals are used as a treatment, they can help to reduce the impact of the symptoms and the overall duration of the illness.

Antiviral medications play a significant role in the treatment of pandemic influenza. To ensure the effectiveness of antivirals, they must be administered either just before or immediately after a person shows signs of influenza. It is important to note that influenza viruses can mutate and become resistant to antivirals used to treat it.

In a pandemic, antiviral usage includes:

- treatment of pandemic influenza as clinically appropriate
- pre-exposure prophylaxis – for healthcare workers who have continuous frontline exposure to infectious cases
- post-exposure prophylaxis – to help reduce the risk of infection for people who have had unprotected contact with an infectious case.

During a pandemic, practices can obtain up-to-date information regarding new antiviral medications from state and territory health departments, the Department of Health and Ageing and the RACGP.

The Department of Health and Ageing's *Australian health management plan for pandemic influenza* (www.flupandemic.gov.au/internet/panflu/publishing.nsf) provides further details regarding the government's overall strategy for the use of antivirals during a pandemic.





7. A–Z of contingency planning and emergency response



In an emergency, irrespective of the hazard, practices may be affected in a number of ways. The following section outlines contingency measures to be considered by the practice when developing an emergency response plan and key steps to take when responding to an emergency.



The steps outlined in this section provide basic guidance to ensure the continuity of practice operations during a disaster and during the recovery phase.



7.1 Communicating during a disaster



The majority of local councils now have well-developed text messaging services to notify residents and individuals of potential and/or imminent disasters. It is recommended that the emergency management coordinator register for this service via their local council or local emergency service.



The emergency management coordinator should be responsible for activating the communication tree as described earlier, which will ensure that all practice staff are informed of the looming disaster.



In the event of an emergency, the coordinator should organise for phone calls to be diverted to an analogue, non-powered phone (or mobile if still operational) with a recorded message regarding the practice's status and hours of operation, as well as relevant advice to patients. If the practice has a website or uses social media, information regarding its operation should also be updated by the emergency management coordinator and/or relevant IT support staff.



7.2 Communication (telephones, internet and radio)

Communication systems such as telephone lines and the internet can be affected during a disaster. Disruptions to the practice's communication channels can have a significant impact on the practice's overall business operations, including communication with patients, other local practices, emergency services and insurance companies. Given this, a well-thought-out contingency plan is key to the practice's overall emergency response and should involve as many different communication channels as possible.

7.2.1 Telephones

Emergencies will affect phone systems in different ways, so it is important to ensure that there are multiple options available in the event of a disaster (e.g. a landline phone if mobile towers are affected). Mobile phones can be overwhelmed during an emergency and should not be solely relied upon.

In situations where mobile phone communication is down, it is recommended that analogue phones be used by the practice.

Purchase, or reserve if available, an analogue phone (one that does not require a power connection) and store the unit in the emergency kit to ensure easy access for all practice staff. Training on how to divert phone calls, in the event of an emergency, should also be provided to relevant practice staff.

In the event that communication lines (landlines) are affected, it is likely that mobile phones will be utilised in an emergency. In this instance, the practice's landline can be diverted to a mobile number to ensure business continuity.

7.2.2 Internet

Communication via the internet may also be impacted during a disaster. Programs and information such as pathology and radiology reports, patient discharge summaries and personally controlled electronic health records (PCEHR) may be unavailable during this time.

By keeping a hard copy of important phone numbers such as pathology laboratories, practices may be able to access urgent test results.

To ensure the continuation of services, practices may wish to keep hard copies of essential information (e.g. patient appointments and other resources relating to the Medicare Benefits Schedule such as the *MBS Fee Summary*, which can be accessed from: www.racgp.org.au/your-practice/business/billing/mbs).

Practices may consider investing in alternative internet connection to ensure ongoing access to the internet during a disaster. Alternative options include mobile data devices, dial-up modems and satellite dishes. Practices need to also consider alternative ways for conducting business if there is a loss of internet access, such as having cash transactions and manual swipe machines (for credit card and Medicare cards) stored in the emergency kit.

Depending on the emergency, the practice should be able to employ a range of strategies (as listed above, including both alternative electronic devices and manual hard copies) to continue functioning in some capacity.

7.2.3 Radio

Where all other communication lines are down, a battery-powered radio can be used as a reliable means of receiving important information regarding an emergency. Practices should purchase a battery-powered radio, with a supply of batteries, and place it in the emergency kit. Practice staff can tune it to ABC Radio for up-to-date information regarding emergencies affecting their area.

7.3 Establishing a temporary practice at an alternative location

Disasters can cause significant damage to a building's infrastructure, causing it to be uninhabitable and unsafe. If a practice's infrastructure is damaged as a result of a disaster, it may be necessary for part or all of the operational activities of the practice to be shifted to a temporary location.

Therefore, when preparing the practice for a disaster, it is worth considering how the practice will continue providing essential services to the community if it is affected. If it is determined that the practice will continue to provide services, then an appropriate and safe location for the temporary practice will need to be identified.

To facilitate this process, practices are encouraged to enter discussions with other business owners who could potentially allow a temporary clinic to be set up in their building. Other possible venues might include community halls, schools or vacant shops. These discussions will need to occur as part of the planning process and before an event. If an agreement is made, it should be documented and communicated to both parties.

Practice staff need to be made aware of any arrangements, so that if the practice is affected and the emergency response plan is activated, staff can begin to make the appropriate arrangements to inform patients of the temporary location.

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





While undertaking the preparations to set up a temporary practice, it is important to have a printed copy of the practice's emergency response plan including lists of key equipment and supplies that are required to run a practice.

7.4 Equipment and supplies

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

As part of the emergency planning process, practices are advised to keep a log of all medical equipment and supplies in the practice. In the event that some or all of the contents are destroyed, practice staff can quickly assess what equipment and supplies have been lost or damaged and what requires replacing. Both electronic and hard copies of this list should be created and maintained.

7.5 Initial response

It is important to plan initial response processes. In preparation for an emergency, the emergency management coordinator should:

- develop an initial response protocol, including first steps and identification of information sources during an emergency, as discussed in *Section 4*
- develop, implement and communicate an emergency evacuation plan, including assembly points.

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

The emergency management coordinator and other practice staff are advised to check the relevant state or territory emergency service's (SES) website to ascertain the anticipated degree of impact. The SES will determine if there is a need to evacuate. If the risk is severe, it is advised that practices keep checking the website for updates where possible.

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

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

7.6 Insurance

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

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

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

- all natural and man-made disasters
- extensive damage and total loss of the building
- the entire contents of the building, including loss and damage to medical equipment and supplies

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

It is also recommended that a spreadsheet containing important information regarding the insurance policies be created and maintained. Information such as name of insurer, policy number, type of insurance, coverage and relevant claims telephone numbers should be included. It is recommended that a copy be kept off site by the emergency management coordinator and/or practice manager in the event of damage to the practice.

7.7 IT equipment and practice systems

Practices are becoming increasingly reliant on computer software and IT systems specifically designed for the general practice setting. Practices affected by disasters risk having computer hardware, software programs and IT systems damaged, including practice management software.

7.7.1 Hardware

During the disaster planning process, it is important to take a stock of all hardware and equipment. In the event that all of the hardware is destroyed or completely damaged, staff will be able to access a comprehensive list of what needs to be replaced. This list can be used as part of the practice's asset register.

For those leasing computers and hardware, it is important to get in contact with the leasing company as soon as practicable to discuss the damage and the process involved in replacing items.

If equipment/computers in the practice have been damaged as a result of a disaster, first determine the operational status of equipment (for safety purposes, practices may need to seek advice from a professional) and then transfer any equipment and computers that have not been damaged to a safe operational area within the practice so they are protected.

After an emergency, access to computers may be limited to those not damaged (if any). However, if the server is damaged or corrupted, other desktop computers will not be able to access information and/or programs from the network.

Practices should consider having at least one laptop with a long battery life with current practice/patient data stored on it, or at least ensure access to the previous day's back-up (whether physical or on a secure cloud). With the correct connections, laptops can also be charged from cars.

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

7.7.2 Software and applications

Software and access codes should be stored in a safe place (such as a fireproof box or secure online storage) so they can be easily accessed in the event they need to be reinstalled. It is also recommended that a list of all software and access codes be created and maintained, including software support phone numbers. This list can be used to become part of the practice's asset register.

If software and applications do not work due to server damage, the practice will need to seek assistance from an experienced IT technician, who will need to reinstall them. Software is generally stored on a disk or is downloadable from the vendor's website. When first purchased, software is either registered to the practice or to an individual working within the practice.





7.7.3 Loss of data

In the general practice setting, data protection is key to effective business continuity. While the majority of practices have back-up procedures in place to protect data in the event of computer damage and data corruption, information management and information technology should always be considered as a high priority in emergency planning.

Practice standards currently require storing critical and current information off site as part of high-quality back-up systems for information technology. As a minimum, practices should be performing daily back-ups of all data (including email, shared documents, network file and databases and clinical and practice software). It is also important to ensure that the daily back-ups are verified. When a threat of a disaster is imminent, practices should keep a hard copy list of appointments (patients seen) to enable records to be recreated.

Advanced planning of IT will make the recovery phase significantly easier and faster. Practices are advised to test their restore procedures regularly. Practices should consider contacting software vendors for product-specific recommendations regarding restoration processes and checking data integrity.

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

When implementing data protection measures in the practice, consider the data stored on desktop computers, as not all applications are connected to the server and therefore are not necessarily backed up daily. It is important to conduct regular audits on desktop computers/workstations to ascertain what data is being stored on local drives.

Further information regarding data security and loss of data can be accessed from the RACGP *Computer and information security standards* (www.racgp.org.au/your-practice/standards/ciss).

7.8 Maintenance of vaccine refrigerators

During a heatwave or disruption to power supplies, it is essential that practices have contingency plans in place for maintaining the temperature for vaccine fridges between +2°C and +8°C. To ensure these temperatures are maintained, it is essential that vaccine fridges are stored in a well-ventilated room with good circulation. Practice staff should regularly monitor and record the temperatures at the start and end of the day.

Practices need to plan ahead for how vaccines will be managed if there is a disruption to power. To reduce risk, practices may wish to enter into discussions with local pharmacies and hospitals regarding the management of vaccines in the event of an emergency.

The Department of Health and Ageing *National vaccine storage guidelines – strive for five* outlines the basic principles for safe vaccine management (see www.health.gov.au/internet/immunise/publishing.nsf/Content/provider-store).

Practices are also advised to become familiar with relevant vaccine management guidelines for their state or territory health department.

7.9 Paper medical records

While practices can undertake a range of activities to minimise the overall damage caused to the practice in the event of an emergency, paper medical records can be damaged irrespective of the protective measures employed.

During disaster planning and preparations, a list of disaster recovery specialists in the area should be created, including their names, phone numbers and area of expertise.

If paper medical records are damaged by water or fire, practices will need to have systems in place to assess whether the records can be recovered. Practices are advised to engage the services of reputable disaster recovery specialists during the emergency planning process to understand what services they provide.

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.

7.10 Power supply

Power supplies to practices may be disrupted in the event of a disaster. Some practices may even have a total loss of power for some time. Disruption to the power supply will affect many of the practice's appliances and systems. Consideration of how computer systems, telephone systems, automatic doors, heating and cooling systems and lighting will be affected is key to disaster planning.

7.10.1 Lighting

Battery-powered emergency lighting to highlight exit routes is a mandatory requirement for facilities accessed by the public. However, this lighting will likely not be sufficient for all rooms and parts of the practice if there is a disruption to the power supply. Therefore, for safety purposes, ensure that practice staff have easy access to the emergency kit and additional torches, including a well-stocked supply of batteries.

Practices may also wish to consider purchasing wind-up or solar dynamo torches that can also be used to charge mobile phones.

7.10.2 Uninterrupted power supply

The majority of practices will have an uninterrupted power supply (UPS) installed, which is designed to protect the computer server for a short period of time in the event of a power outage. UPS are usually not intended to be used for long periods of operation. However, if this is a significant concern, it may be worth considering increasing the capacity of the power supply during emergency preparations. Refer to the use of power generators in *Section 7.10.4*.

7.10.3 Computer systems

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

7.10.4 Power generators

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





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

7.11 Reduced staffing capacity in the practice

In an emergency, many practices may find that they have a significant reduction in staffing capacity and therefore cannot provide the same level of service to patients. In a pandemic, there may be unexpected multiple staff absences: staff members may be sick, they may have to care for sick family members, they may be pregnant or they may have regular contact with someone who is terminally ill and cannot risk cross-infection. Staff affected by other disasters may also be absent for similar reasons.

Practices are advised to consider how the practice will continue operating with a reduction in key staff, especially in the event of a pandemic. One way to help alleviate staffing issues in the event of a disaster is to provide staff with education and training in other roles (where a similar level of expertise is required) within the practice.

If there are multiple staff absences as a result of an emergency or a pandemic, practice staff with basic training and education in other roles can be cross-skilled and may be able to perform other duties.

Practices may also wish to contact other practices nearby to ascertain if they have capacity to provide some staff for a short period of time. Practices in close proximity may wish to consider pooling staff and resources in an emergency. Practices can also contact their Medicare Local to see if it can provide any advice or support.

7.12 Re-entering the practice after a disaster

As part of planning preparations, practice staff should be made aware that re-entering a practice after a disaster can be extremely hazardous.

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

7.13 Water supply

In a disaster, practices may experience disruptions to their water supply. Disasters can damage water pipes within the practice; affect local water supplies, which may become contaminated; or even completely cut off water supply to the suburb/town.

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

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

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

8. Mental health in emergencies

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

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

People exposed to extreme stressors such as disasters may be at increased risk of physical, mental and social health problems.¹³ There is evidence to suggest that those affected by disasters may be at increased risk of developing anxiety, depression, increased substance use, acute stress disorder (ASD), post-traumatic stress disorder (PTSD) and complicated grief.¹⁴ The majority of people recover from disasters without long-term mental health sequelae but may benefit from some basic and timely support during and/or immediately after a disaster.

Historically, governments and response agencies only invested their efforts in responding to the physical needs of individuals and communities affected by disasters. There was little attention given to the detrimental impact that a disaster could have on a person's mental health and social wellbeing. Emerging evidence regarding the psychological and social impacts of disasters has sparked a significant shift in thinking; since the late 1970s it has become widely recognised that emergencies can adversely impact a person's mental health and wellbeing.¹⁵

Recognition that disasters can affect a person's physical health, mental health and overall wellbeing has led to the inclusion of mental health interventions in emergency planning and management strategies.

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

As described earlier, state and territory governments have the primary responsibility for disaster management and coordination. It is important to note that state and territory emergency management plans also encompass arrangements for mental health services in the event of a disaster or emergency. Given this, the provision of coordinated psychosocial support and adequate mental healthcare is a critical component of disaster planning and response.

8.1 Psychological preparation for a disaster

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

Being both physically and psychologically prepared for a disaster is of paramount importance. Understanding what people can do to psychologically prepare for a disaster and what they can do to cope during and after a disaster can make a significant difference to those adversely affected.





It is common and natural for people to experience stress and anxiety in a disaster. However, having a good understanding of what to expect during and after a disaster can assist in decreasing people's anxiety levels. People who are psychologically prepared for a disaster are generally more confident and able to make effective decisions regarding their emergency management plans.

Given this, it is good practice to also consider what activities practice staff can undertake to ensure that they are psychologically prepared for an emergency.

The Australian Red Cross, in collaboration with the Australian Psychological Society (APS), has developed a model that outlines the appropriate steps people can take to ensure that they are psychologically prepared for a disaster (see *Table 5*).

Table 5. Psychological preparation for a disaster

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

Source: Adapted from *Psychological preparedness for disasters 2012*.

See www.psychology.org.au/publications/tip_sheets/disasters for further information regarding how to psychologically prepare for a disaster.

8.2 Psychosocial support and mental healthcare

As a consequence of our increased understanding of needs both during and after disasters, it has become routine procedure for government and non-government organisations to provide and coordinate psychosocial support and mental health services for affected populations.

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

- Level 1 refers to early response information and support.
- Level 2 refers to simple psychological strategies that are helpful for people with more persistent problems.
- Level 3 refers to formal mental health interventions for smaller numbers of people who are at risk of developing significant mental health problems.

This framework and relevant programs have been successfully applied to the government-led natural disaster recovery plans that were implemented to assist communities affected by the 2009 Victorian bushfires and the 2010–11 Queensland floods and cyclone disasters. Training in all three levels was provided to appropriate people in disaster-affected communities. The framework is referred to in the Attorney-General's *Disaster health handbooks* volumes 1 and 2.

A key component to this approach is that it is implemented in close collaboration with the state and federal government departments responsible for community recovery, as well as all the other professional mental health providers and key disaster agencies. This collaborative approach maximises the possibility of creating an optimal recovery environment.

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

Level 1 – Early response: information and support

Level 1 refers to information and simple practical and emotional support provided to affected individuals and communities in the days or weeks following a disaster. Most people will only require this level of support. It is the normal human response of caring, kindness and support offered to a person who is suffering and in need. It is what GPs and practice staff often do on a daily basis with their patients who are in distress. Psychological first aid (PFA) for individuals is a well-known example of this, but it can also take the form of support groups, community meetings, and other community development activities. Level 1 support can often be provided by community members with basic training to assist those experiencing distress and loss immediately following a disaster.

It is important to note that previously critical incident stress debriefings and single-session psychological debriefing sessions were provided to individuals after a disaster or traumatic event. However, the WHO's Department of Mental Health and Substance Abuse has since released a statement recommending that single session psychological debriefing not be used as an early intervention after a disaster or trauma. Based on the available evidence, the WHO suggests that this approach is ineffective and in some cases may even be detrimental.¹⁶

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

PFA is an evidence-informed approach used to provide those affected by disaster with basic support to help them in their immediate recovery after experiencing trauma: in the initial hours, days and weeks post-disaster. Essentially, PFA provides people with a sense of safety and helps them stay connected, calm, composed and optimistic. It also provides people with access to physical, social and emotional support during their time of need.

It is important to note that PFA is not counselling or debriefing. While anyone with appropriate PFA training can deliver it, it should be delivered by appropriate agencies as part of state/territory and regional/local emergency management plans. The Australian Red Cross has a list of training providers. However, those in the practice team who wish to provide extra services to individuals and communities in disaster-affected areas are encouraged to undertake training in psychological first aid.



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

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

See www.psychology.org.au/Assets/Files/Red-Cross-Psychological-First-Aid-Book.pdf for further information regarding PFA.

Note that PFA should not be confused with Mental Health First Aid, which aims to teach people about mental health problems and disorders.

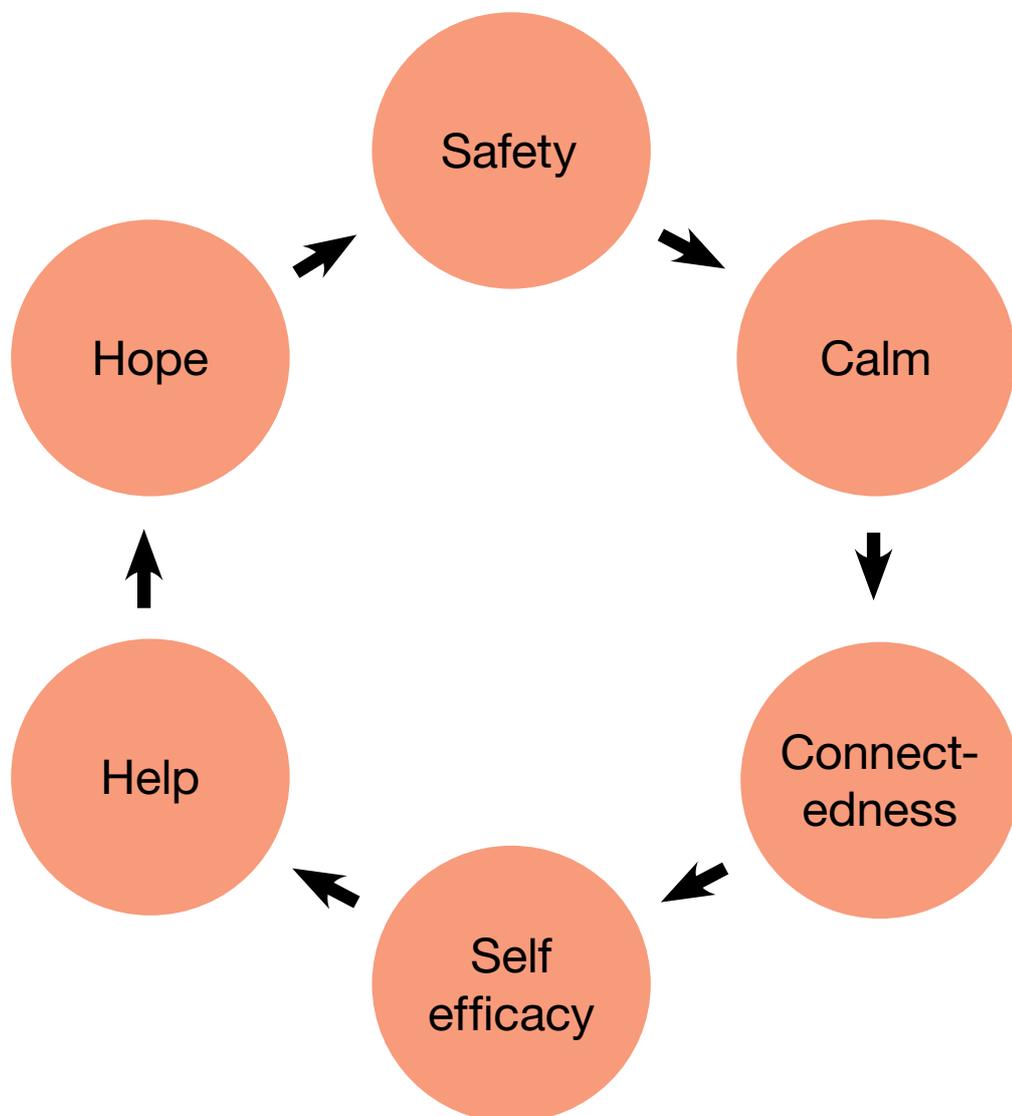


Figure 2. Core principles of psychological first aid

Source: Adapted from the *Australian Guide to Psychological First Aid 2009*



Level 2 – Simple psychological strategies

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

While most mental health problems following disaster are of mild–moderate severity, depending on the scale of the disaster, this may still mean that large numbers of people with disaster or trauma-related mental health problems require low-intensity assistance to help them cope better and recover, with the option of referral to mental health specialists for higher-intensity interventions if required.

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

Developed in the United States in the wake of Hurricane Katrina, ‘Skills for Psychological Recovery’ is a skills-based approach that assists individuals to better recover from the effects of disaster. Level 2 support can be provided by practitioners with basic counselling skills working in general practice, primary care, mental healthcare providers and community-based settings.

Level 3 – Formal mental health interventions

While PFA or other simple psychological strategies will be the only psychosocial support needed for the majority of people to support their recovery from an emergency, some people are more vulnerable and will be at greater risk for long-term mental health issues such as anxiety, depression, increased substance use, ASD and PTSD. It is important that GPs continue to monitor for and consider the possibility of long-term mental health effects of disasters, which may not be evident for months or years. These individuals may require referral for longer-term psychological interventions from mental health professionals such as psychologists and psychiatrists.

Level 3 refers to formal evidence-based psychological and pharmacological interventions for people with more persistent and severe distress, including those with diagnosable mental health conditions, for example PTSD, depression, complicated grief and substance use disorders. A relatively small number of people affected by disaster will require this level of intervention. Level 3 interventions are typically provided by mental health specialists with expertise in treating people with mental health conditions.

8.3 Self-care for GPs and clinical staff

By virtue of their profession, GPs are likely to want to assist individuals and communities affected by disasters and emergencies. In a crisis situation, GPs, medical practitioners, mental health nurses, nurses and other health professionals will generally band together to provide essential medical services as best they can. However, it is important to recognise that in a disaster GPs and other healthcare professionals can be both the victim and the responder. Given this, special consideration of those responding is required.

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

This can put additional stress on already busy GPs, especially if their own practices, family homes and communities have been affected. The effects of wide-scale disasters





and emergencies permeate both the professional and personal realms of GPs and their practice teams' lives. Although health professionals are vulnerable to the same emotional and psychological responses as the public, if they are attentive to the challenge, they can manage these stresses effectively and maintain exemplary standards of professional treatment.

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

There are a few simple steps that GPs and their practice teams can take to ensure that they are better supported during a crisis situation.

Practising self-care

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

8.4 National Registration and Inquiry System

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

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

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

- visiting <https://emergency.redcross.org.au>
- calling 1800 727 077
- visiting an evacuation centre coordinated by the Red Cross.

Appendix 1. Roles and responsibilities

In Australia, the Australian Government Minister for Emergency Management is responsible for national emergency management and disaster resilience. However, there are also a number of government departments (national, state/territory and local levels), agencies, authorities and organisations who engage in emergency planning and undertake emergency response activities.

Those working in emergency management must have a comprehensive understanding of emergency planning processes and management strategies. To ensure this occurs, it is important to firstly understand the roles and responsibilities that the different agencies and organisations play in emergency planning and management.

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

National arrangements, organisations and committees

National health emergency response arrangements

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

Arrangements for a national health emergency response have been developed by the Australian Health Protection Principal Committee with assistance from the Department of Health and Ageing. *The National Health Emergency Response Arrangements 2011* (Nat Health Arrangements) outline the strategic arrangements and mechanisms for coordinating Australian health sectors' response to national emergencies.

Australian Health Protection Principal Committee

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

Office of Health Protection

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





Pandemic Review Implementation Advisory Committee

The Pandemic Review Implementation Advisory Committee (PRIAC) was established to oversee the implementation of the recommendations made in the *Review of Australia's health sector response to pandemic (H1N1) 2009: lessons identified* report.



PRIAC is chaired by the Chief Medical Officer and comprises stakeholders including Commonwealth, jurisdictional and specialist representation. The recommendations made in the 2009 report should inform the next review of the *Australian Health Management Plan for Pandemic Influenza*.



The Royal Australian College of General Practitioners

The Royal Australian College of General Practitioners (RACGP) is the key professional body representing more than 21 500 GPs. It has a key role in advocating for and supporting the GP profession.



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



Key tasks and activities relating to emergency planning and management undertaken by the Australian Government



Australian Government

<ul style="list-style-type: none"> Engagement with all levels of government 	<ul style="list-style-type: none"> Communication with all levels of government
<ul style="list-style-type: none"> National crisis coordination 	<ul style="list-style-type: none"> Provision of financial support and funding in disaster management
<ul style="list-style-type: none"> Development and maintenance of the National Health Emergency Response Arrangements 	<ul style="list-style-type: none"> Maintenance of the Australian Health Management Plan for Pandemic Influenza

State and territory arrangements, organisations and committees

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

State and territory health departments

Each state and territory has a health department responsible for:

- the health and wellbeing of people residing within the state or territory
- developing a jurisdictional plan for the management of pandemic influenza. It is essential that such jurisdictional plans are accurately aligned with the Australian Government's *Australian Health Management Plan for Pandemic Influenza* and the *Australian guidelines for the prevention and control of infection in healthcare*
- the coordination and distribution of personal protective equipment during an outbreak of an infectious disease (upon the advice of the Office of Health Protection)
- providing a case definition of the influenza strain in the event of a pandemic, and providing advice regarding the most appropriate treatment options for patients meeting the case definition.

State and territory authorities responsible for emergency response per hazard

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

The box below lists authorities responsible for disaster and emergency response in Australia's states and territories.

Victoria	Tasmania
Bushfire – County Fire Authority 000 www.cfa.vic.gov.au	Bushfire – Tasmania Fire Service / Department of Primary Industries, Parks, Water and Environment 000 www.fire.tas.gov.au
Earthquake – SES 132 500 / 000 www.ses.vic.gov.au	Earthquake – Police 131 444 / 000 www.police.tas.gov.au
Floods – SES 132 500 / 000 www.ses.vic.gov.au	Floods – SES / Police 132 500 / 000 www.ses.tas.gov.au
Heatwave – Police 131 444 / 000 www.police.vic.gov.au	Human disease - Department of Health and Human Services 1800 671 738 www.dhhs.tas.gov.au
Human disease – Department of Health 1300 651 160 www.health.vic.gov.au	Storm – SES 132 500 / 000 www.ses.tas.gov.au
Storm – SES 132 500 / 000 www.ses.vic.gov.au	Tsunami – SES 132 500 / 000 www.ses.tas.gov.au
Tsunami – SES 132 500 / 000 www.ses.vic.gov.au	
Australian Capital Territory	South Australia
Bushfire – Emergency Services Agency (Fire and Rescue/Rural Fire Service) 000 www.esa.act.gov.au	Bushfire – Country Fire Service 000 www.ses.sa.gov.au
Floods – ACT Emergency Services Agency (SES) SES 132 500 / 000 www.esa.act.gov.au	Earthquake – Police 131 444 / 000 www.sapolice.sa.gov.au
Human disease – ACT Health 02 6205 1700 www.health.act.gov.au	Floods – SES 132 500 / 000 www.ses.sa.gov.au
Storm – ACT Emergency Services Agency (SES) 132 500 / 000 www.esa.act.gov.au	Human disease – Department of Health 1300 232 272 www.health.sa.gov.au
	Storm – SES 132 500 / 000 www.ses.sa.gov.au





New South Wales	Queensland
Bushfire – NSW Rural Fire Service (RFS) NSW Fire Brigades 000 www.rfs.nsw.gov.au	Bushfire – Queensland Fire and Rescue Service 000 www.fire.qld.gov.au
Earthquake – Police 131 444 / 000 www.police.nsw.gov.au	Cyclone – SES 132 500 / 000 www.emergency.qld.gov.au/ses
Floods – SES 132 500 / 000 www.ses.nsw.gov.au	Earthquake – SES 000 www.emergency.qld.gov.au/ses
Heatwave – Police 131 444 / 000 www.police.nsw.gov.au	Floods – SES 132 500 / 000 www.emergency.qld.gov.au/ses
Human disease – NSW Health 1300 066 055 www.health.nsw.gov.au	Human disease – Queensland Health 07 3328 9724 www.health.qld.gov.au
Storm – SES 132 500 / 000 www.ses.nsw.gov.au	Storm – SES 132 500 / 000 www.emergency.qld.gov.au/ses
Tsunami – Police 131 444 / 000 www.police.nsw.gov.au	
Western Australia	Northern Territory
Bushfire – Department of Fire and Emergency Services (DFES) / Department of Environment and Conservation 000 www.dfes.wa.gov.au	Bushfire – Bushfire NT 000 www.lrm.nt.gov.au/bushfires
Cyclone – DFES 132 500 / 000 www.dfes.wa.gov.au	Cyclone – Police/Northern Territory Emergency Service (NTES) 132 500 / 000 www.pfes.nt.gov.au
Earthquake – DFES 132 500 / 000 www.dfes.wa.gov.au	Earthquake – Police / NTES 131 444 / 000 www.pfes.nt.gov.au
Floods – DFES 132 500 / 000 www.dfes.wa.gov.au	Floods – Police / NTES 132 500 / 000 www.pfes.nt.gov.au
Heatwave – State Health Coordinator 08 9222 4222 www.public.health.wa.gov.au	Human disease – Department of Health 08 8922 8044 www.pfes.nt.gov.au
Human disease – Department of Health 08 9388 4878 / A/H 08 9328 0553 www.public.health.wa.gov.au	Storm - Police / NTES 132 500 / 000 www.pfes.nt.gov.au
Storm – DFES / SES 132 500 / 000 www.dfes.wa.gov.au	Tsunami – Police / NTES 131 444 / 000 www.pfes.nt.gov.au
Tsunami – DFES 132 500 / 000 www.dfes.wa.gov.au	

Key tasks and activities relating to emergency planning and management undertaken by state and territory governments

State and territory governments	
<ul style="list-style-type: none"> Engagement with all levels of government 	<ul style="list-style-type: none"> Communication with all levels of government
<ul style="list-style-type: none"> Maintenance of strong linkages with emergency services 	<ul style="list-style-type: none"> Development and maintenance of jurisdictional emergency plans
<ul style="list-style-type: none"> Coordination and distribution of PPE 	<ul style="list-style-type: none"> Management of public health
<ul style="list-style-type: none"> Coordination of agency response (dependent on hazard) 	<ul style="list-style-type: none"> Development and maintenance of pandemic plans

Local arrangements, organisations and committees

General practices

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

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

Similarly, in the event of an outbreak of an infectious disease or an emergency, the profession also plays a key role in educating community members and providing patients with quality health information.

Medicare Locals

Medicare Locals are locally governed and directed by local clinicians and other community health leaders. Given that they are regional primary healthcare organisations, they are responsible for data collection and identifying gaps in services and vulnerabilities in patient populations for their region. As Medicare Locals have only been recently established, it is not entirely clear what role they will play in emergency planning, response and coordination. However, it has been suggested that in future it is likely that they will be tasked with providing primary healthcare facilities with support in developing emergency response plans and business continuity plans including the coordination of flu clinics in the event of a pandemic.

Key tasks and activities relating to emergency planning and management undertaken by local governments

Local governments	
<ul style="list-style-type: none"> Engagement with all levels of government 	<ul style="list-style-type: none"> Communication with all levels of government
<ul style="list-style-type: none"> Maintenance of strong linkages with emergency services 	<ul style="list-style-type: none"> Development and maintenance of regional emergency plans
<ul style="list-style-type: none"> Establishment and maintenance of strong linkages with Medicare Locals and general practices 	<ul style="list-style-type: none"> Coordination of agency response (dependent on hazard)





Appendix 2. Useful websites



National disaster/pandemic information and resources



- ABC Emergency – www.abc.net.au/news/emergency
- Australian Bureau of Meteorology (Tsunami Warning Centre) – www.bom.gov.au/index.shtml?ref=logo
- Australian Emergency Management Knowledge Hub – www.emknowledge.gov.au
- Australian Government – <http://australia.gov.au/content/disaster-assistance>
- Attorney-General's Department – Australian Emergency Management – www.em.gov.au/Pages/default.aspx
- Department of Health and Ageing – Pandemic Influenza – www.flupandemic.gov.au
- The Royal Australian College of General Practitioners - www.racgp.org.au/your-practice/business/tools/disaster



Mental health and wellbeing



- Australian Centre for Grief and Bereavement – www.grief.org.au/grief
- Beyondblue – www.beyondblue.org.au
- Doctors' Health Advisory Service – www.dhas.org.au
- Headspace – www.headspace.org.au
- Lifeline – www.lifeline.org.au
- Psychosocial Support in Disasters – www.psid.org.au



State/territory emergency contacts

- Australian Capital Territory Emergency Services Agency <http://esa.act.gov.au/community-information>
- New South Wales Ministry for Police and Emergency Services – www.emergency.nsw.gov.au/home.html
- Northern Territory Police, Fire and Emergency Services – www.pfes.nt.gov.au
- Queensland Disaster Management – <http://disaster.qld.gov.au>
- South Australian Fire and Emergency Services Commission – www.safecom.sa.gov.au/site/home.jsp
- Tasmanian Department of Police and Emergency Management – www.dpem.tas.gov.au
- Victorian State Emergency Service – www.ses.vic.gov.au
- Western Australia Department of Fire & Emergency Services – www.dfes.wa.gov.au/alerts/Pages/default.aspx

State/territory health departments

- Australian Capital Territory – www.health.act.gov.au
- New South Wales – www.health.nsw.gov.au
- Northern Territory – www.health.nt.gov.au
- Queensland – www.health.qld.gov.au
- South Australia – www.health.sa.gov.au
- Tasmania – www.dhhs.tas.gov.au
- Victoria – www.health.vic.gov.au
- Western Australia – www.health.wa.gov.au

Appendix 3. Proposed pandemic stages

Australian phase	Description
Preparedness	<ul style="list-style-type: none"> Establish arrangements and build and maintain capacities to ensure governments and the health sector are able to respond effectively to seasonal influenza Monitor and investigate potential communicable disease threats Implement enhanced surveillance measures, if required Develop and exercise pandemic arrangements/plans
Standby	<ul style="list-style-type: none"> Prepare to commence enhanced arrangements Implement measures to raise awareness Continue enhanced surveillance measures
Response	<ul style="list-style-type: none"> Implement measures to minimise transmission, morbidity, mortality Response is divided into: <ul style="list-style-type: none"> Initial (when information about the disease is scarce); and Targeted
Standdown	<ul style="list-style-type: none"> Stand down enhanced arrangements Evaluation

Proposed pandemic stages provided by the Department of Health and Ageing

To reflect the differing focus of enhanced arrangements as the pandemic progresses, the AHMPPI is divided into four stages. To ensure that flexibility is maintained, these stages are deliberately broad. The activities associated with each stage may be implemented as determined by the needs of the situation and may vary across jurisdictions.



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