

Emergency Activation Framework

for SA Aboriginal Community
Controlled Health Services

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Aboriginal Health Council
of South Australia Ltd.

Acknowledgement of Country

The Aboriginal Health Council of South Australia (AHCSA) acknowledges that we operate and function on the lands of the Kurna people and we respect their spiritual relationship with their country. We acknowledge the Kurna people as the custodians of the Adelaide region. We pay our respects to Kurna elders, both past and present, and all generations of Kurna people, now and into the future. We also acknowledge the traditional owners of the lands throughout South Australia on which our partner organisations are operating. Their sovereignty and lands were never ceded.

Contents

Part 1: Background Information	6
1.1 Introduction	7
1.1.1 Impacts on Aboriginal People	7
1.1.2 Guiding principles	8
1.1.3 Roles and responsibilities	8
1.2 Prevention, Preparedness, Response, Recovery	9
1.3 Evaluation and continuous quality improvement	10
1.4 Specific considerations arising from emergencies	11
1.4.1 Damage to environment and cultural heritage	11
1.4.2 Communicable disease threats arising from emergencies	11
1.4.3 Contaminated water	14
1.4.4 Air pollution from major fires	14
1.4.5 Heatwave effects on health and infrastructure	15
1.4.6 Pets and animals	15
1.4.7 Disasters and mental health, social and emotional wellbeing, alcohol and drugs	16
1.4.8 Support organisations	17
Part 2: Templates	18
2.1 Emergency activation and response plan	19
2.1.1 Preparing your practice	19
2.1.2 Floor plan	22
2.1.3 Emergency kit for your health service	23
2.1.4 Material aid plan	24
2.1.5 Contact lists	25
2.2 Checklists for responding to emergencies	29
2.2.1 Floods and storms	30
2.2.2 Heatwaves	36
2.2.3 Bushfires	40
2.2.4 Other emergencies and hazards	46
2.3 Isolation Plan	50
2.4 Dangerous weather emergency plan for community members	52
2.5 References and resources	57

Glossary

ACCHO	Aboriginal Community Controlled Health Organisation
AHCSA	Aboriginal Health Council of South Australia
AED	Automated external defibrillator
BFV	Barmah Forest virus
CFS	Country Fire Service
CQI	Continuous quality improvement
HAPs	Hazardous air pollutants
JEV	Japanese encephalitis virus
MVE	Murray Valley encephalitis
NACCHO	National Aboriginal Community Controlled Health Organisation
PPE	Personal protective equipment
PPRR	Prevention, preparedness, response and recovery
RRV	Ross River virus
SES	State Emergency Service
SitRep	Situation Report
UPS	Uninterruptible power supply



Part 1: Background Information



1.1 Introduction

The Emergency Activation Framework (the **Framework**) is intended to support South Australian Aboriginal Community Controlled Health/substance misuse Services to respond to disasters and emergencies impacting Aboriginal communities. It has been adapted with permission from work by the AH&MRC in New South Wales.

This document considers a comprehensive approach to emergency management, considering four phases: prevention, preparedness, response, and recovery (PPRR), but focuses on the response phase. Recognising the breadth, depth and complexities of emergencies experienced by Aboriginal communities, the Framework can be used as a dynamic planning tool, to ensure the content is relevant, reliable and up to date.

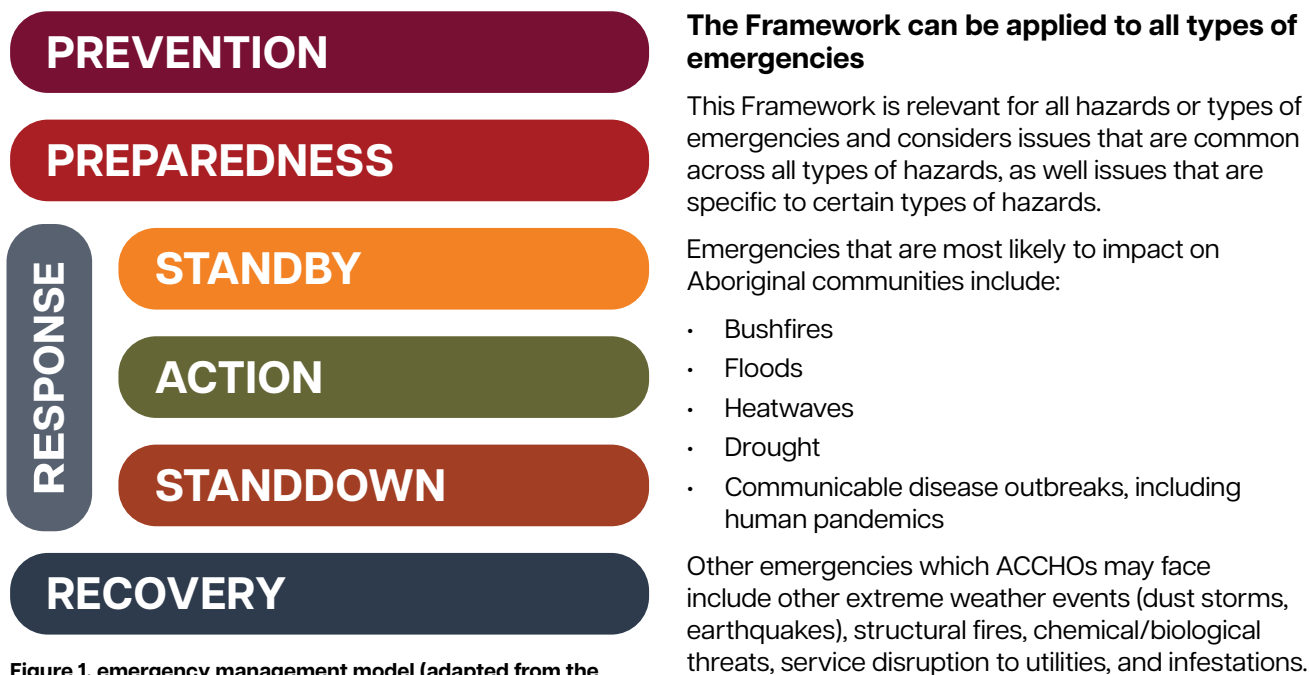


Figure 1. emergency management model (adapted from the Australian Health Management Plan for Pandemic Influenza)

1.1.1 Impacts on Aboriginal People

Aboriginal people are disproportionately affected by disasters and emergencies. For example, Aboriginal communities along the Murray River had over 700 important cultural sites damaged or placed at risk by the Millennium Drought and 2022 flooding. Similarly, the record floods at Innamincka in April 2025 impacted sites of cultural importance. At a national level, during the Covid-19 pandemic Aboriginal people were more likely than non-Aboriginal people to experience some severe outcomes, however many cases were averted due to community initiatives in vaccination and point-of-care testing.

Despite this, the needs and voices of Aboriginal people are not consistently featured in disaster resilience plans.

Emergencies have been shown to deepen pre-existing inequalities. Aboriginal communities are more frequently affected by health comorbidities, poor infrastructure/ access and overcrowded or multigenerational living conditions. These features can make the consequences of, and responses to emergencies particularly challenging. Conversely, Aboriginal communities possess a deep understanding and experience of local land, paired with millennia of resilience against natural disasters and subsequent colonisation. This strength is valuable. The vital importance of connection to country, land rights and cultural and heritage rights are also key factors that must be acknowledged in emergency planning.

1.1.2 Guiding principles

This Framework supports the principles of emergency management described in the [SA State Emergency Management Plan](#), and identifies further guiding principles to support ACCHOs respond to emergencies:

- **Recognition of Aboriginal strengths, knowledge and traditional ways of life:** Aboriginal knowledge of emergency preparedness and response is built on generations of experience, observations and adaptations to changing environmental and physical patterns. Elders and other community leaders have valuable and intimate knowledge about their local environment and strong relationships in their communities. These lived experiences continue to be acknowledged and used to inform emergency planning and response.
- **Aboriginal community leadership:** Emergency response efforts are led by Aboriginal people and developed with the community. Recognising the rich diversity across and within Aboriginal cultures, each community may require different emergency management plans. All community members are encouraged to lead and participate in emergency planning and response.
- **Strengths-based communication:** Communication can be particularly challenging during emergencies. It is critical that communication between ACCHOs and the affected community and other partners is strengths-based, culturally informed, accurate and accessible to audiences in diverse situations.
- **Individual, family and community wellbeing:** Emergency response efforts must be holistic, encompassing the social, emotional, physical and cultural wellbeing of Aboriginal people, families and communities. Deep and spiritual connection to land or Country, which is central to identity and wellbeing, must be recognised.
- **Self-determination:** ACCHOs are empowered to lead and respond to health emergencies in their communities. Aboriginal peoples' right to self-determination is upheld in all aspects of emergency response.

- **Eliminate racism and promote cultural safety and needs:** The devastating consequences of colonisation on Aboriginal communities and cultures, including experiences of trauma, loss and sustained institutional racism, has a direct impact on Aboriginal people and their response to disasters. Health emergency planning and response must understand the historical context of colonisation, survival and resilience and its ongoing impact on Aboriginal people. The cultural needs of Aboriginal communities must be embedded into all aspects of emergency response.

1.1.3 Roles and responsibilities

Planning for emergencies includes clear documentation of everyone's roles and responsibilities. This includes:

- **Staff within the ACCHO**
See checklists in Part 2 for responsibilities including maintaining the Emergency plans, communications, checking equipment and training.
- **Local agencies**
Be aware of which organisation is the Lead Agency for different types of emergency in the local community.

Identify supports available through Community Councils, Local Government, SA Health facilities and non-government organisations such as Red Cross or Uniting Country.

Consider making formal agreements about how to work together in an emergency.
- **Regional resources**
Maintain a list of contacts including the Local Health Network, utility companies and distributors of consumables and equipment that may be needed in an emergency.
- **State-level support**
In South Australia, under the State Emergency Management Plan, various agencies are assigned to respond to the different types of emergency events. More information is available at <https://www.recovery.sa.gov.au/about-recovery/resources>.

The Communicable Disease Control Branch (CDCB) in SA Health is able to assist with public health management of outbreaks of disease and transmission of infection in disaster situations.

1.2 Prevention, Preparedness, Response, Recovery

Although the Framework focuses on activating an emergency response, the Framework considers a comprehensive approach to disaster management, comprising four phases: prevention, preparedness, response, and recovery. The four phases are interdependent and overlap and support each other.

For example, recovery activities usually begin during the response phase and prevention and mitigation strategies may be considered during the recovery phase.

Prevention

Prevention is defined as regulatory and physical measures to ensure that emergencies are prevented, or their potential effects mitigated. Mitigation encompasses activities taken in advance of a disaster aimed at reducing or eliminating the severity of emergencies on society and environment. ACCHOs and their communities may contribute to prevention strategies, such as vaccination and natural resource management activities to reduce bushfire risk. Sustainability activities to reduce the impacts of climate change can also play a role in prevention.

Preparedness

Preparedness refers to planning and preparing for emergencies before they occur, such as developing and testing emergency plans, training, educating and sharing information to prepare communities for an emergency. Readiness includes having early warning systems, purchasing protective equipment and clothing, and servicing/calibrating equipment such as that needed for heating/cooling and point-of-care testing.

Response

The Response phase refers to measures taken to respond to an emergency or disaster. This includes actions taken and measures planned in anticipation of, during, and immediately after an emergency to ensure that its effects are minimised and that persons affected by the emergency are given immediate relief and support when it is safe to do so. The aim of response operations is to save lives, protect property and make an affected area safe. Accordingly, response is the operationalization and implementation of plans and processes, and the organisation of activities to respond to an emergency and its aftermath.

ACCHOs are encouraged to adapt the checklists and plans to develop their own local response to an emergency.

Recovery

Recovery is the process of coming to terms with the impacts of a disaster and managing the disruptions and changes caused, which can result, for some people, in a new way of living. It is usually measured in months and/ or years.

Examples of activities:

- Identify key agencies involved in recovery efforts, such as Government, non-Government organisations, corporate and philanthropic agencies, and community groups.
- Undertake debriefing sessions and incorporate learning for future responses. This could include a structured component of evaluation and continuous quality improvement. This should involve the ACCHO as well as community members, and could include informal yarning, surveys or workshops.
- Provide measures to support staff and patients, including social and emotional wellbeing.
- Reconnect people with their families, friends, and community networks.
- Identify local community, relief and recovery activities and services.
- Empower people to manage their own recovery and to access practical assistance.
- Continue local distribution of basic needs and material aid.
- Identify grants and financial assistance.

See <https://www.recovery.sa.gov.au/>

1.3 Evaluation and continuous quality improvement

Evaluation and continuous quality improvement (CQI) activities are encouraged to assess performance, identify strengths and areas for improvement, and implement changes to improve the organisation's response to emergencies.

At least one staff member should be responsible for leading evaluation and CQI relating to the ACCHO's emergency plan and response. Examples of activities include:

- Conduct a debrief with staff, community, and agency partners soon after the event.
- Evaluate the written and verbal information given to community members about how to prepare for and manage emergencies, including what was shared on social media. Consider whether the intended messages are constructive, strengths-based, culturally sensitive, and appropriate for the audience.
- Seek feedback from staff members, community, and partner agencies about the ACCHO's response during an emergency.
- The evaluation should consider:
 - The scale of the emergency.
 - Impact on the community and ACCHO (mortality/ morbidity, material and economic impacts, psychological impacts).
 - Methods of communication, including effectiveness and timeliness.
 - Whether practical actions taken were culturally appropriate and responsive to the genuine needs of the community.
- Review and update the ACCHO's emergency plan accordingly.

1.4 Specific considerations arising from emergencies

The templates provided in Part 2: Templates are designed to be relevant for all hazards or types of emergencies. However, different hazards can generate specific considerations. This section discusses and serves as a reference point for key considerations.

1.4.1 Damage to environment and cultural heritage

Includes water damage, soil erosion, destruction of animal habitat and damage to areas of cultural significance. These effects can deepen the trauma suffered by people connected to land.

Further information about landscape management projects can be found at <https://www.landscape.sa.gov.au/>

1.4.2 Communicable disease threats arising from emergencies

Emergencies can increase the risk of several infectious diseases. The table below describes examples of communicable disease threats that may arise from an emergency event.

Emergencies associated with hazard	Communicable diseases that can arise from the hazard	Examples of preventative and responsive actions
Hazard	Contaminated food	
Heatwaves Floods, storms Bushfires	Foodborne diseases including Salmonella , Campylobacter , Bacillus cereus , E.coli , Listeria monocytogenes , Hepatitis A , Norovirus , various Vibrio species	Remind communities of the risk of foodborne illness and food preparation/storage recommendations. Always promote good hand and food preparation hygiene. Ensure that healthcare and evacuation areas have communal cooking areas that contain handwashing facilities and soap, as well as adequate supply of cleaning agents, disposable plates/utensils and safe food storage facilities. Provide information from SA Health about safe food sources, including when to discard food after power disruptions or other emergencies Inspect/check any food donations to make sure they are safe for consumption. Remain vigilant for outbreaks of foodborne disease and consider contacting Communicable Disease Control Branch on 1300 232 272

Hazard	Mosquitoes	
Floods, storms	Ross River Virus (RRV), Barmah Forest Virus (BFV), Japanese Encephalitis (JE), Murray Valley Encephalitis (MVE), Kunjin Virus	Try to remove any pools of stagnant water, where possible. Consider spraying your home with insecticides, taking care to follow the precautions on the product information. Use nets and screens to protect from mosquitoes. Use a personal mosquito repellent containing DEET, Picaridin or Oil of Lemon Eucalyptus. Wear loose, long-sleeved light-coloured clothing and covered footwear and socks. A safe and effective vaccination is available against Japanese encephalitis.
Hazard	Contaminated water	
Floods, storms	Leptospirosis Skin infections such as Staphylococcus aureus If water is swallowed, gastrointestinal infections such as Salmonellosis, Cryptosporidium, and Giardiasis.	Avoid swallowing or exposing broken skin to water. Wear shoes and cover up cuts/abrasions with bandages. Seal any holes or gaps inside your home where possible. Ensure that screens over water tank inlets and overflows are intact. Store food in thick, well-sealed containers, if available. Reusable and takeaway containers with close-fitting lids will also prevent water from contaminating food. Wear protective clothing including boots, gloves and eye protection when cleaning up after a flood event. Follow advice in the contaminated water section.
Hazard	Rodents (e.g. rats and mice)	
Rodent plagues	Leptospirosis Lymphocytic choriomeningitis Rat bite fever Skin infections following rodent bites Some gastrointestinal infections such as Salmonellosis, Typhus and other tickborne infections	Seal any holes or gaps inside your home where possible. Ensure that screens over water tank inlets and overflows are intact. Do not set up rodent traps close to food preparation areas. Store food in thick, well-sealed containers, if available. Reusable and takeaway containers with close-fitting lids will also prevent rodents from accessing food. Clean areas that have been exposed to rodents. If cleaning up rodent carcasses, use protective clothing and gloves.

Hazard	Overcrowding
Any natural disaster that requires evacuation or people to be living in close quarters.	Respiratory viruses such as influenza and Covid-19 Group A Streptococcus related diseases (including Scarlet fever, Invasive Group A Strep, acute rheumatic fever) Meningococcal disease Scabies Viral gastroenteritis
	Try to limit large population densities in emergency shelters/clinics/foodbanks where possible. Encourage social distancing. Provide adequate washing/cleansing facilities. Encourage mask wearing, cough etiquette and hand hygiene. Promote vaccination in your communities and educate people about the symptoms of these diseases and when to seek help. Consider running emergency vaccination clinics during high-risk situations. Consider supplying Rapid Antigen Tests to staff and community members Remain vigilant for crowding related diseases

Key agencies:

- SA Health is the combat agency for pandemic influenza and other human infectious disease emergencies, including human infectious diseases arising from emergencies.
- In South Australia, food safety is a shared responsibility between SA Health, local government, food businesses, and other government agencies.

Resources	
Organisation	Description
SA Health	Food poisoning
SA Health	Food safety in an emergency
SA Health	Mosquito control after floods – how to reduce mosquito numbers and prevent disease.
SA Health	Mosquito-borne diseases (Mozzies Suck)
SA Health	Japanese encephalitis – General information and specific information about the vaccine
Australian Government	Japanese Encephalitis (JEV) resources for Aboriginal and Torres Strait Islander people
Biosecurity (PIRSA)	Controlling and reporting mouse plagues
SA Health	Leptospirosis
SA Health	Invasive Group A Streptococcus and Acute Rheumatic Fever
SA Health	Meningococcal Disease

1.4.3 Contaminated water

Floodwater can be contaminated with sewage, rubbish and chemicals, increasing the risk of injury and/or illness if entering floodwaters. Wounds sustained in floodwater should be cleaned thoroughly with soap and water as soon as possible. Disasters such as flooding can also cause damage to water treatment systems and natural water sources, causing contamination of drinking water. Pathogens found in sewage, such as *E. coli*, *Salmonella* and Hepatitis A, may occur. If mains water is contaminated by floodwater and no longer safe to drink, you will be formally notified by SA Health. If advised to boil water, bring water to a rolling boil (the cut-off point for an automatic kettle) and cool before drinking, using in cooking, or for tooth brushing.

Key agencies:

SA Health is responsible for drinking water quality, with contributions from [registered local agencies](#), and for response to water contamination. SA Health regulates drinking water quality, monitors cases of infectious diseases in the community, and investigates outbreaks to determine their cause.

Resources	
Organisation	Description
SA Health	Staying safe and healthy during and after a flood – clean up, protecting against pests, food, water and wastewater safety
SA Water	Drinking water profile – information about source and water quality reports by postcode
SA Health	Drinking water quality
SA Health	Cleaning rainwater tanks after floods or storms
SA Health	Flooding and on-site wastewater systems

1.4.4 Air pollution from major fires

Bushfire smoke can reduce air quality by releasing excessive gas, dust and fumes into the atmosphere that can cause damage to human and animal health. Fires can produce small particles and gases such as carbon monoxide and nitrogen dioxide. Larger particles can irritate the eyes, nose, throat and lungs. Smaller particulate matter (PM2.5) can penetrate more deeply into the lungs and can reach the bloodstream, leading to a range of adverse health effects, including respiratory and cardiovascular problems. Fires may also release airborne biological pollutants such as mould and hazardous air pollutants (HAPs, materials with known or suspected potential to cause cancer and other serious effects such as reproductive effects or birth defects).

Community members who have pre-existing heart and lung disease, pregnant women, and children may be more vulnerable to the effects of bushfire smoke. As Aboriginal and Torres Strait Islander people are disproportionately affected by underlying respiratory diseases, they may be more vulnerable to health problems after bushfires.

Key Agencies:

The lead agency for fires are the SA Country Fire Service (CFS) for fires within rural fire districts, and SA Metropolitan Fire Service (MFS) for fires within urban fire districts.

Resources	
Organisation	Description
MFS	General fire information
EPA South Australia	Current air quality
SA Health	Air quality and your health
SA Health	Bushfire smoke – risks, symptoms, protection
Asthma Australia	Advice for managing asthma during bushfires
SA Health	Staff protection from infections – instructions for mask usage

1.4.5 Heatwave effects on health and infrastructure

Extreme heat emergencies cause more deaths in Australia than all other natural disasters put together.

Heat can have direct impacts on health by causing a range of heat-related conditions, including heat exhaustion (caused by depletion of water or sodium) or heatstroke (an extreme condition in which severe neurological symptoms and organ failure can occur).

The main impact of extreme heat however is due to indirect effects on health. All-cause mortality has been found to increase during heatwaves in multiple studies. Severe heat exacerbates pre-existing cardiovascular, respiratory and kidney conditions. During heatwaves, the number of heart attacks, strokes and respiratory emergencies increase. This is due to the physiological effects of heat which can also be exacerbated by a simultaneous reduction in air quality due to increased ozone caused by hot, still weather. The extra demand on emergency services due to heat related illnesses can create pressure on services and make it harder for people with other illnesses to get help quickly.

Extreme heat emergencies can also increase the transmission of communicable diseases (food-, vector- and water-borne) and lead to mental health impacts. Increased rates of admissions with psychosis, exacerbation of organic mental conditions (such as Alzheimer's disease), acts of violence, substance misuse and suicides have all been observed during heatwaves.

Extreme heat can cause damage to critical infrastructure including roads and power lines. Power outages can occur when several people are using equipment such as air conditioners at once. Power failures compound the health effects by making it more difficult for people to keep cool and for health services to provide care. Heat increases the risk of bushfires and also can cause a risk to the health of animals and flora/vegetation.

1.4.6 Pets and animals

Aboriginal knowledge and connection with animals is distinctive to each community and has been passed down through generations over tens of thousands of years. Animals form an important part of the cultural and spiritual identity of Aboriginal people and are often regarded as equally as important as humans.

Environmental stressors such as heat can also impact animals, causing shedding of pathogens to the environment and potentially infecting other animals and humans.

Animals may change their activity patterns in search of food and water, which can bring wildlife into contact with humans.

1.4.7 Disasters and mental health, social and emotional wellbeing, alcohol and drugs

Is it expected that most people will experience high levels of stress during a natural disaster. Being injured, losing loved ones or pets, seeing damage to your property and land, uncertainty of where you will live and work in the aftermath, and being cut off from regular support networks can cause severe psychological distress. Aboriginal people can be particularly sensitive to this given their deep connection to Country and community. Many people will experience anxiety, depression, grief and stress reactions immediately after the event, and for some this can develop into long-term mental health issues like PTSD, substance abuse, and complex grief. People with greater exposure to the disaster, and those with pre-existing mental health conditions are at higher risk of long-term consequences.

In the short term, providing practical support, physical and financial resources, and emotional reassurance can help to rebuild a feeling of psychological safety. Information can be provided about typical responses to trauma. A supportive community who can assist each other with daily tasks, rebuilding, sharing information, and advocating for external aid will be best placed to respond to their particular circumstance.

Psychological debriefing in the immediate aftermath of a disaster is no longer recommended, as there is evidence it can cause more harm than good.

After the acute response to the disaster is complete, and sufficient mental health services are available, the focus should be on screening for community members in need of mental health support, as many of these people will be reluctant to actively seek help. GPs, psychologists, psychiatrists, helplines, and support groups may be utilised for assessment and treatment. Interventions based on problem-solving and resilience are shown to be effective after disasters. Technology-based services like telehealth and apps can overcome stigma around seeking help, and reach more people in regional and remote areas than face to face services.

Staff involved in the disaster relief efforts and community support will need to be monitored long-term for mental health impacts.

1.4.8 Support organisations

Organisations	Description
<i>Damage to environment and cultural heritage</i>	
SA Government	The Aboriginal Culture Heritage Repatriation Program provides information on what to do if you find Aboriginal remains or objects in SA. Protecting Aboriginal heritage after flooding includes valuable information about identifying Aboriginal heritage after floods. Landscape South Australia
<i>Heatwave effects on health and infrastructure</i>	
SA Health	Healthy in the heat – preparing for and managing during heatwaves, health effects, considerations for vulnerable people Hot weather information for health professionals
Department for Human Services	Register to receive Code Red and Code Blue email alerts
<i>Pets and animals</i>	
SA Health	Healthy in the Heat and Keeping animals safe in emergency includes resources on:
PIRSA	Keeping animals safe during an emergency Make an Animal Emergency Plan Planning for large animals and livestock Planning for your pets and small animals
Animal Rescue	Helping wildlife Wildlife in emergencies
<i>Mental health and substance use</i>	
SA Health	Disasters and mental health resources Alcohol and drug information service (ADIS) Know Your Options – Alcohol and Drug service directory
Help lines (all available 24/7)	13YARN: 13 92 76 - crisis support line for Aboriginal and Torres Strait Islander people, access resources or subscribe to the newsletter Lifeline: 13 HELP (13 43 57) - for people recovering from bushfire or extreme weather. Or text Lifeline: 0477 131 114 Bush Support Line: 1800 805 391 - for health workers/students and their families in rural and remote areas 1800RESPECT: 1800 737 732 - counselling, information and referral service for people affected by domestic violence (phone, text or chat available) National Alcohol & Other Drug Hotline: 1800 250 015 - counselling and advice for those struggling with addiction
Training and education	Phoenix Australia CRANaplus (for health professionals in drought and bushfire-affected areas) Birdie's Tree - for talking to young children



Part 2: Templates



2.1 Emergency activation and response plan

This template is intended to be used as a starting point only. ACCHOs are encouraged to add, amend, or delete information to reflect the policies, procedures, location, and circumstances of each service.

[ACCHO logo]



[Partner agency logo]

Practice name:

2.1.1 Preparing your practice

The Emergency Management Coordinator is

The Emergency Management Coordinator is responsible for the Emergency Activation and Response Plan.

Below is a list of activities to prepare your practice should an emergency eventuate.

Activity	Emergency Activation and Response Plan	Person responsible
	Develop and update the emergency plan as required. Review the plan on a quarterly basis and check and update names and contact details of staff and key partners. Copies of the plan should be kept in several physical and online locations so that it can be quickly located in an emergency.	
Activity	Keep up to date with relevant information and warnings	Person responsible
	Establish processes to monitor incident information that may impact your community e.g. through SA SES Warnings, local websites.	
	Monitor and obtain information about public health alerts for national and local infection outbreaks. SA Health publishes alerts online.	
	Keep up to date with changes in relevant laws and guidelines and implement them promptly. This can include: • Rescue and emergency management • Infection prevention and control • Clinical guidelines	
	Identify boundaries and demographics of your community, including geographic boundaries, park lands and protected areas. Consider any important groups such as older people, language speakers or visitors.	
Activity	Stakeholder relationships	Person responsible
	Understand roles and responsibilities of different agencies, and mechanisms (legislation, policies, protocols) which may influence emergency management planning in your community.	
	Liaise with neighbouring communities, formal local and regional planning committees, and other agencies, to ensure that emergency plans are in alignment and there is endorsement from all involved parties.	
	Maintain relationships with key stakeholders, such as local council and local emergency services.	
	Establish partnerships with material aid and other support agencies	

Activity	Staff knowledge and training	Person responsible
	Conduct orientation and training to ensure everyone with assigned roles and responsibilities are aware of the emergency management plan.	
	Run regular “desktop exercises” which allows participants to test the plan in a variety of lifelike scenarios. This can ease familiarity and confidence in using the plans during emergencies and gives ACCHOs the opportunity to identify and rectify any issues with the plans prior to an emergency occurring.	
	Identify staff to undertake safety education and training e.g., bushfire and flood safety.	
	Ensure all staff have current first aid and AED (automatic external defibrillator) training, if appropriate.	
	Provide all staff with education and training to effectively prepare for and respond to emergencies, including pandemic planning and management.	
	Discuss and review emergency processes at staff meetings and encourage staff members to share their views, skills, and knowledge.	
	Record the education provided to individual team members in the staff training log.	
	Communicate relevant updates at staff meetings and document these discussions.	
Activity	Business assets and continuity	Person responsible
	Ensure that appropriate insurance cover is in place for emergency situations that could affect the practice.	
	Ensure that there is a business continuity plan in place and that this is regularly reviewed to ensure that it is up to date.	
	Ensure that critical business records are duplicated/in safe storage.	
	Maintain the practice assets register.	

Activity	Equipment	Person responsible
	Ensure adequate portable first aid kits and emergency medicines stockpile/list.	
	Ensure the emergency kit is fully stocked, including kits for clinicians and reception. This includes scheduled checks to ensure that equipment and batteries are working and that components are within date.	
	Charge emergency mobile phone/s as required.	
	Maintain a four-week supply of PPE (P2/N95 masks, gloves, gowns, goggles), hand sanitiser, soap, tissues, paper linen for examination couches, cleaning products and pathology stock within the practice at all times.	
	Complete a material aid plan and if feasible, consider keeping a stock of essential material aid at the practice. This might include supplies of nappies, toothpaste, toothbrushes, soap, insect repellent, sunscreen, sanitary products, toilet rolls, cleaning agents, disposable plates/utensils, water sterilisation tablets, bin bags, bottled water, blankets, basic clothes and dry food products.	

Activity	Preparing communities for emergencies	Person responsible
	<u>Engage community</u> in emergency planning and response discussions as much as possible.	
	Develop a home preparedness kit for community that is relevant for local needs.	
	Educate your community about the risks and what to do. Align key messages with those from functional agencies such as SA Health and SES, delivered in a manner which aligns with the <u>National Cultural Respect Framework</u> .	
	Obtain or, in collaboration with local communities, develop resources with culturally and language appropriate key messages (hazard specific and general) that can be pulled out in the event of an emergency.	
	Consider and maintain a risk register of who within the community may need assistance in the event of an emergency and how this might be achieved. Think about groups with one or more additional vulnerability, including children, the elderly, pregnant, patients with chronic disease, and adults and children with physical and/or mental disabilities.	

2.1.2 Floor plan

The floor plan and table below indicate the location of the following emergency items and areas.

Diagram of practice floor plan for (insert below or attach diagram):



Emergency items/areas	Location details
Evacuation route	
A safe assembly point	
Fire extinguisher/s	
The main shut-off valve for water	
The main shut-off valve for gas	
The electrical master switch	
Heating/air-conditioning equipment	
Hazardous material (e.g. chemicals)	
The emergency kit	
First aid equipment	
Automated External Defibrillator (AED)	
Outside water taps and hoses	
Security and fire alarm systems	
Underground or overhead power lines	

2.1.3 Emergency kit for your health service

The emergency kit is stored in _____ which is checked and updated every three months by the Emergency Management Coordinator. A copy of the emergency kit checklist is stored in the kit.

Emergency kit checklist

Equipment

- First aid kit – check contents are current and complete
- Personal Protective Equipment (PPE) – for example: masks, gloves, safety glasses, hand antiseptic, disinfectant and goggles
- Torches and batteries
- Spare batteries, power boards and power banks
- USB memory sticks or flash drives
- Computer storage (portable hard drives/data storage, backup tapes, discs)
- Spare keys and security codes
- Marker pens (for temporary signs) and general stationery
- Hazard tape
- Utility knife
- Plastic sheeting
- Waterproof bags and containers for valuables
- Plastic and garbage bags
- Tie down straps and rope
- Bottles of clean water
- Non-perishable food items

Communication

- Radio – portable battery powered
- Mobile phone with credit available, plus chargers (portable and car)
- Satellite phone
- Laptops and chargers to allow remote working

Medical

- Prescription pad
- Medical certificate pad
- Small supply of over-the-counter medicines

Documents

- Hard copy of business continuity plan/emergency plan
- Copy of contact list (staff, suppliers and essential service)
- Building site plan
- Practice assets register
- Copy of insurance policies

On the day

- Cash
- Keys for buildings, vehicles and equipment
- Important or valuable equipment that is easily moved
- List of visitors or patients (on premises or expected) and contact details

2.1.4 Material aid plan

Members of your community might need financial and material assistance during an emergency. The ACCHO can support communities in need by:

- Contacting material aid agencies for assistance.
- Identifying a community support group through social media.
- If there isn't a community support group available in your area, consider establishing a group.

Agency	Phone number	Services e.g. food and essential services, financial assistance, other services and supports

Additional preparedness resources	
Recovery SA	Disaster Recovery SA is responsible for supporting communities to help recover from a disaster. They are the key agency to support communities to rebuild, recover and build greater resilience.
SA Health	SA Health's Disaster Management website provides range of resources and links to help prepare for an emergency.
Foodbank	Foodbank is Australia's largest food relief organisation. Enter your location on find food support to find material aid and emergency relief organisations.

2.1.5 Contact lists

Staff contact list

The staff contact list contains the names of all staff members and their current phone numbers. It is regularly reviewed and updated and is kept at reception and in the emergency kit.

Name	Position
Phone	Email
Home suburb/town	Travel time to work (mins)

Name	Position
Phone	Email
Home suburb/town	Travel time to work (mins)

Name	Position
Phone	Email
Home suburb/town	Travel time to work (mins)

Name	Position
Phone	Email
Home suburb/town	Travel time to work (mins)

Name	Position
Phone	Email
Home suburb/town	Travel time to work (mins)

Staff call-in tree

For some ACCHOs, a staff [phone tree](#) may be more useful for contacting staff in the event of an emergency. It is an organised way of contacting people in your organisation to make them aware of the threat of an emergency. Steps to contact staff through the call-in tree:

1. Complete the staff contact list above.
2. From that list, recruit a smaller group of staff members, or 'key group', who will be responsible for calling other people on the list.
3. Divide the people on the list so that each member of the key group is responsible for calling 3-8 people.
4. Write a brief script for the key group when making phone calls.

Local support agencies and service providers

Service provided		
Local Council	Company	Name
	Telephone	Email
Power supplier	Company	Name
	Telephone	Email
Gas supplier	Company	Name
	Telephone	Email
Water supplier	Company	Name
	Telephone	Email
Air conditioning	Company	Name
	Telephone	Email
Domestic waste	Company	Name
	Telephone	Email
Clinical waste	Company	Name
	Telephone	Email
Cleaning	Company	Name
	Telephone	Email
Internet	Company	Name
	Telephone	Email
Mobile phone services	Company	Name
	Telephone	Email
Switchboard phone equipment	Company	Name
	Telephone	Email

IT hardware maintenance	Company	Name
	Telephone	Email
IT software maintenance	Company	Name
	Telephone	Email
Security	Company	Name
	Telephone	Email
Fire alarms and extinguishers	Company	Name
	Telephone	Email
Insurance	Company	Name
	Telephone	Email

[Add in other agencies]

	Company	Name
	Telephone	Email
	Company	Name
	Telephone	Email
	Company	Name
	Telephone	Email

Statewide agencies with contact details

[illegible]

2.2 Checklists for responding to emergencies

This section includes examples of checklists of what to do during the activation phase of an emergency:

- Floods and storms
- Heatwaves
- Bushfires
- Other emergencies and hazards

The [RACGP Emergency Response Planning Tool](#) and the Practice Assist [General Practice emergency response plan](#) were used to inform the development of this resource. The Australian Government has also produced a template to assist with business continuity considerations ([emergency management and recovery plan template](#)).

For more detailed information and template plans, please see the [SES website](#) which has detailed suggestions about how to prepare for various emergencies and disasters.

2.2.1 Floods and storms

The following steps can be used in the event of a flood or storm.

Prevention and preparedness before a flood/storm

- Check that the practice's infrastructure is in sound condition.
 - Regularly maintain the roof and eaves.
 - Fix all loose gutters around the practice.
 - Clear gutters, downpipes and drains.
 - Fit all windows with shutters or metal screens for added protection during high winds.
 - Trim and maintain trees and vegetation that could break off during a storm and land on your property or powerlines – may require council assistance.
 - Relocate all power points above previous flood levels.
- Identify the different types of floods in your community:
 - Areas which are liable to flash flooding.
 - Communities with levee protection.
 - Areas downstream of dams.

During the days leading up to a flood/storm

Activity: Monitor the emerging risk

- Monitor relevant SA emergency services and other websites.
 - SA SES [warnings](#) or on [Facebook](#) or [Twitter](#)/X.
 - [Alert SA app](#)
 - [SA weather warnings](#) for the latest rain, storm warnings and river heights from the Bureau of Meteorology.
 - Local social media pages.
 - Information about [power outages](#).
- Check [ABC local radio](#) for alerts, updates, and evacuation centre locations.
- Check road conditions and closures at [Live Traffic](#).
- Consider discussing the emerging risk with AHCSA.
- SA Housing Trust is the Lead Agency for Emergency Relief Centres in South Australia. If an evacuation or relief centre is to be established, consider how your service can support culturally safe and responsive relief efforts.

Activity: Prepare your staff and services

- Prepare the building for an incoming storm/flood:
 - Raise key furniture and equipment, electrical equipment, important items, confidential papers to a higher level of the building/off the ground by stacking them on tables.
 - Secure indoor objects that are likely to float and cause damage and move waste containers and any dangerous chemicals/substances well off ground level, so that they don't spill and contaminate the water.
 - Board up or heavily tape up windows/structures that are vulnerable to damage in strong winds.
 - Store away or tie down any outdoor items such as garden furniture that could come loose and float or blow away.
 - Ensure that supplies of [sandbags](#) and material to board up windows are readily obtainable for the practice and within the general community. Make a plan for how/where you will lay sandbags.

- Plan alternatives for loss of power, access, communications, and operations.
 - Consider effects on freight, client transport and staff safety during travel.
 - Identify and support staff members to work remotely.
 - Confirm communications methods with staff and patients e.g. mass-SMS system,
 - Confirm communications methods with community e.g. social media
 - Assess pre-existing patient appointments and consider telehealth or telephone appointments, or rescheduling appointments to a later date.
 - Maintenance of [cold chain](#) for vaccines and critical medications.
- Consider staffing plan over the coming period:
 - Dedicate a staff member to oversee work rosters. Ensure adequate staffing, allowing for absenteeism in the event of an emergency or illness.
 - Consider liaising with other services that are not expected to be affected by the disaster that might be able to supply surge staffing.
- Identify key contacts within the ACCHO, and ensure all staff are aware of who to contact during the emergency.
- Ensure emergency kits are packed and that batteries/vital equipment is functioning.
- Ensure adequate supplies of PPE, medicines, and vaccines stockpiles.
- Identify whether material aid and emergency relief services are needed and activate Material Aid plan as required.
- Download and print a copy of your business continuity plan and local emergency plan.
- Download and print a copy of your contact lists. Save important contact numbers on your phone.
- Download a vulnerable patient list, including a list of medications, and ensure appropriate medical staff have access to the list securely. Consider performing a medicine supply check/issuing repeat prescriptions to ensure that vulnerable patients have a supply of vital medication (such as insulin and anti-epileptic drugs).
- Backup data and secure documents.
- Prepare communications to staff that can be updated during the emergency, including:
 - Links to SA emergency services and local websites.
 - [Key health messages](#) and associated health effects of the emergency.
 - Request staff to identify and consider the needs of any vulnerable patients known to them.
 - Remind staff to review their own household emergency and evacuation plans.
 - Determine if any modifications to their work plan are needed e.g. remote working.
 - Remind staff not to drive or walk through floodwaters.
- Prepare communications to patients:
 - Links to SA emergency services and local websites for up-to-date information.
 - [Key health messages](#) and associated health effects of the emergency.
 - Plans for how the ACCHO will operate during the emergency and how to seek help.
 - A reminder not to drive or walk through floodwaters and to follow official advice.

Activity: Support your community with their preparations

- Inform community of key information regarding the floods/ storm:
 - Links to SA emergency services and local websites for up to date information, and where to find and how to use sandbags to protect their home.
 - [Key health messages](#) and associated health effects of the emergency. Consider translating critical health messages for your community.
 - A reminder to prepare or locate their home emergency plans.
 - A reminder not to drive through floodwaters.
 - Provide additional information and support to known vulnerable community members.
- Help support community, where possible, with protecting sites of cultural significance prior to the weather emergency, such as sandbagging and boarding.

Day 0 of the flood/storm

Activity: Initial response

- Always follow advice from emergency services to shelter or evacuate.
- Activate your business continuity plan/emergency plan.
- If required to evacuate, unplug electrical equipment, shut down the master electrical board, and gas supply, as appropriate.
- Collect and distribute your emergency kits.
- Notify AHCSA of the emergency to facilitate any additional communications and support.

Activity: Continue to monitor for updates and assess status

- Continue to monitor emergency broadcasts for updates.
- Participate in any inter-agency meetings and disseminate key information to staff, partners and community.
- Assess expected impacts in the coming hours, days, weeks. If community members are cut off from essential services, activate isolation plan.
- Consider writing and sharing regular situation reports (SitReps) to represent the impact on your community and its ongoing needs. This document can be updated and used to provide information to key stakeholders.
- Assess current stock of PPE, medicines, vaccines and essential material aid stockpiles. Consider if changes to ordering and storage are required.

Activity: Manage your staff and services

- Provide regular updates to staff:
 - Information about the emergency and any additional risks. Refer to SA emergency services and local websites.
 - Reinforce key health messages.
 - Consider and identify vulnerable patients known to them.
 - Reassess modifications to work plans, including working from home.
- Reassess appointment plans. Reschedule or set up telehealth appointments as needed.
- Advise patients and visitors about your ACCHO operations and evacuation plans where relevant, including:
 - in-person to patients and visitors on your premises at the time;
 - online to all other patients and visitors; and
 - use your social media accounts (if available), website or phone to advise patients and visitors about your ACCHO operations.
- Check-in with patients and families on “vulnerable list”
- Document and respond to emerging issues. Escalate issues to AHCSA if needed.

Activity: Support your community

- Provide regular updates to community about the emergency:
 - Link to SA emergency services and local websites.
 - [Key health messages](#) and associated health effects of the emergency. Consider translating critical health messages for your community.
 - Provide additional information and support to known vulnerable community members.
 - Information from partner organisations, such as location of evacuation centres.

During the flood/storm

Activity: Monitor the ongoing situation and communicate with other agencies

- Continue to attend inter-agency meetings and disseminate key information to staff, partners and community. Communication should include leadership and key contacts during the emergency.
- Continue to monitor emergency broadcasts for updates.
- Continue to work in partnership with other organisations and other agencies to find out how to support your community. These include functional agencies as well as material goods agencies/ volunteer organisations.
- Maintain vigilance for emerging communicable disease threats that can arise from an emergency. Report confirmed or suspected cases of notifiable or unusual disease to the Communicable Disease Control Branch on 1300 232 272

Activity: Manage your staff and services

- Continue providing regular updates to staff, patients, and visitors. Implement frequent staff updates/ meetings e.g. 5 minute safety check at start and end of the day
- Monitor stock of medicines, first aid and clinic equipment, PPE and basic material aid and replenish these as needed.
- Assess the impact of the emergency on staff mental health and provide support, especially if they are personally affected by the emergency, are at risk of vicarious trauma or at risk of burnout. CRANaplus Bush Support Line offers 24/7 psychologist support for rural and remote health workers: 1800 805 391
- Assess the impact of the emergency on your service and check rosters and staffing plans align with this. Continually reassess the need to pull in surge staffing if available.
- Regularly assess the types of presentations that are occurring as a result of the emergency (injury, mental health, exacerbation of existing conditions). Are current triage processes working? Is infection control working as intended? Have there been any damages to building or equipment?

Activity: Support your community

- Continue updating the community and reinforcing key messages. Health issues that may arise from floods/ severe weather emergencies include:
 - Increased risk of communicable diseases such as foodborne diseases, mosquito-borne diseases, rodent-borne infectious diseases, and diseases due to overcrowding.
 - Dangers related to floodwater including the risk of drowning, injury or infection.
 - Contaminated water, due to disruption of clean water supply
 - Keeping animals safe
 - Increased risk of infestations, see PIRSA [emergency management](#)
 - [Personal and household safety](#)
 - Sanitation problems: make sure waste is well bagged up to avoid attracting rodents and other vermin. Poison against vermin/insects should be used according to instructions and not stored or set out in reach of children or animals.
 - [Mould](#): Mould can set in quickly after storms/floods and can make some people sick, especially those with breathing problems or bad immune systems.
 - Risk from fallen power lines – report immediately to SA Power Networks (13 13 66)

-
- Perform a rapid health needs assessment for your affected community. This includes assessing whether those affected have the following basic requirements for health:
 - Clean water: Each person needs roughly 7.5-15L per day, for drinking, cooking and maintenance of basic hygiene ([Sphere standard](#)).
 - Sanitation: In addition to water for personal cleansing, includes soap/cleansing products (and a space to use these safely and with dignity), adequate supply of menstrual products and nappies (and the means to dispose of these safely and discreetly), functioning toilets and toilet paper/sinks/soap/paper towels.
 - Food: An average person needs 2100kCal/day. Consider storage/hygiene issues.
 - Shelter and clothing: Community members may become homeless and rely on shelters or move in with family and friends, risking overcrowding and psychological distress. [Emergency accommodation support](#) may be needed.
 - Health services: Access to essential medicines, infrastructure, equipment and trained staffing to meet health needs. Is the ACCHO able to respond to current demand or is outside help required? Are current triage processes working?
 - Information: is there adequate information in the community about what is happening and what they need to do to maintain health? This needs to be accessible to the community in terms of language and should be culturally safe.
 - Other: Any emerging concerns e.g. overcrowding, communicable diseases, community tension, experiences of racism from other agencies, animal welfare or safety concerns?
-
- Monitor for mental health impacts of the emergency that can compound the burden of pre-existing community trauma. These might include:
 - Anxiety, poor sleep, depression, substance misuse and post-traumatic stress disorder.
 - Financial stress due to loss of home and/or livelihood.
 - Exacerbation of pre-existing mental health diagnoses.
 - Grief due to the destruction of land, shared memories, and sacred places.
 - Distress due to issues encountered including institutionalised racism, exclusion from response and recovery efforts and inequitable decision making.
 - Having to conduct Sorry Business after a disaster and challenges in doing this in the face of ongoing disruption.

Respond: Encourage connection with their supports, community and recovery services. Consider referral to crisis support or mental health services such as 13 YARN, State Recovery Hotline, Red Cross, or Mental Health Triage.
-
- Be alert to the increased risk of interpersonal and intimate partner violence, which may increase following a disaster.
-
- Record any instances of institutionalised racism and exclusion from response and recovery efforts experienced by community members and liaise with partner agencies about these.
-
- Support families and communities who are conducting Sorry Business during the emergency.
-

Immediately after the flood/storm

Activity: Returning to work

- Continue to monitor emergency broadcasts for updates.
- Return to premises when safe, and secure dangerous debris.
- Assess the status of resource stockpiles and replenish as appropriate
- Recover data and business records.
- Repair or replace damaged systems or equipment critical to the clinic.
- Arrange a debrief and follow-up sessions with staff as soon as practicable

Activity: Assess impact and contact insurer

- Assess impact of the emergency on staff:
 - Were any staff adversely affected by the emergency?
 - What have been the psychological impacts on staff?
 - Are rosters for coming weeks appropriate? Do certain staff need extra time off to recover?
- Assess impact of the emergency on patients:
 - Do missed appointments need to be rescheduled?
- Assess damage to buildings, assets, vehicles and equipment:
 - Record decisions and photos and/or videos of damage in an event log for insurance claims.
 - Estimate repair, replacement, or relocation costs.
 - Lodge your insurance claim early.
- Contact your insurer and check your policy before cleaning up, as they may provide cleaning/drying or require photos or authorisation before making repairs. You may wish to check:
 - If the insurance policy funds clean-ups, requires authorisation before repairs begins, or provides emergency funds for wages and activities.
 - What information is required to complete a claim e.g. event log, photos/video evidence

Under item 64 of the [General Insurance code of Practice](#), insurers must fast track urgent claims if you can demonstrate financial need.
- Check the [SA Government](#) and [Red Cross](#) websites for advice on clean-up and waste after floods and storms. Contact your local council about kerbside pickup.

Activity: Support your community

- Continue updating the community and reinforcing key messages, including specific hazards to be aware of when returning to flood-affected properties.
- Continue to perform health needs assessments to assess status of your community needs.
- Remind affected community members to photograph damaged property for insurance purposes (prior to disposal).
- Provide information about where community members can go for material, financial and social support.
- Provide mental health and trauma support. See resources from [SA Health](#) and [Emerging Minds](#).

Activity Communication

- Advise staff of transition to temporary or normal business and clinical arrangements
- Thank staff for their engagement and response
- Use social media, websites, phone, or email to advise patients, visitors and stakeholders about your business and clinical arrangements.

2.2.2 Heatwaves

Heatwaves can be defined as periods of three or more days when high maximum and high minimum temperatures are unusual for that location. However, definitions vary and the severity and is affected by the ability of a community to adapt to the heat (based on previously experienced temperatures and geographical location). **Note that heat-related illness can still occur even if there is not a 'heatwave'.**

The Bureau of Meteorology define heatwave severity in a scale which relates to the heat's potential impacts:

- No heatwave
- Low heatwave – Most people will have adequate capacity to cope with the heat.
- Severe heatwave – Level of heatwave will be challenging for some vulnerable groups including pregnant women, over 65s, babies/young children and those with a chronic illness.
- Extreme Heatwave – Exceptionally high temperatures that will affect even healthy people who do not take precautions and can affect infrastructure such as transport and power.

The following steps can be used in the event of a heat wave occurring. If a bushfire is a risk/anticipated, this checklist should be used in conjunction with the activation checklist for Bushfires.

Prevention and preparedness before a heatwave

- Be familiar with your local council's heatwave plan and if public heat refuges (such as public pools and shopping centres as well as designated centres) are available.
- Consider the likely and potential impacts of the heatwave on your community, in light of its individual characteristics:
 - Geography and topography
 - Adaptation to heat/usual heat conditions
 - Incidence and location of individuals who may be more vulnerable to heat.
 - Access to shade, heat refuges and public bathing facilities
 - Likelihood of secondary events including bushfires and power outages
 - Pre-existing factors affecting air quality, which heat effects could compound.
 - Access arrangements for and capacity for emergency/ secondary care facilities to cope with increased pressure on services (through excess illnesses due to heat)
- Ensure practice is appropriately stocked with IV fluids and drinking water when entering the summer months.
- Remind staff of the health effects of extreme heat, who might be at higher risk of heat related harm, and how to look after themselves. Consider holding a meeting prior to summer to increase staff awareness and to conduct any training related to heat and health.
- Plan for staff shortages during periods of extreme heat and heatwaves, and increased demand for services, including on the days that follow the heat.
- Yarn with your community about the signs of heat illness and how to keep cool during a heatwave.

During the days leading up to a heatwave

Activity: Monitor the emerging risk

- Monitor relevant SA emergency services and other websites.
 - [SA CFS bushfire map and warnings](#).
 - SA SES [warnings](#) or on [Facebook](#) or [Twitter/X](#).
 - [Alert SA app](#)
 - [SA weather warnings](#) from the Bureau of Meteorology.
 - Local social media pages.
 - Information about [power outages](#).
- Check [ABC local radio](#) for alerts, updates, and evacuation centre locations.
- Check road conditions and closures at [Live Traffic](#).
- Consider discussing the emerging risk with AHCSA.

- Work collaboratively with local agencies to determine if heat refuges will be established and if so, ensure centres are culturally safe and responsive.

Activity: Prepare your staff and services

- Plan alternatives for loss of power, access, communications, and operations.
 - Identify and support staff members to work remotely.
 - Confirm communications methods with staff and patients e.g. mass-SMS system,
 - Confirm communications methods with community e.g. social media
 - Assess pre-existing patient appointments and consider telehealth or telephone appointments, or rescheduling appointments to a later date.
 - Maintenance of [cold chain](#) for vaccines and critical medications.
- Consider staffing plan over the coming period:
 - Dedicate a staff member to oversee work rosters. Ensure adequate staffing, allowing for absenteeism in the event of an emergency or illness.
 - Consider liaising with other services that are not expected to be affected by the disaster that might be able to supply surge staffing.
- Identify key contacts within the ACCHO, and ensure all staff are aware of who to contact during the emergency.
- Ensure emergency kits are packed and that batteries/vital equipment is functioning.
- Ensure adequate supplies of PPE, medicines, and vaccines stockpiles.
- Identify whether material aid and emergency relief services are needed and activate Material Aid plan as required.
- Download and print a copy of your business continuity plan and local emergency plan.
- Download and print a copy of your contact lists. Save important contact numbers on your phone.
- Download a vulnerable patient list, including a list of medications, and ensure appropriate medical staff have access to the list securely. Consider performing a medicine supply check/issuing repeat prescriptions to ensure that vulnerable patients have a supply of vital medication (such as insulin and anti-epileptic drugs).
- Backup data and secure documents.
- Prepare communications to staff that can be updated during the emergency, including:
 - Links to SA emergency services and local websites.
 - [Key health messages](#) and associated health effects of the emergency.
 - Request staff to identify and consider the needs of any vulnerable patients known to them.
 - Remind staff to review their own household emergency and evacuation plans, in case of bushfire.
 - Determine if any modifications to their work plan are needed e.g. remote working.
- Prepare communications to patients:
 - Links to SA emergency services and local websites for up-to-date information.
 - [Key health messages](#) and associated health effects of the emergency.
 - Plans for how the ACCHO will operate during the emergency and how to seek help.
- Keep building clear of excess rubbish, leaves, litter and flammable materials.

Activity: Support your community with their preparations

- Inform community of key information regarding the heat:
 - Links to SA emergency services and local websites for up-to-date information.
 - [Key health messages](#) and associated health effects of the emergency. Consider translating critical health messages for your community.
 - A reminder to prepare or locate their home emergency plans.
 - Provide additional information and support to known vulnerable community members.
 - Confirm with local council, charities and commercial facilities regarding location and opening hours of heat refuges and include this information when delivering key messages to the community.
-

Day 0 and during a heatwave

Activity: Initial response

- Activate your business continuity plan/emergency plan.
- Notify AHCSA of the emergency to assist with communications/identifying supports
- Continue to monitor for updates and assess status.
- Continue to attend inter-agency meetings and disseminate key information to staff, partners and community. Communication should include leadership and key contacts during the emergency.

Activity: Continue to monitor emergency broadcasts for updates.

- Assess expected impacts in the coming hours, days, weeks. If bushfires become anticipated at any stage, activate bushfire plan. If community is at risk of isolation from essential services, activate isolation plan.
- Conduct needs assessment of the impact of the heatwave on the local community, and update as required:
 - Is the community able to access adequate shade and heat refuges?
 - Are there any issues with water shortages/access to clean water (each person needs roughly 7.5-15L/day for drinking, cooking and maintenance of basic hygiene)?
 - Has there been an increase in the volume of calls for medical, social and material assistance related to the heatwave and are these able to be met with current resources?
 - Are there any ongoing concerns about access to essential medicine/staffing and equipment/function of the buildings utilised by the ACCHO?
 - Are there any concerns related to animal safety/welfare or threat from animals/vermin to humans?
 - Has adequate and helpful information been given to staff and community?
 - Are there any emerging concerns e.g., communicable diseases, community tensions, mental health, or staffing factors?
- Consider writing and sharing regular SitReps to represent the impact on your community and its ongoing needs. This document can be updated and used to provide information to key stakeholders.
- Review stock of PPE, medicines, vaccines and essential material aid stockpiles and order more in advance as needed.

Activity: Manage your staff and services

- Provide regular updates to staff:
 - Information about the emergency and any additional risks. Refer to SA emergency services and local websites.
 - Reinforce key health messages.
 - Consider and identify vulnerable patients known to them.
 - Reassess modifications to work plans, including working from home.
- Reassess appointment plans. Reschedule or set up telehealth appointments as needed.
- Advise patients and visitors about your practice operations and evacuation plans where relevant, including:
 - in-person to patients and visitors on your premises at the time;
 - online to all other patients and visitors; and
 - use your social media accounts (if available), website or phone to advise patients and visitors about your practice operations.
- Check-in with patients and families on “vulnerable list”
- Document and respond to emerging issues. Escalate issues to AHCSA if needed.
- Continue to keep building clear of excess rubbish, leaves, litter and flammable materials.

Activity: Support your community

- Provide regular updates to community about the emergency:
 - Link to SA emergency services and local websites.
 - [Key health messages](#) and associated health effects of the emergency.
 - Provide additional information and support to known vulnerable community members.
 - Information from partner organisations, such as location of heat refuges.
-

Immediately after the heatwave

Activity: Assessing impact and returning to business as usual

- Continue to monitor emergency broadcasts for updates.
 - Assess the status of resource stockpiles and replenish as appropriate
 - Assess impact of the heatwave on staff:
 - Were any staff adversely affected by the emergency?
 - What have been the psychological impacts on staff?
 - Are rosters for coming weeks appropriate? Do certain staff need extra time off to recover?
 - Assess impact of the heatwave on patients:
 - Do missed appointments need to be rescheduled?
 - Assess impact to stockpiles, buildings, assets, vehicles, and equipment:
 - Review stockpiles and replenish as appropriate.
 - Record decisions and photos and/or videos of damage in an event log and prepare insurance claims.
 - Recover data and business records, if appropriate.
 - Arrange a debrief and follow-up sessions with staff as soon as practicable
-

Activity: Support your community

- Continue updating the community and reinforcing key messages.
 - Provide information about where community members can go for material, financial and social support.
 - Provide mental health and trauma support. See resources from [SA Health](#) and [Emerging Minds](#).
-

Activity: Communication

- Advise staff of transition to temporary or normal business and clinical arrangements
 - Thank staff for their engagement and response
 - Use social media, websites, phone or email to advise patients, visitors and stakeholders about your business and clinical arrangements.
-

2.2.3 Bushfires

The following steps can be used in the event of a bushfire.

Prevention and preparedness before a bushfire

- Prepare your infrastructure and surrounds:
 - Remove excess rubbish, leaves and litter from around the practice.
 - Remove any flammable materials such as paint from the premises.
 - Regularly clear the gutters surrounding the practice.
 - Ensure that smoke detectors are fitted and check that they are working/have batteries changed regularly.
 - Regularly mow the grass surrounding the practice and remove all trimmings.
 - Ensure the building is clear from overhanging branches and remove cut branches.
 - Ensure there is a wide firebreak around the practice (if applicable).
- Yarn with your community about the risks of bushfire smoke to health, what air quality notices mean, how to minimise exposure to smoke and when to seek help for breathing problems.
- Encourage patients with breathing problems to have a small supply of inhalers and P2/N95 masks at home.

During the days leading up to a bushfire

Activity: Monitor the emerging risk

- Monitor relevant SA emergency services and other websites.
 - SA CFS [bushfire map and warnings](#), [Facebook](#) and [Twitter/X](#).
 - [Alert SA app](#)
 - SA SES [warnings](#) or on [Facebook](#) or [Twitter/X](#).
 - SA [weather warnings](#) from the Bureau of Meteorology.
 - Local social media pages.
 - Information about [power outages](#).
- Check [ABC local radio](#) for alerts, updates, and evacuation centre locations.
- Check road conditions and closures at [Live Traffic](#).
- Consider discussing the emerging risk with AHCSA.
- SA Housing Trust is the Lead Agency for Emergency Relief Centres in South Australia. If an evacuation or relief centre is to be established, consider how your service can support culturally safe and responsive relief efforts.

Activity: Prepare your staff and services

- Plan alternatives for loss of power, access, communications, and operations.
 - Identify and support staff members to work remotely.
 - Confirm communications methods with staff and patients e.g. mass-SMS system,
 - Confirm communications methods with community e.g. social media
 - Assess pre-existing patient appointments and consider telehealth or telephone appointments, or rescheduling appointments to a later date.
 - Maintenance of [cold chain](#) for vaccines and critical medications.
- Consider staffing plan over the coming period:
 - Dedicate a staff member to oversee work rosters. Ensure adequate staffing, allowing for absenteeism in the event of an emergency or illness.
 - Consider liaising with other services that are not expected to be affected by the disaster that might be able to supply surge staffing.
- Identify key contacts within the ACCHO, and ensure all staff are aware of who to contact during the emergency.

-
- Ensure emergency kits are packed and that batteries/vital equipment is functioning.
-
- Ensure adequate supplies of PPE, medicines, and vaccines stockpiles. Consider necessary items specific to bushfires including dressings/treatment for burns, oxygen, nebulisers, inhalers, IV fluids, painkillers and antibiotics.
-
- Identify whether material aid and emergency relief services are needed and activate Material Aid plan as required.
-
- Download and print a copy of your business continuity plan and local [bushfire emergency plan](#).
-
- Download and print a copy of your contact lists. Save important contact numbers on your phone.
-
- Download a vulnerable patient list, including a list of medications, and ensure appropriate medical staff have access to the list securely. Consider performing a medicine supply check/issuing repeat prescriptions to ensure that vulnerable patients have a supply of vital medication (such as insulin and anti-epileptic drugs).
-
- Backup data and secure documents.
-
- Prepare communications to staff that can be updated during the emergency, including:
 - Links to SA emergency services and local websites.
 - [Key health messages](#) and associated health effects of the emergency.
 - Reminders about how to treat and access specialist care for burns.
 - Request staff to identify and consider the needs of any vulnerable patients known to them.
 - Remind staff to review their own household emergency and evacuation plans.
 - Determine if any modifications to their work plan are needed e.g. remote working.
-
- If fire is expected to threaten the ACCHO, prepare the building for an incoming fire:
 - Follow your [pre-written bushfire plan](#) in terms of when to evacuate and how you will do this.
 - If not already done (and if there is time to safely do so):
 - Remove any flammable items from the area around the building (including door mats, wood piles, paint, outdoor furniture, petrol).
 - Remove leaves and debris from gutters/drains
 - Ensure that grass around the ACCHO is short to minimise the risk of it catching fire and setting fire to the building.
 - If using an air cleaner with a HEPA filter, ensure that it is appropriate to the size of the room and that maintenance is up to date.
-
- Prepare communications to patients that can be updated during the emergency including:
 - Links to SA emergency services and local websites for up-to-date information.
 - Key health messages about how to stay [healthy in the heat](#) and [identify heat related illness](#), how to [protect yourself from bushfire smoke](#) and wearing protective clothing (long sleeves and pants made from natural fibres, and leather boots not sandals or sneakers).
 - Health advice about [returning to a property safely after a bushfire](#).
 - Plans for how the ACCHO will operate through the emergency and how to seek help.
-

Activity: Support your community with their preparations

-
- Inform community of key information regarding the incoming bushfire:
 - Links to SA emergency services and local websites for up to date information.
 - Key health messages as outlined above.
 - Remind community members to prepare or locate their [home emergency plans](#) for themselves (and [any animals](#)) and familiarise themselves with any [neighbourhood safer places](#).
 - Provide additional information and support to known vulnerable community members.
-
- Help support the community, where possible, with protecting sites of cultural significance prior to the fire.
-

Day 0 of the bushfire emergency

Activity: Initial response

- Always follow advice from emergency services to shelter or evacuate.
- Activate your business continuity plan/emergency plan.
- If required to evacuate, unplug electrical equipment, shut down the master electrical board, and gas supply, as appropriate.
- Collect and distribute your emergency kits.
- Notify AHCSA of the emergency to facilitate support or communications

Activity: Continue to monitor for updates and assess status

- Continue to monitor emergency broadcasts for updates.
- Participate in any inter-agency meetings and disseminate key information to staff, partners and community.
- Assess expected impacts in the coming hours, days, weeks. If community members are cut off from essential services, activate isolation plan.
- Consider writing and sharing regular SitReps to represent the impact on your community and its ongoing needs. This document can be updated and used to provide information to key stakeholders.
- Review stock of PPE, medicines, vaccines and essential material aid stockpiles and order more in advance as needed.

Activity: Manage your staff and services

- Provide regular updates to staff:
 - Information about the emergency and any additional risks. Refer to SA emergency services and local websites.
 - Reinforce key health messages.
 - Consider and identify vulnerable patients known to them.
 - Reassess modifications to work plans, including working from home.
- Reassess appointment plans. Reschedule or set up telehealth appointments as needed.
- Check-in with patients and families on “vulnerable list”
- Document and respond to emerging issues. Escalate issues to AHCSA if needed.

Activity: Support your community

- Provide regular updates to community about the emergency:
 - Link to SA emergency services and local websites.
 - [Key health messages](#) and associated health effects of bushfires. Consider translating critical health messages for your community.
 - Provide additional information and support to known vulnerable community members.
 - Share information from partner organisations, such as location of evacuation centres.

During the bushfire emergency

Activity: Monitor the ongoing situation and communicate with other agencies

- Continue to attend inter-agency meetings and disseminate key information to staff, partners and community. Communication should include leadership and key contacts during the emergency.
- Continue to monitor emergency broadcasts for updates.
- Continue to work in partnership with other organisations and other agencies to find out how to support your community. These include functional agencies as well as material goods agencies/ volunteer organisations.

-
- Maintain vigilance for secondary health issues that can occur after a bushfire. SA Health Communicable Disease Control Branch can advise on communicable disease outbreaks.
-

Activity: Manage your staff and services

- Continue providing regular updates to staff, patients, and visitors. Implement frequent staff updates/ meetings e.g. 5 minute safety check at start and end of the day.
 - Monitor stock of medicines, first aid and clinic equipment, PPE and basic material aid and replenish these as needed.
 - Assess the impact of the emergency on staff mental health and provide support, especially if they are personally affected by the emergency, are at risk of vicarious trauma or at risk of burnout. CRANApus Bush Support Line offers 24/7 psychologist support for rural and remote health workers: 1800 805 391
 - Assess the impact of the emergency on your service and check rosters and staffing plans align with this. Continually reassess the need to pull in surge staffing if available.
 - Regularly assess the types of presentations that are occurring as a result of the emergency (injury, mental health, exacerbation of existing conditions). Are current triage processes working? Is infection control working as intended? Have there been any damages to building or equipment?
 - Monitor the risk to your service and act in accordance with your bushfire plan, being prepared to evacuate safely if required.
-

Activity: Support your community

- Continue updating the community and reinforcing key messages. Health issues that may arise from bushfires (including effects of evacuations/damage to property) include:
 - Injuries, including burns, injuries from falling debris, and injuries when returning to damaged buildings.
 - Problems due to [air pollution](#), such as:
 - Asthma or bronchitis/emphysema
 - Irritation of eyes, sinuses, throat and cough
 - Problems due to small particles that penetrate more deeply and enter the bloodstream.
 - Inhalation of asbestos fibres or other hazardous materials that have burnt
 - Other conditions, including heart attacks and strokes.
 - Risk of carbon monoxide poisoning if using cooking/heating devices such as charcoal grills in an area that isn't well ventilated.
 - Specific [heat related illnesses](#) such as heat exhaustion.
 - [Contaminated water](#), due to disruption of clean water supply
 - Sanitation problems: make sure waste is well bagged up to avoid attracting rodents and other vermin. Poison against vermin/insects should be used according to instructions and not stored or set out in reach of children or animals.
 - Increased risk of communicable diseases such as respiratory infections, foodborne diseases, and diseases due to overcrowding.
-

-
- Perform a rapid health needs assessment for your affected community. This includes assessing whether those affected have the following basic requirements for health:
 - Clean water: Each person needs roughly 7.5-15L per day, for drinking, cooking and maintenance of basic hygiene ([Sphere standard](#)).
 - Sanitation: In addition to water for personal cleansing, includes soap/cleansing products (and a space to use these safely and with dignity), adequate supply of menstrual products and nappies (and the means to dispose of these safely and discreetly), functioning toilets and toilet paper/sinks/soap/paper towels.
 - Food: An average person needs 2100kCal/day. Consider storage/hygiene issues.
 - Shelter and clothing: Community members may become homeless and rely on shelters or move in with family and friends, risking overcrowding and psychological distress. [Emergency accommodation support](#) may be needed.
 - Health services: Access to essential medicines, infrastructure, equipment and trained staffing to meet health needs. Is the ACCHO able to respond to current demand or is outside help required? Are current triage processes working?
 - Information: is there adequate information in the community about what is happening and what they need to do to maintain health? This needs to be accessible to the community in terms of language and should be culturally safe.
 - Other: Any emerging concerns e.g. overcrowding, communicable diseases, community tension, experiences of racism from other agencies, animal welfare or safety concerns?
-
- Monitor for mental health impacts of the emergency that can compound the burden of pre-existing community trauma. These might include:
 - Anxiety, poor sleep, depression, substance misuse and post-traumatic stress disorder.
 - Financial stress due to loss of home and/or livelihood.
 - Exacerbation of pre-existing mental health diagnoses.
 - Grief due to the destruction of land, shared memories, and sacred places.
 - Distress due to issues encountered including institutionalised racism, exclusion from response and recovery efforts and inequitable decision making.
 - Having to conduct Sorry Business after a disaster and challenges in doing this in the face of ongoing disruption.

Respond: Encourage connection with their supports, community and recovery services. Consider referral to crisis support or mental health services such as 13 YARN, State Recovery Hotline, Red Cross, or Mental Health Triage.
-
- Be alert to the increased risk of interpersonal and intimate partner violence, which may increase following a disaster.
-
- Record any instances of institutionalised racism and exclusion from response and recovery efforts experienced by community members and liaise with partner agencies about these.
-
- Support families and communities who are conducting Sorry Business during the emergency.
-

Immediately after the emergency

Activity: Returning to work

- Continue to monitor emergency broadcasts for updates.
- If ACCHO premises have been affected by bushfire, await clearance that it is safe before returning and follow official advice on [how to return safely](#).
- Assess the status of resource stockpiles and replenish as appropriate
- Recover data and business records.
- Repair or replace damaged systems or equipment critical to the clinic.
- Arrange a debrief and follow-up sessions with staff as soon as practicable

Activity: Assess impact and contact insurer

- Assess impact of the emergency on staff:
 - Were any staff adversely affected by the emergency?
 - What have been the psychological impacts on staff?
 - Are rosters for coming weeks appropriate? Do certain staff need extra time off to recover?
- Assess impact of the emergency on patients:
 - Do missed appointments need to be rescheduled?
- Assess damage to buildings, assets, vehicles and equipment
 - Record decisions and photos and/or videos of damage in an event log for insurance claims.
 - Estimate repair, replacement or relocation costs.
 - Lodge your insurance claim early.
- Contact your insurer and check your policy before cleaning up, as they may provide cleaning or require photos or authorisation before making repairs. You may wish to check:
 - If the insurance policy funds clean-ups, requires authorisation before repairs begins, or provides emergency funds for wages and activities.
 - What information is required to complete a claim e.g. event log, photos/video evidence
 - Under item 64 of the [General Insurance code of Practice](#), insurers must fast track urgent claims if you can demonstrate financial need.
- Check the [SA Health](#) and [EPA SA](#) websites for advice on clean-up and waste after bushfires. Contact your local council about kerbside pickup.

Activity: Support your Community

- Continue updating the community and reinforcing key messages, including how to return safely after a bushfire, [what to consider when returning](#) and [practical/emotional](#) aspects of returning.
- Continue to perform health needs assessments to assess status of your community needs.
- Remind affected community members to photograph damaged property for insurance purposes (prior to disposal).
- Provide information about where community members can go for material, financial and social support.
- Provide mental health and trauma support. See resources from [SA Health](#), [Emerging Minds](#) and [Lifeline](#).

Activity: Communication

- Advise staff of transition to temporary or normal business and clinical arrangements
- Thank staff for their engagement and response
- Use social media, websites, phone or email to advise patients, visitors and stakeholders about your business and clinical arrangements.

2.2.4 Other emergencies and hazards

Earthquake - hazard prevention

Remove heavy objects from shelves or store them on 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 are not overloaded.

Secure and fasten large, expensive medical equipment to a fixed surface or wall.

Pandemic diseases

Activate the AHCSA Pandemic toolkit or individual ACCHO pandemic plan.

Telephone faults

Our ACCHO's telephone number/s:

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

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

Water supply issues

Our ACCHO's water supplier:

The water shut-off valve within the ACCHO is:

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

For internal plumbing emergencies, contact:

If our ACCHO is without water:

Portable toilets can be hired from:

Antibacterial handwash and disposable gloves are:

Bottled drinking water is:

Boiling water equipment are:

Chlorination/iodine tablets are:

Gas supply issues

Our ACCHO's gas provider:

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

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

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

Electricity issues and power outages

Our ACCHO's electricity supplier:

Our ACCHO's preferred electrician:

The electrical fuse box is:

Before reporting a power outage, check the safety switch in the fuse box.

The emergency torch/es and spare batteries are:

Power outages and vaccines

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

In the event of long-term power outages, our ACCHO has an agreement with to store vaccines at appropriate temperatures.

Power outages and IT systems

In the event of a power outage, the clinical system server is protected by an uninterruptible power supply (UPS) with a battery life of approximately 15-20 minutes during which the server can be closed down and switched off without the risk of data corruption (delete if not applicable).

Our ACCHO's laptop computer can be used on battery power to call up the appointments list from the daily appointment backup.

All desktop computers and TVs should be switched off at the wall to protect them from a power surge when the power is restored.

IT system issues and crashes

Our ACCHO has a business continuity plan that should be referred to for detailed information about managing IT-related disasters and disruptions.

In the event of IT system issues and crashes, report the situation to [supplier name] and on [contact number].

Request the estimated timeframe for repairs.

Assess the impact of the situation and determine the next steps from the following list:

- Inform patients currently in the practice of the situation.
- Print out appointment lists from the most recent appointment backup, giving priority to patients already in the practice and patients with appointments in the next 30 minutes.
- Advise patients wanting to make a non-urgent appointment to call back (timeframe will be dependent on the information from IT support).
- Blank paper notes are kept in each GP's emergency kit. During consultations, medical staff need to record each patient's name, address and date of birth. Medical staff are responsible for entering their own data once the system is operational.
- Prescription pads are kept in each GP's emergency kit. All prescriptions must be copied and scanned into the patient's file once the system is operational.
- ACCHO letterheads are kept in the GP's emergency kit for urgent referral letters. All letters must be typed, copied and scanned into the patient's file once the system is operational. A formal letter will also be forwarded to the specialist/allied health provider.

Message pads are kept in the emergency kit at reception. Reception staff need to record all urgent enquiries on a message pad with the date, time, patient's name, date of birth, address, telephone number and GP's name, before passing on to the relevant person.

Fire

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

In the event of the fire alarm sounding, the sound will be a [e.g., continuous siren/bell].

If the fire is small (e.g., in a wastepaper basket), use the fire extinguisher or fire blanket to extinguish the fire. Make sure you have a rear escape path in case the fire escalates. Observe the area after the fire is extinguished in case it reignites.

Call out for support and ask someone else to call the fire service on 000:

- If the fire is larger than a wastepaper basket.
- If the fire spreads quickly beyond the point of origin.
- If the fire is not extinguished quickly (less than 30 seconds) or the extinguisher causes an adverse reaction.
- If the fire involves unknown fuels/chemicals.

When containment of the fire is futile or dangerous:

- Close the door to help contain the fire.
- Evacuate patients and staff via the identified fire exits at:
 - Direct patients and staff to the marshalling areas at:
 - Call the fire service on 000 from outside of the building, if unable to do so safely within the ACCHO.
 - Don't go back into the building after it is evacuated.
 - Conduct a head count of patients and staff in the marshalling areas.
 - Wait outside the building to meet the fire service.

Critical stock shortages

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

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

2.3 Isolation Plan

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

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

Isolation Plan

Activity Monitor alerts and emergencies as per routine activation protocols.

- Coordinate with all local agencies and stakeholders listed in your emergency plan. Check if there were any additional key groups that were not included in the plan and that you need to work with now.
 - Identify each group and their role in assisting the community.
 - Leverage the strengths of Aboriginal communities in supporting each another.
 - The [Australian Disaster Resilience Handbook Collection](#) provides structures for making the most of spontaneous volunteers during a disaster.
- Anticipate the length of isolation and consider different scenarios in your plan.
- Consider the impacts on each of the following categories:
 - Food supply
 - Electricity supply
 - Transport routes
 - Water supply
 - Petrol
 - Healthcare supplies at primary care level
 - Healthcare: Access to secondary/tertiary services
 - Shelter
 - Ability to keep cool or warm enough
 - Removal of waste
 - Connectivity (phones/internet)
- Assess the status of resource stockpiles. Try to have a “whole of community” approach so that resources are pooled and shared equitably.
 - Medication
 - Material aid
 - Food
 - Water

Consider ring-fencing of critical medications/rationing resources if there are significant supply issues or concerns.
- Complete a health needs assessment for the community (see above under Floods & Storms “During the Emergency: Support your community”). Consider how disaster might affect different groups within the community. Consider also:
 - Ability to continue to earn a living/financial insecurity
 - Ability to conduct regular activities e.g. schooling
 - Increased risks of domestic abuse

-
- Provide advice to help conserve resources. Depending on the state of available resources and the period that the community is isolated for, you might ask the community to:
 - Take showers/sponge wash when water is short.
 - Only take food that they will definitely eat, to avoid wastage.
 - Avoid panic buying, to ensure that there is enough for everyone.
 - Walk, use public transport, carpool or work from home, to save petrol.
 - Look after vulnerable community members by checking on neighbours, cooking extra to feed others etc.
 - Participate in additional first aid training, to improve healthcare to those that cannot reach hospital as quickly as we would like them to
 - Organise/participate in community led social events to improve moral support and reduce isolation.
 - Use alternative methods of socially connecting and working, such as increased use of online sessions.
-
- Communicate with AHCSA and external agencies for assistance. Use of a SitRep as a summary might aid these conversations.
-
- Pay particular attention to distress/mental health impacts/tensions affecting the community and provide support as needed.
-

Resources

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

2.4 Dangerous weather emergency plan for community members

This template is intended to be used by members of the community as a guide only.

Learn about your weather risks at:

- SA CFS [bushfire map and warnings](#), [Facebook](#) and [Twitter/X](#).
- [Alert SA](#) app
- SA SES [warnings](#) or on [Facebook](#) or [Twitter/X](#).
- [SA weather warnings](#) for the latest rain, storm warnings and river heights from the Bureau of Meteorology.
- Local social media pages.
- Information about [power outages](#) from SA Power Networks

What dangerous weather could happen where you live?

☐ Bushfire ☐ Flooding ☐ Heatwave Other _____

Important emergency phone numbers

Add these numbers to your mobile phone because you might need them quickly.

Emergency	Organisation	Description
Bushfire	SA CFS	Life-threatening emergency: 000 Information line: 1800 362 361
Flood, earthquake, storm	SA SES	Life-threatening emergency: 000 Emergency assistance: 132 500
Medical emergency	SA Ambulance	Life-threatening emergency: 000
Police attendance	SAPOL	Life-threatening emergency: 000 Non-urgent police attendance: 131 444
Local Council Name		
School		

Make a plan

Which of my mob do I need to think about during an emergency?

Who are you responsible for in your home, family and community? Write down their names and phone numbers/other contact details and what you think they may need if there is an emergency. If you keep any animals, think about what you would need to do with them too.

Name	Phone	Things to consider
e.g. Auntie Jean	08 1234 5678	Needs her diabetes medicine and glasses.

Community

Friends and neighbours can help you during bad weather. Add their information below and talk to them about your plan:

Name	Phone

Important items

Write down important details like animal information and car registration number and insurance details

Item	Important information, like type and registration number

Health

Name	Phone
Doctor	
Chemist or Pharmacist	
Other	
Other	

Important medicines list

Medicine	Who is it for	Dosage

Home

Phone	Account number	How and where to turn it off
Electricity		
Gas		
Water		

Evacuation plan

In most cases, it is best to stay at home during dangerous weather. However, it may not be safe if there is a risk of fire, flooding or other danger. Make a plan to leave quickly and safely and listen to announcements in your area during the emergency for advice if/when to leave.

Leave home plan:

Have somewhere to go. Where will you stay?

Let people know you are leaving. Who will you call?

Have safe transport. How will you get there? Who will drive or take you?

Things to take with you. What important items will you take?

Do I have a plan in case I can't return home for many weeks or months?

Other details

Pack a household emergency kit

Item	Details
• Drinking water	For three (3) days or 10 litres for each person in your home.
• Food and can opener	Enough packet food, canned food and dried food for three (3) days. Think about everyone's needs, such as babies and animals.
• First aid box	Items to help if someone gets hurt. Include 'just in case' medications like painkillers, adhesive dressings/bandaids, reading glasses, medic-alerts.
• Bathroom and health	Toilet paper, toothpaste, soap, shampoo, sunscreen, sanitary products, nappies, insect spray, wipes and facemasks.
• Mobile phone and chargers	A mobile phone and a charger and solar powered battery pack.
• Torch	A torch for everyone or head lamps, glow sticks or battery powered lanterns.
• Radio	A radio that uses batteries to listen to safety alerts.
• Batteries	Spare batteries for radio and torches. Solar charged batteries are a good idea.
• Important document on USB or online	Scan and save digital copies of papers like driver's licenses, passports, birth certificates, ID cards, Medicare cards, insurance policies. Save contacts, photos and a copy of your Dangerous Weather Emergency Plan.
• Cooking items	A small gas stove and items like plastic or other disposable plates and cutlery.
• Small tool kit	Tools like safety knife, pliers, screwdriver, gardening gloves and wrench for small repairs.
• Spare cash	In case ATMs or the internet are not working.
• Pet items	Carrier/cage, food, treats, toys, bowls, leash and bedding.
• Extra clothes and blankets	Clothing suitable for the weather event, consider long pants and sleeves for protection, sunglasses and hats. Pack in a waterproof bag.
• Entertainment	Cards, books, colouring/drawing, board games.
• Other	Items for babies, young children, elderly.
• Medicine	For each person you are responsible for. Check regularly that these are in date and stored correctly. Think about whether any of these might need to be kept cool and how you might do this if the power goes out (e.g. a cooler bag and supply of ice in the fridge).

2.5 References and resources

Please see additional resources below for detailed information on what to do before, during and after each emergency.

Emergency	Organisation	Description
Bushfire	SA CFS	Guide to making a bushfire survival plan . Includes assessing your risk, emergency kit, fire danger ratings, alert levels and other resources. Make your plan online at 5 minute bushfire plan .
Flood	SA SES	What to do before, during and after a flood .
Storm	SA SES	What to before, during and after a storm .
Heat	SA Health	Stay Healthy in the Heat .
	SA SES	What to do before, during and after a heatwave .
All	SA SES	Get your Emergency Kit together.
All		Pantry Items checklist
All	NDSS	Personal plan for diabetes management

Further information:

[Australian Institute for Disaster Resilience handbook for community engagement](#)

[National Emergency Management Agency](#)

[NACCHO Continuous Quality Improvement Framework 2019](#)

[CFS fire danger season dates and permits](#)

[SafeWorkSA Working in heat and UV](#)

[Kidsafe SA](#)

[raisingchildren.net.au - disaster evacuation and child wellbeing](#)



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