Residential Aged Care – Planning Resource

Business Continuity and Disaster/Emergency Management – July 2023

Queensland Government

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Published by the State of Queensland (Queensland Health), July 2023

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An electronic version of this document is available at Publications | Disaster Management | Queensland Government

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1 Introduction

1.1 Purpose

This resource supports operators of residential aged care facilities (RACFs) to develop, review or update their business continuity and disaster or emergency management plans. Good planning assists in keeping residents, staff, and visitors safe in disaster or emergency events.

A pull-out Actions Flowchart and Checklist is provided at Appendix 1. This is a summary of the document that can be used during an event to support response and just-in-time planning. It is also available separately AT THIS LINK.

This document covers a range of topics across the prevention, preparedness, response and recovery spectrum of business continuity and disaster/emergency management. By the end of this document, you should have an understanding of how to:

1. Identify and understand your facility's risks, dependencies, and interdependencies.
2. Identify your partners and stakeholders to engage with.
3. Include essential information in business continuity and disaster/emergency plans to enable your facility to be as self-sufficient as possible, and can maintain your core business during disruptions, disaster or emergency events.
4. Develop, test, and review your plans.

1.2 Scope

This document is a supporting tool for RACFs to inform and guide business continuity and disaster/emergency planning. It does not override the requirements set by, or replace information provided by, the Australian Government Department of Health and Aged Care or the Aged Care Quality and Safety Commission.

Templates and other supporting information are available at the following links.

- Business continuity planning | Business Queensland
- Disaster Management and Recovery - CSIA (csialtd.com.au)
- Service continuity and emergency events in aged care | Australian Government Department of Health and Aged Care
- Disasters | Emergency services and safety | Queensland Government (www.qld.gov.au)
- Prepare For Disaster With Disability | Get Ready Queensland

Whilst this document has been developed primarily to assist RACFs in Queensland, the principles are transferable to support planning for retirement villages, disability accommodation and other care facilities, in line with their relevant frameworks and legislation.

1.3 Why is preparedness important to the aged care sector?

RACFs provide support and accommodation for predominately older persons who require individual care and support in their day-to-day living, and therefore will also require additional support to effectively respond to a disaster/emergency event.

In line with the Commonwealth legislation (*Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018*), it is essential for RACFs to continue to provide care and support to their clients throughout disruption and disaster events and as such, preparedness for these events will enable this care to continue safely.

1.4 Governance

This planning resource should be read and adapted in conjunction with the relevant legislation, Australian Standards, International standards, and local disaster/emergency plans, some of which are included below.

Figure 1: Governance documents for RACFs

1.5 Collaborative partnerships

Business continuity and disaster/emergency preparedness is best achieved through collaborative partnerships. This includes engagement with, but not limited to:

- Australian Government Department of Health and Aged Care
- Aged Care Quality and Safety Commission
- Local government
- Local Disaster Management Group (LDMG) agencies such as:
  - Queensland Fire and Emergency Services (QFES)
  - Queensland Police Service (QPS)
  - Queensland Ambulance Service (QAS)
  - Hospital and Health Services (HHS)
- Other RACFs and similar facilities in close geographic proximity
- Partner organisations, non-government organisations, e.g., Primary Health Networks (PHN), General Practitioners, Pharmacists, etc.

Ongoing engagement with these agencies will help refine the development and activation of your local plans to ensure the safety and continuity of care to your residents.

Whilst all agencies have a role to play in the planning, response, and recovery to disaster events, it is the responsibility of the RACF to have adequate plans in place and have the resources to enact them.

Contacts made and relationships built during the planning phase may become invaluable points of contact during an event. Figure 2 shows some of the likely partnerships.

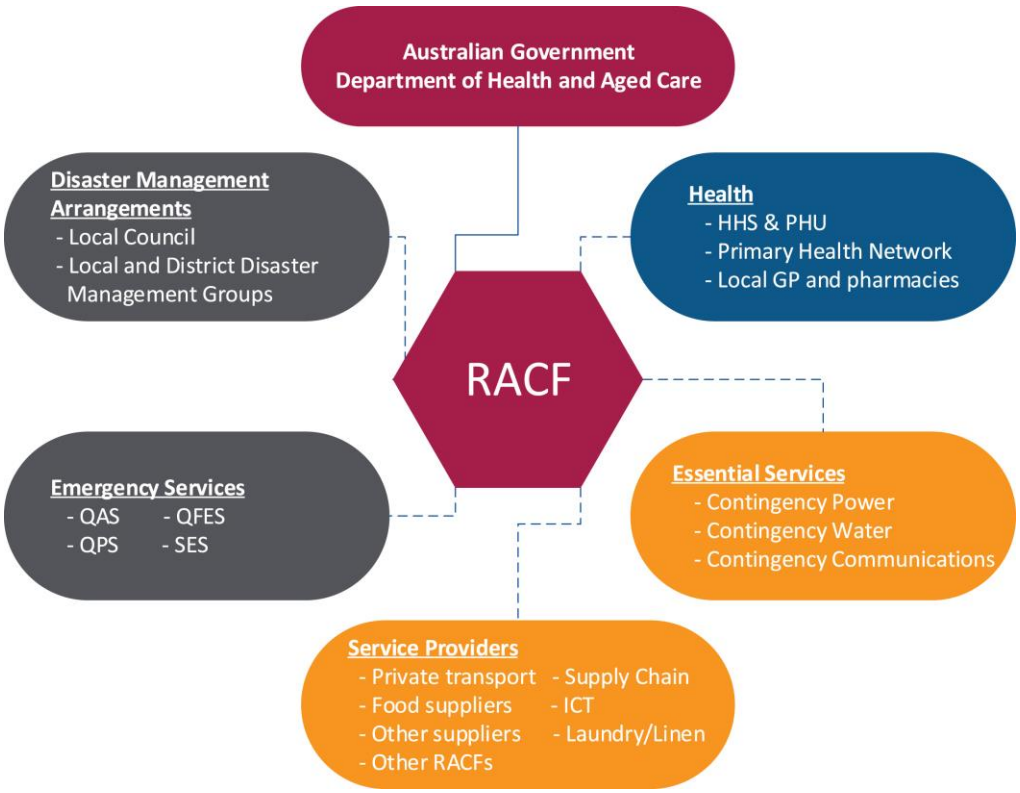


Figure 2: Collaborative partnerships

2 Disaster management arrangements

2.1 Queensland Disaster Management Arrangements (QDMA)

The Queensland Disaster Management Arrangements (QDMA) are based on partnerships between local and state governments. These partnership arrangements recognise that each level of the disaster management arrangements must not only work collaboratively, but in unison, to ensure the effective coordination of planning, services, information, and resources to ensure a comprehensive approach. The QDMA operates on three distinct levels being Local Government, Disaster District, and State Government. A fourth level, the Australian Government is also included in the QDMA recognising that Queensland may need to seek Australian Government support. See Figure 3 below. It is important to note that RACFs have a direct reporting line to the Australian Government level through the Department of Health and Aged Care. The QDMA does not override this relationship.

Facility leadership should have an awareness of local, district and state-level plans and arrangements such as the Queensland State Disaster Management Plan, Local Disaster Management Plan (LDMP) and District Disaster Management Plan (DDMP) for their geographical area, and any other plans that may be relevant to their facility. These plans can support identification of hazards and local response and recovery arrangements and can be found at www.disaster.qld.gov.au.

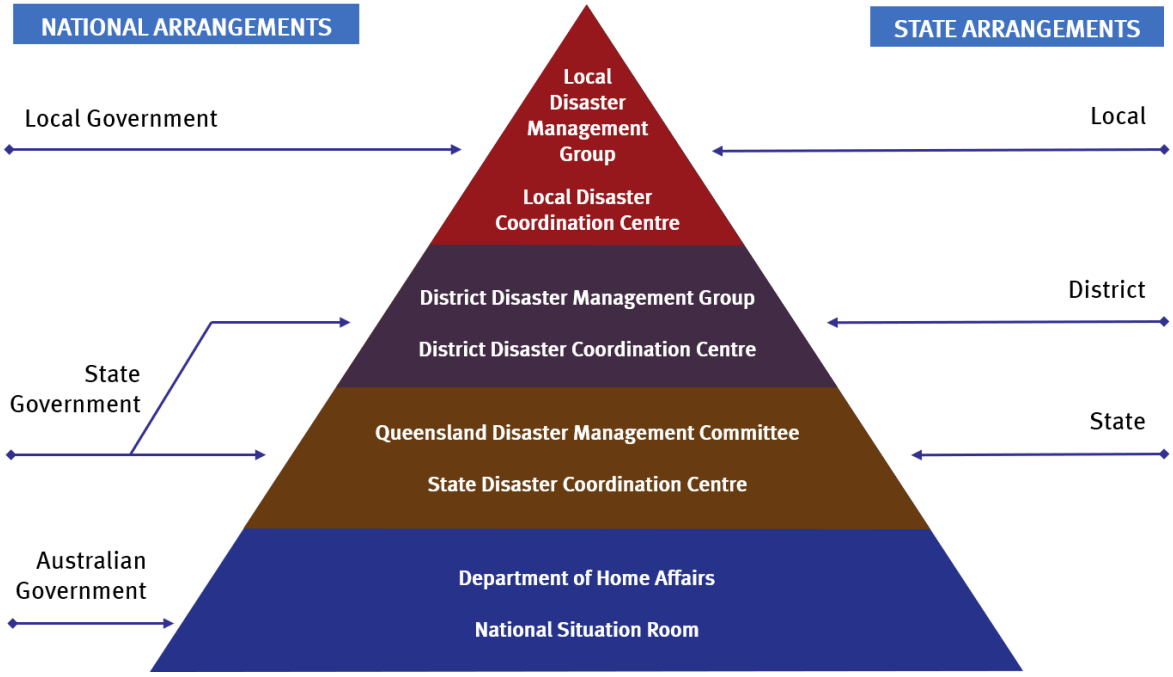


Figure 3: The Queensland Disaster Management Arrangements[1]

[1] Source: Queensland Disaster Management Arrangements Participant Guide, Queensland Fire and Emergency Services.

In Queensland, local governments are primarily responsible for managing disaster events in their local government area and achieve coordinated disaster management through the Local Disaster Management Group (LDMG). RACFs will need to work with local government and the LDMG when planning for and responding to a disaster event.

It is important that RACFs engage with local government during the planning and preparedness phases to increase relationships and minimise assumptions.

2.2 Local Disaster Management Groups

Local Disaster Management Groups (LDMGs) are established by local governments to support and coordinate disaster management activities for their respective local government areas. Membership is generally comprised of:

- Chairperson and Deputy Chairperson (councillors from local government)
- Local Disaster Coordinator (LDC) (senior representative from local government)
- Representatives from local emergency services (e.g., QPS, QFES, State Emergency Service (SES) etc.)
- Representatives from other state government agencies (e.g., HHSs, QAS, Department responsible for community recovery etc.)
- Representatives from other non-government organisations or groups (e.g., utility companies, Australian Red Cross etc.)

IMPORTANT NOTE:

Contact the disaster coordinator at your local council to discuss how you will interact with the LDMG before, during, and after a disaster.

Your allocated LDMG contact point may be the HHS representative, someone from local government, or someone from another agency. It is important to be aware of these contacts and build these relationships before a disaster to assist in informing your planning and response activities.

LDMGs work with, and can seek support from, District Disaster Management Groups (DDMGs) which are the next escalation layer of arrangements. Some LDMGs or DDMGs may have Health sub-groups that RACFs are invited to participate in.

LDMGs are activated during a disaster or emergency event and their capability and available supports depend on their location, resourcing and

3 Planning Considerations

Your Business Continuity and Disaster/Emergency plans should be operational documents that are regularly monitored, updated, and exercised/tested. The plan should apply to all services, including contracted services. Relevant staff of all service/operating areas in your facility should be involved in each stage of the development of these plans. They should reflect the hazards relevant to your facility and include local risk assessments, business

impact assessment and relevant dependencies and interdependencies (such as access to power, potable water, supply chain etc.).

Plans should be readily accessible by all staff on site (e.g., hard copy and electronic) and contain easy to use action or quick reference cards to make them easy to use when responding to a disaster or emergency event. Facilities can also consider having available relevant hard copy and electronic maps, building layouts etc.

3.1 Alignment with local plans

It is important to work with members of your LDMG (e.g., Queensland Health, local council, QAS, QFES etc.) to ensure your plans align with the:

- Local Disaster Management Plan
  - Local Disaster Management Group Evacuation Sub-Plan (or similar)
- District Disaster Management Plan
- Other relevant local plans

It may be appropriate for aged care operators and providers to share their business continuity and disaster/emergency plans, including evacuation (to another facility) plans, with relevant LDMG and/or DDMG agencies. Planning should be done in consultation and collaboration with emergency services such as QFES and QPS, and health services such as QAS, Primary Health Network (PHN), and local Hospital and Health Services, so that assumptions regarding the support required, and able to be provided, is not misaligned.

To engage with your LDMG, speak to your local council in the first instance. LDMG engagement may also include DDMG engagement, where appropriate.

3.2 Local Government Disaster Dashboards

Many Queensland local government websites include disaster dashboards that provide important information to support local communities during and after disaster events. This includes information about evacuation centres, road conditions, power outages and helpful points of contact. You can find your local council disaster dashboard by clicking here[2].

Where available, consider opting in for emergency dashboard emergency notifications directly to your phone.

3.3 Disaster/Emergency Planning Committee

In accordance with Australian Standards[3], it is recommended that a facility disaster/emergency planning committee is formed to oversee the development and review

[2] https://www.qld.gov.au/community/disasters-emergencies/disasters/resources-translations/local-government-disaster-dashboards

[3] AS 3745-2010 Planning for Emergencies in Facilities

of emergency prevention, preparedness, response, and recovery planning for the facility. The committee should include senior management, specialist facility personnel (e.g., fire warden, maintenance engineer), onsite nursing/medical staff, and where possible, other partners such as the local General Practitioner or geriatrician, social worker etc. Facilities should also consider a representative for the residents.

3.4 Training and exercising

All staff within the facility should be aware of facility business continuity and disaster/emergency plans and should be provided with the necessary training to support the facility response during a business disruption or disaster/emergency event.

You can build the capacity and experience of your staff through a combination of training and exercise programs which target the specific needs of your facility. These can be a mix of simple discussion exercises and live practices.

Training arrangements should also consider staff, visitors and others who work or usually visit outside of normal business hours and weekends, so that they are well prepared should an event or disaster/emergency occur during these times.

Facility plans should be exercised annually to ensure that procedures and contact details are kept up to date. Guidance on planning and running exercises is available through the Australian Institute for Disaster Resilience (AIDR) Managing Exercises handbook.[4] Where external agencies are identified as having a role in supporting the facility during a response to a disaster or emergency, they should be included in exercises, where relevant. LDMGs or DDMG Health Subcommittees may also invite facilities to participate in their exercises.

3.5 Plan review

The plan/s should be reviewed annually, when a change of management occurs, as well as following any business disruption or disaster/emergency event that triggers activation of the plan. The facility's plan is part of normal business and the responsibilities outlined in the plan should be regularly reviewed, updated, and exercised accordingly. Some sections of the plan may need more frequent updating, and this should be planned for and undertaken.

Internal and external factors such as staff changes, site additions, supplier changes or new residents can change the context of your plans and therefore they will require regular reviewing and updating.

[4] https://knowledge.aidr.org.au/resources/handbook-managing-exercises/

4 Developing your plan

4.1 Understanding risk

Taking steps to manage risks is a requirement of doing business (including providing aged care services) in Queensland. This is an important part of completing your plans and being prepared for the impact of a disruption or disaster/emergency event. Your local government should be able to assist with describing some of the potential risks specific to your area.

Appendix 3 provides detailed information on understanding and mitigating risk. The Business Queensland[5] website also provides advice on how to identify and manage risks.

4.2 Facility profile

It is important to establish a facility profile that can be shared with stakeholders and partner agencies in an emergency. This should be a concise document that is available electronically and in hard copy which highlights:

- Contact details for the facility (including overnight/after hours)
- Staffing profile (including overnight/after hours)
- Occupancy details
- How to access medical and next of kin[6] details (including downtime procedures)
- Mobility and specific medication requirements of each of the residents
- Local risks and existing vulnerability factors relevant to the facility that
- What contingencies exist e.g., potable water supply, generator, food, medication etc.
- Evacuation routes, evacuation transport arrangements, and evacuation methods
- Preidentified safer locations or sheltering options
- Preidentified requirements for residents (e.g., medications, mobility aids, cultural or religious requirements etc.)
- Memorandum/s of Understanding (MOUs) that are in place e.g., partner facilities etc.

An example Facility Profile template is provided at Appendix 2.

4.3 Roles and responsibilities

Whilst the naming convention of the roles may be different at your facility, the following designated roles and responsibilities should be established. Each role should also have a deputy or another person who has been identified as being able to fill that role.

[5] https://www.business.qld.gov.au/running-business/risk/identify-manage

[6] Next of kin may also be described as care partner or similar where a resident does not have a next of kin

- **RACF Emergency Management Coordinator** – the person who oversees emergency management, planning and operations. This may or may not be the person in charge of the facility and/or the facility's Chief Warden. The Emergency Management Coordinator may work cooperatively as part of a team for the organisation responsible for your RACF.
- **RACF Emergency Officer** – a person available onsite, with clearly defined responsibilities and appropriate authority in relation to the facility's emergency plan.[7]
- **Disaster/Emergency Planning Committee** – see section 3.3.
- **Emergency Response Team** – the team of people responsible for managing the response to a disaster or emergency event. This should include the Emergency Management Coordinator, Emergency Officer, person in charge of the shift and relevant positions.

It is recommended that facilities review *Australian Standard (AS) 4083-2010 – Planning for Emergencies – Health Care Facilities* to ensure their local emergency staff roles and responsibilities align with the those listed in the standard.

4.4 Emergency activation levels and triggers

The decision by the RACF Emergency Management Coordinator, in consultation with the Facility Manager/owner, to activate the business continuity or disaster/emergency plan is dependent upon several factors including the perceived level of threat (based on available information from reliable sources such as the Bureau of Meteorology, Local Government Disaster Dashboard etc.). There are four activation levels, as shown in Table 1. Activation through these levels may not be sequential and activation to any level may occur at any stage. These levels and the activities undertaken may be adapted to your facility as required.

Level	Description
Alert	**A heightened level of vigilance due to the possibility of an event, or business interruption near the facility. Some action may be required, and the situation should be monitored by someone capable of assessing the potential threat.**
Lean Forward	**A disaster/emergency is imminent; facilities should prepare to implement a response. This stage allows key staff to prepare for a full activation of the local Business Continuity, Disaster/Emergency Plan, and place resources on stand-by.**
Stand Up	**An event currently exists with current or expected impacts occurring that impact the facility, resources are mobilised, personnel are activated, and operational activities commenced. Implement responses according to facility plans and in collaboration with other partners and stakeholders as necessary.**
Stand Down	**The event has passed; plans and teams will be deactivated and a recovery or return to normal business phase will commence. It is important that staff and residents are informed when the facility has returned to normal business, and that staff not involved in recovery operations should resume normal duties.**

[7] ISO 4083: 2010 Planning for Emergencies – Health Care Facilities

Table 1: Levels of activation

During planning, facilities should develop and document activation points or triggers that establish decision making guidelines to support staff and ensure a consistent approach to activation and activities i.e., movement to activation level, ordering additional supplies, evacuation of residents etc. The activation points should include actions and responsible person/s. Appendix 1 provides an example checklist of activities.

4.5 Communication

Having a Communications Plan (either separate or as part of the business continuity and/or disaster/emergency plans) is essential to provide guidelines, contact information, and procedures for sharing information during disruptions or disaster/emergency events.

The plan should document instructions for:

- Notifying the RACF owners/managers and other partners of the event and activation of any plans.
- Notification to the Commonwealth Department of Health and Aged Care, the Aged Care Safety and Quality Commission, National Disability Insurance Scheme (NDIS), and the relevant Hospital and Health Service (HHS).
- Notification to partners about sheltering in place or evacuation decisions (discussed further in section 7).
- How status updates will be delivered to employees, residents, families/next of kin, and the Local Disaster Management Group (LDMG) (through the relevant local arrangements) e.g., text message, phone tree etc.
- The use of alternate communications channels in the event of outages.

The Communications Plan must:

- Be able to be activated quickly
- Include briefing of senior management
- Communicate information to partners and interested stakeholders
- Anticipate the need for changing communication channels as events develop
- Address ways electronic and non-electronic (and redundancy) communication channels can be used.

Consider developing templates that can be used during the response to an event.

It is likely that there will be interest by the media in the threats to your RACF and outcomes for residents. Ensure everyone in your RACF understands your organisation's media policies and who is authorised to speak to the media on behalf of your RACF.

IMPORTANT NOTE:

During a disaster/emergency, communicating to staff, residents, next of kin and partner in a clear and timely manner is essential. Understanding your communication obligations, establishing clear lines of communication and roles, and continuing to articulate the steps taken to prepare the facility, are key components of readiness.

If you cannot meet the obligations under the *Aged Care Act 1997* or funding agreement/s, or need to evacuate or relocate residential aged care residents as a result of this disruption, you must notify the Australian Government Department of Health and Aged Care on 1800 300 125 and the Aged Care Quality and Safety Commission on 1800 951 822. Additional National Disability Insurance Scheme (NDIS) reporting may also be required if any residents are accessing the NDIS.

4.6 Financial arrangements

RACFs must plan their financial arrangements to support response operations and ensure the appropriate management of finances in line with legislation and funding arrangements.

Each RACF is responsible for providing its own financial services and support to its response operations. When planning financial management and expenditure for business continuity and disaster/emergency management, the following should be considered:

- Work with your finance and legal teams to understand what grant or other funding (outside of your usual arrangements) may be available to support business continuity and disaster/emergency-related expenditure.
- Ensure insurances are current and provide appropriate coverage for your identified hazards and risks.
- Agree on, document, and embed event-related financial management processes and procedures to ensure expenditure is appropriately endorsed, captured, and claimed from the onset of operations (e.g., the type and limit of expenditure permitted, relevant procurement policies, event cost codes, requirements detailed in funding programs).
- Ensure agreed financial expenditure is appropriately endorsed and immediately captured from the onset of disaster operations. This will be required to support any potential insurance or funding claims.

Financial information from events can provide quantitative data to support post incident reviews and future planning.

4.7 Collaborative planning

Business continuity and disaster/emergency plans for RACFs should identify requirements for external support that may be required because it is outside the facility's capacity. This may include:

- transport of residents
- support from the local General Practitioner/geriatrician, pharmacy, allied health etc.
- arrangements with private providers

- arrangements with other aged care or disability service providers to utilise as an alternative location for residents
- arrangements with local hospitals.

Facilities should engage in detailed consultation with these supporting stakeholders (such as QAS, hospital and health services, private transport providers, other suppliers etc.), that they may rely on during a business disruption or disaster/emergency event, prior to the onset of an event to ensure a clear and shared understanding of capacity and availability.

IMPORTANT NOTE:

When developing plans and identifying support required, it is important to test any assumptions that are made about other agencies. For example, your facility may require QAS support to transport medically unwell residents. Therefore, when documenting this in your plans, discussions should occur with QAS to confirm that they are able to provide support, are aware of your requirements. They can also support development of evacuation timelines and other requirements.

Running workshops or exercises with internal and external stakeholders is one way that different scenarios can be explored to prompt discussions, highlight resource and support requirements, share capacity and capabilities, and tease out 'what if' planning. Further information about running these scenarios is available in the CSIA Disaster Management and Recovery Toolkit.[8]

4.8 Establishing Memorandums of Understanding

Arrangements that are discussed and established through the collaboration phase can be captured in a Memorandum of Understanding (MOU) or similar agreement. An MOU is a written agreement between a facility and another party (such as local council, another facility, a transport service, etc.) that describes and acknowledges the roles and commitments between the two.

MOUs should be easily accessible by the required persons, alongside other plans and contact lists, and reviewed regularly.

4.9 If you require assistance during an event

Facility business continuity and disaster/emergency plans should include processes for requesting support during an emergency event. It should also include the requisite notifications to the Commonwealth Department of Health and Aged Care and Aged Care Safety and Quality Commission if the facility is unable to meet its obligations under its grant or aged care funding agreement, e.g., if there is a need to evacuate or relocate residents.

[8] https://csialtd.com.au/major-programs/industrydevelopment/disaster/

It is important that facilities have communicated with their designated LDMG contact/s (may be local government, Queensland Health, or other agency) during the planning phase so there is a better understanding of the capabilities of partner agencies, what support they may be able to provide, and so they have advanced notice of what support may be required. In turn this will make it easier to communicate potential support requirements during an event and get appropriate advice.

In a life-threatening emergency, dial Triple Zero (000).

It is important that RACFs have considered all options to support themselves prior to requesting assistance. This includes following usual channels of support first and utilising commercial options where able.

If all other options have been exhausted, requests for assistance to the LDMG can be made through your facility's designated LDMG contact/s. A request should identify the cause of the issue, what alternatives have been exhausted, and why specific resources are being requested. When requesting assistance, request the outcome you require, e.g., support evacuating 12 non-ambulatory residents, rather than the resource you think is required to undertake it. Your LDMG contact will be able to support the escalation of your request through the QDMA Request for Assistance (RFA) process. This process enables the LDMG to plan resources based on what is required and may have access to alternative solutions.

It is important to note that any costs associated with the request for assistance (e.g., transportation costs, cost of consumables that are being delivered etc.) will likely have to be met by the RACF. This should be discussed and clarified with your LDMG contact during the planning phase and when request assistance during an event.

5 Planning considerations for specific disruptions

A Business Impact Assessment (BIA) is the process of determining the criticality of business activities and associated resource requirements to ensure continuity of required operations during and after a disruption. The BIA quantifies the impacts of disruptions on service delivery, risks to service delivery, and recovery time objectives. These recovery requirements are then used to develop strategies, solutions, and plans.

Facilities should undertake a BIA in line with *ISO 22301:2019 –Security and resilience - Business Continuity Management Systems - Requirements.* The following sections provide some contextualised guidance on what to consider when undertaking your BIA, however it may be appropriate for your facility to engage a professional to support the BIA process and development of business continuity and/or emergency and disaster management plans.

A facility should have a scalable plan for both short- and long-term disruptions.

5.1 Staffing disruptions

Disruptions to staff availability, or access by residents' visitors and families, can have major impacts on the ability of facilities to support residents and provide quality care.

It is crucial that facilities consider potential workforce impacts and put in place supplementary or replacement workforce strategies in advance, such as utilising casual staff, establishing arrangements with local workforce agencies, and considering where staff can perform other functions for both short- and long-term disruptions.

Facilities should have a detailed list of staff members, roles, and replacement options/contingency plans for both short- and long-term disruptions. This should include a backup option for each key task to ensure continuity of service.

IMPORTANT NOTE:

Ensuring sufficient workforce coverage is a key component of effective business continuity and disaster/emergency management for delivering safe, quality care.

Staffing plans should also consider contingency staff that are not affiliated with another local RACF. For example, if your facility is experiencing a staffing disruption due to localised flooding, it can be expected that other local RACFs, in addition to the HHS, will also be experiencing similar disruptions and may not be able to support staffing.

In the context of a natural disaster that affects the accessibility to the facility, it is important to consider a scenario, such as localised flooding, where staff are not able to access or exit the facility, with consideration to how staff wellbeing and fatigue will be managed.

Management of various potential situations, including pre-deployment of staff, housing staff onsite, and alternative transport and access to the site, should also be considered, noting there may be financial implications.

IMPORTANT CONSIDERATIONS:

- What core resident-care tasks and operational activities need to be maintained and what additional tasks, roles and responsibilities will be required?
- What tasks can be ceased, and how long for?
- What are your alternative staffing models (e.g., contract staff, staff from partner facilities / MOU facilities, volunteers, or next of kin if applicable)?
- What work or support could be provided remotely (e.g., telehealth)?
- What instructions will be provided to staff performing unfamiliar roles (e.g., checklists, just-in-time training)?

5.2 Accommodation loss

A business disruption or disaster/emergency event may involve the loss of accommodation and/or other areas of the facility (such as dining/recreation areas). If the decision is made to

remain onsite, alternative arrangements need to be identified to support relocation of residents to other areas of the facility or to alternative locations. This may require the facility to implement strategies such as adapting common living areas as multi-purpose living accommodation. It is important to identify the minimal acceptable standards and plan accordingly.

An up-to-date facility profile will support your facility in planning for contingencies by identifying available rooms and alternative living spaces. It will also help inform business continuity planning processes that may include room sharing arrangements, the conversion of communal or office areas into temporary bedrooms, and/or movement of residents to alternative facilities (considering the established MOUs).

Loss of accommodation options may require evacuation of some or all residents.

IMPORTANT CONSIDERATIONS:

- Who in your facility is responsible for decision-making?
- How will loss of a critical service (e.g., power or water) to accommodation and other areas impact your ability to provide care?
- What plans are in place to mitigate the loss of a service (e.g., generator, registration as a priority service with electricity company, water storage tanks, a supply of consumables to support a loss of water)?
- What are the alternative onsite locations that could be utilised for short term accommodation (e.g., recreation areas)?
- Who will notify next of kin about accommodation loss/changes and/or preference to move resident to next of kin/relative's home?
- How will mobility-impaired and high-dependency residents be supported?
- Consider how best to manage people who may have cognitive impairments, particularly those with behaviours of concern.
- Identify residents who may find it difficult to adapt to unexpected change in accommodation and consider safety risks of particular residents sharing rooms.
- If evacuation is required, who will be responsible for relocating residents? Do you have access to transport (e.g., bus company, taxi service, or other)?
- How will personal belongings and medical equipment be transported?
- How will staff manage medication distribution?
- Can your facility supply staff, medications, and food to go with relocated residents to the partner facility or other location?
- How will you secure your facility if it is unattended?

5.3 Electricity supply disruption

The duration of electricity supply disruption can vary depending on the cause of the fault. It is recommended that facilities prepare for power disruption through the installation of a

backup generator with adequate fuel supply. Supply chain integrity should also be considered, for example, will fuel deliveries be impacted by flooding/road closures, etc.

IMPORTANT CONSIDERATIONS:

- How will you determine if the facility can safely operate during this disruption?
- How will you care for residents who are oxygen dependent, utilise life support equipment, or are dependent on dialysis?
- Are you able to safely relocate residents into other areas of the facility which still have power?
- What are the contingency plans for the management of refrigerated goods such as food, medications etc.?
- What duration of time can the backup generator provide power for?
- Who is your electricity provider in the event of an electrical failure? Are you registered as a Priority Service?
- Do staff know where the electrical fuse box, backup generator, torches, batteries, and other backup items are located? Are staff trained (and current) in how to use them?
- What are the alternative heating and cooling options, meals, lighting etc.?
- Does this interruption affect your alarm, security, or call systems?
- Consider equipment that requires battery (e.g., hoists, beds) and their management.
- What impacts from loss of power may trigger a decision to evacuate the facility?

5.4 Water supply disruption

In the event of a water supply disruption or failure, all efforts should be made to conserve water until an alternative supply can be sourced. It is important to identify all impacted services, and this may include food preparation, hygiene, sanitation, potable water, showers, dishwashers, laundry machines, sterilisation equipment and air-conditioning.

IMPORTANT CONSIDERATIONS:

- Determine if the facility can safely operate during this disruption.
- Does the facility have an alternative potable water supply (e.g., tank water)?
- Who is the water provider for the facility and how is water supplied (e.g., mains supply, tanks, trucked in etc.)?
- Who are the providers of bottled water or portable toilets if required? Is there an emergency store onsite? Are there MOUs/standing arrangements in place with suppliers and are these still current?
- Where will bottled water/portable toilets be stored/sited and how will they be distributed for resident and staff use?
- Do you have a supply of alternative cleaning products such as body/surface wipes?
- Are there any residents who rely on dialysis and particular water quality?
- What impacts from loss of water may trigger a decision to evacuate the facility?

5.5 Food supply/catering disruption

The scale and severity of a disruption to catering will depend on the catering arrangements within your facility, including the percentage of catering that is outsourced and what percentage is produced onsite. The response is dependent on the type of disruption, whether it's supply disruption, an equipment issue, or catering staff shortage.

IMPORTANT CONSIDERATIONS:

- Undertake a stock take of existing food provisions to determine how many meals you could provide, including resident requirements for texture-modified food/fluids, with your normal / current supply.
- Consider the impact of loss of power on food storage and supply (e.g., suppliers may not be able to produce meals, meals may not be able to be delivered due to isolation, if meals are delivered can you store the meals safely?).
- What are your catering contingencies (e.g., backup staff, frozen options, alternative provider, MOU with another facility, etc.)?
- How will you ensure this disruption does not affect food safety/hygiene standards?
- What impacts from loss of food supply/catering may trigger a decision to evacuate the facility?

5.6 Telecommunications and Information Technology loss

The disruption of telecommunication and information technology systems, whether from outages or cyber-security incidents, can have a significant impact on the facility's ability to

continue normal business and further inhibits the ability to respond to emergencies and events, particularly during scenarios where an immediate response is required.

Telecommunication and information technology systems in use at the facility should have contingency plans for short- and longer-term disruptions, including downtime procedures.

IMPORTANT CONSIDERATIONS:

- How will you communicate the disruption to staff, residents, next of kin, primary care providers and other partners and stakeholders?
- How will Triple Zero (000) be contacted if telecommunications are impacted?
- How will information and records be uploaded after the disruption is resolved?
- Are staff aware of downtime processes or alternative telecommunications such as satellite phones, two-way radios, or paper-based processes? Are staff trained?
- What are the downtime procedures to access resident medical records and next of kin information? How will next of kin be contacted?
- Can resident records be accessed remotely during an outage? Are they printed?
- Does this interruption affect your alarm, security, or call systems?

5.7 Supply chain disruption

Supply chain disruption can occur for a variety of reasons, generally outside of the control of the facility, and can be due to transport impacts, supplier disruption, or supply shortages. In the event of a supply chain disruption, all efforts should be made to conserve impacted supplies until supply can be reinstated.

IMPORTANT CONSIDERATIONS:

- Do you have sufficient supply of key equipment and consumables for at least three days? What about beyond three days?
- Do you have an emergency supply of key equipment and consumables?
- Are there alternative suppliers available if your usual suppliers are impacted (e.g., for medications, equipment, other consumables)?
- Are there alternative methods of accessing the facility to prevent disruption?

5.8 Disruption to laundry services and other cleaning/hygiene services

Laundry care in RACFs is to occur in line with AS/NZS 41446:2000 Laundry practice. Disruptions to laundry services, whether internal due to water/power loss, or external due to disruptions to service providers, need to be managed to ensure infection control standards are maintained.

Disruptions to other cleaning and hygiene services also need to be considered to ensure compliance to the Aged Care Quality Standards, that infection control standards are maintained, and for the comfort and safety of residents and staff.

IMPORTANT CONSIDERATIONS:

- Do you have sufficient supplies of clean linen for at least three days? What about beyond three days?
- Do you have an emergency supply of disposable sheets, pillowcases, etc.?
- Do you or can you utilise a commercial laundry? What if they are impacted?
- Is there an alternative laundry that can be utilised?
- Can neighbouring aged care facilities support your laundry requirements?
- How will you store infected laundry for an extended period?
- Are your cleaning services inhouse or provided by an external supplier? What alternative plans are in place if services are disrupted?
- Do you have a supply of alternative cleaning consumables?

5.9 Managing the death of a resident during a disaster

Death of a resident may occur whilst your facility is being impacted by a disaster/emergency event. The death may or may not be related to the disaster, however, will need to be managed in accordance with the relevant legislation and RACF policies.

IMPORTANT CONSIDERATIONS:

- Is the death a reportable death and will the coroner need to be notified?
- If access to the facility is impacted, how will your facility manage the body if the funeral director is unable to access the facility? What are your alternate transport options?
- What arrangements can be put in place before the impacts?
- How will you support the family of the resident if they are unable to access the facility?

6 Evacuation

The decision to either evacuate or shelter in place is a decision that should be made by the facility's Emergency Response Team based on knowledge of the facility and resident profile, information from credible sources, understanding of the actual and potential impacts from the hazard, and with the advice of emergency services. This advice may include the

timeframe by which a decision on evacuation must be made. The development of an evacuation timeline as part of the RACF's evacuation plan can assist with decision making.

It is the responsibility of the RACF to arrange appropriate evacuation and maintain care for their residents. To understand the triggers to evacuate or shelter in place, pre-planning with the relevant agencies on your Local Disaster Management Group (LDMG) will ensure the most effective and safe outcomes. These triggers should be identified through the Business Impact Assessment (BIA) process and included in your disaster/emergency plans.

Having sufficient quantities of appropriate equipment and supplies is an important planning consideration when deciding whether to relocate residents or remain on site. As part of your BIA, you should complete an inventory of all equipment and supplies that are critical for providing safe and continuous care to residents. Resources that are important to support shelter in place, such as alternative power generation, should also be identified.

6.1 Types of evacuation

Depending on the event and impacts, evacuation types and timeframes can vary, and may include:

Type	Definition
Shelter in Place	**Shelter in place is remaining in place during the incident and is preferred where the structure or location of the RACF provides a safer environment during a disaster event, or where there is not adequate time to conduct a safe withdrawal.**
Partial evacuation	**Evacuation of some residents and accompanying staff to an alternative location.**
Full evacuation	**Evacuation of all residents and required accompanying staff to an alternative location.**
Pre-impact evacuation	**A proactive measure with preparation time and pre-warning, e.g., evacuating before expected flooding/isolation.**
Post-impact evacuation	**A responsive measure that may include limited preparation, e.g., evacuating after a severe storm or cyclone that has resulted in structural damage making it unsafe for residents to remain.**
During the impact	**A reactive measure that may include no preparation, e.g., evacuating residents during flash flooding that is unexpectedly inundating the facility.**

Table 2: Types of evacuation

The facility's plan for evacuation of residents to another suitable location, including how they will be transported, should account for both directed and voluntary evacuations.

- A **directed evacuation** from the QPS, District Disaster Coordinator is a mandatory evacuation under the *Disaster Management Act 2003* or *Public Safety Preservation Act 1986*, requiring persons to evacuate an area.

- **Voluntary evacuation** is a decision to self-evacuate, or in the context of a RACF, a decision by the facility to evacuate, or the decision of the next of kin[9] of a resident to evacuate them individually.

It is important to note that the movement of persons with high care needs will need to be planned and implemented in advance of unfavourable conditions and higher demand on transportation providers. Early decision-making is essential to support evacuations. It is therefore vital the responsible officer maintains situational awareness for accurate decision-making at all times. RACFs should have an evacuation plan in place, and it should include procedures for the complete evacuation of the facility including:

- Trigger points which clearly determine timings for evacuation decisions.
- Pre-planned specialised transportation requirements and arrangements.
- Formal MOUs with other RACFs or suitable accommodation providers who will be able to provide a safer location and an appropriate level of care for evacuated residents.

It is important to think about the health implications of high-risk residents such as residents who may be palliative, wheelchair-, stretcher-, dialysis-, or oxygen-dependant, or suffer from a cognitive impairment. Some residents can only be moved by healthcare professionals and require specialised ongoing medical care during their transit to a secondary location. RACF planning for these residents should be done in collaboration with these specialist providers.

RACFs are required to organise and provide suitable transport for residents that are mobile or can be evacuated unassisted, this may include local transport services, including buses, vans, and cars. In an emergency situation, e.g., flash flooding where there has not been time to pre-emptively evacuate, boats operated by emergency services may need to be utilised.

Plans should also include communications to and expected questions from next of kin on how your staff and facility will ensure the safety of their loved ones. This conversation may result in the next of kin opting for a voluntary evacuation and should include the RACF seeking informed consent from family to ensure that next of kin are aware of the responsibility and care provision that they will be required to take on.

IMPORTANT NOTE:

Local governments, in close consultation with the member agencies of their LDMGs, are best placed to support evacuation planning prior to the onset of an event through their local knowledge, experience, community understanding, and existing relationships.

6.2 Evacuation stages

Evacuation involves the movement of persons from an unsafe or potentially unsafe location to a safer location, with an eventual return home.[10] A safer location could include

[9] Where next of kin transports the resident and takes responsibility for their care during the period until they can return to the facility

[10] Evacuation: Responsibilities, Arrangements and Management Manual (disaster.qld.gov.au)

family/friends of the resident, a partner RACF, or other dedicated facility/location. See Table 3, below for an outline of the phases of evacuation.

Phase	Process
Preparedness	**The risk analysis and probabilities of an event impact, ensuring understanding and scalability of evacuation process**
Decision to evacuate	**A risk assessment determines the necessity to evacuate persons exposed to a range of hazards**
Warning	**Notification of event conditions and appropriate response and actions required and communicated**
Withdrawal (Evacuation)	**The movement of persons from a dangerous or potentially dangerous area to a safer location**
Shelter	**Provision of shelter and basic needs for evacuees in a safer location**
Return	**The assessment of the facility, and the planned, coordinated, and managed safe and timely return of evacuees**

Table 3: Phases of evacuation

6.3 Decision to evacuate

When the decision is made to relocate residents (partial or full relocation), your facility will need to have plans in place for continuous resident care, including a mechanism to track residents and document transfers.

The development of a "resident go pack" can support the transfer, provide continuity of care, and reduce any risk of incorrect identification.

This should include:

- Resident identifying information (e.g., wristband/nametag, current photograph)
- Resident record (including information on medical and support needs, next of kin, handover information and any other relevant information to resident care e.g., cultural, or religious requirements)
- Medical supplies (e.g., medication (24hr supply at a minimum), support equipment etc.)
- General items (e.g., food, fluids, change of clothes, and other comfort items to support the resident in the new environment).
- Plans for return of residents back to the facility, after evacuation.

IMPORTANT CONSIDERATIONS:

- Who has been identified as responsible for activating the facility's evacuation plan?
- Are the support or resources available?
- What are the timeframes for evacuation?
- What is the notification and implementation process (staff, resident and next of kin notification, accessing resources/equipment, preparing resident supplies etc)?
- Which protocols are in place to identify residents who are unable to speak for themselves, as well as notify family/emergency contacts?
- What is the process for notifying partner agencies such as the Department of Health and Aged Care, QAS, local HHS and the LDMG? How are these notifications tracked?

IMPORTANT NOTE:

If you cannot meet the obligations under the *Aged Care Act 1997*, funding agreement/s, or need to evacuate or relocate residential aged care residents as a result of this disruption – you must notify the Commonwealth Department of Health on 1800 300 125 and the Aged Care Quality and Safety Commission on 1800 951 822. Additional National Disability Insurance Scheme (NDIS) reporting may also be required if any residents are accessing the NDIS.

It is important to notify your local HHS representative, or other dedicated LDMG contact (e.g., local government), if you have decided to evacuate the facility. You can anticipate some of the following questions in response:

- Where are you evacuating to?
- What are your transport options?
- Do you require any support?

6.4 Warning

The dissemination of accurate, clear, and timely information about evacuation (or shelter in place) is essential to ensure the message is clearly understood. This includes ensuring staff, residents, and next of kin remain calm, feel safe, understand the level of urgency, and are confident in the leadership of the RACF, emergency services or other authorities.

It is also important to consider how information and updates are communicated with staff, residents and their families and carers. Ensure you utilise language that will assist in reducing apprehension, can be understood by people from non-English speaking backgrounds, people living with disability, people who have difficulty hearing, reading, or comprehending, and provide assurance that the situation is being appropriately managed.

The development of a communications plan is essential for your facility to follow in an event that may or may not include evacuation. It should include key messaging, preformatted messages, and contact lists, etc. See section 4.4 for more information.

6.5 Withdrawal / Evacuate

The evacuation process involves the physical and coordinated movement of residents to safer locations. Withdrawal requires careful, comprehensive, and coordinated planning to support the movement of residents in a timely and safe manner.

Evacuation routes should be pre-identified during the planning stage (including potential for disruption of transport routes and alternative routes). This may involve consultation with local government, QPS, and Department of Transport and Main Roads (all on the LDMG).

Suitable methods of transportation should also be pre-identified, confirmed and coordinated with partner organisations/agencies when evacuation is expected.

IMPORTANT NOTE:

Transportation options should be preidentified and can include:

- RACF vehicles – do you have modified vehicles that can support resident evacuation.
- Arrangements with other RACFs or similar providers - explore partnerships and formalise agreements through MOUs with other aged care organisations and services regarding transport options.
- Community Transport Operators - Community Transport operators may have modified vehicles and may be able to provide assistance.
- Ambulance – QAS may be able to provide transport support for critical and high care patients however it is important not to rely on them for all requirements. Their emergency function will take precedence.
- Private vehicles - some residents could be transported by family members, friends, staff, or others known by the resident and facility (such as volunteers).
- Commercial arrangements – commercial arrangements could be explored through private taxi, bus and other transport companies that could potentially supply standard and/or modified transport options for relocating residents. Advance preparations could include entering into a MOU/agreement outlining the availability and number of commercial vehicles required in a planned relocation or disaster evacuation situation.

IMPORTANT CONSIDERATIONS:

- What transportation options have 24-hour accessibility? Have arrangements been discussed prior to the disaster so you know that support is available?
- What transportation resources meet your residents needs including wheelchairs, walking-aids, life-support equipment?
- Are there secondary/alternative transportation resources identified and available if needed?
- What resources/equipment is available to move residents from rooms/floors (e.g., if elevators are not in operation)?
- Where is this equipment stored? Is the area clearly marked for staff access during an evacuation?
- What is the protocol for staff training on equipment use?
- How is this information kept current?
- Medication records and storage need to be managed as per the Medicines & Poisons Act 2019.

6.6 Shelter

The shelter stage of the evacuation process includes the provision of refuge to evacuated residents within nominated safer locations away from the potential hazard or area of impact.

The evacuation of aged care residents requires special consideration due to their increased likelihood of underlying medical conditions and physical restrictions. Facilities that are best able to receive these evacuees are other aged care institutions.

It is unlikely that evacuation centres, cyclone shelters, or other emergency shelters are going to be appropriate for RACF residents. An evacuation centre or other shelter should only be considered as a last resort, when arrangements and planning have been put in place with the LDMG (including Queensland Health and local government) to ensure a designated evacuation centre is equipped to accommodate RACF residents, and that your staff are able to provide care to residents in the centre. Hospital facilities must only be utilised where clinically indicated.

IMPORTANT NOTE:

It is important to consider the location of your potential partner facilities when entering into MOUs/agreements. If your partner facilities are geographically located near you, they may be impacted by the same disaster events. You should also consider logistical challenges that may occur when transferring residents e.g., flooded roads.

IMPORTANT CONSIDERATIONS:

- What alternative facilities have been identified? Is the alternative location suitable?
- What written documentation confirms the commitment of these facilities (e.g., MOU)?
- What is the process for confirming these facilities are available when required?
- What is the process to notify identified facilities that a decision has been made to evacuate residents to their location?
- Is Home Care suitable? This option should be discussed with an agreement reached, including a detailed management plan formulated in advance.
- Do staff need to remain with residents when they move to alternate facilities or does the alternate facility have appropriate staff to meet the care needs?
- Are staffing arrangements outlined for staff required to work at thesealternate facilities?
- Where is this information stored and how is this information kept current?
- What is the protocol for informing the resident and/or emergency contact?
- What process is in place to ensure the residents have a well-organised return to the

6.7 Receiving relocated residents

Your facility should also have a plan on how your facility would host relocated residents (Reception Plan). Agencies that establish a MOU/agreement with a partner agency should undertake this planning in conjunction with their partner agency. Being prepared to host relocated residents requires planning in advance and review of many of the same considerations as previously outlined in this resource.

IMPORTANT CONSIDERATIONS:

- What staff do you require to safely receive and support additional residents?
- Consider your stock levels of key consumables and, how quickly you could order new stock. Do you have a supply of support/medical equipment such as mobility aids?
- Do you have the roomadditional storage and supplies to support the additional for extra medications, food supplies in current facility for the extra people?
- Where will the received residents be situated? How will you orientate them to key facilities? What is your high care and low care capacity?
- What type and level of care will received residents need and can you provide this?
- How will you coordinate and communicate with your staff, residents, and families about the received residents? Who will undertake this?
- Record keeping – how will you record the transfer of residents, communication to staff and next of kin, any additional costs incurred?

6.8 Return to facility

The return of evacuees to their facilities is linked to the recovery phase (see section 8) and requires careful planning to ensure the process is undertaken in a managed and coordinated manner. This represents the final stage of the evacuation process and must not be overlooked in planning for evacuations. It is critical that residents return in a safe manner with as much support and assistance as possible. The return process may include:

- Return to the area by emergency services and work teams only to assess if the facility is a safe environment.
- Return to facility on advice from specialists such as emergency services, licenced electricians/builders, insurance provider. that the area and facility is safe to return to.
- Partial return of residents and staff in stages.

The timely return of evacuees is considered a critical step in their psychological recovery, and safety should not be compromised. Return is not to be undertaken until all issues have been considered and the area and facility is deemed safe for return.

Information regarding the return process should be communicated to residents and their families/carers. Information detailed in the return advice should include, where appropriate:

- issuing authority, date, and time
- details of event and information to show the threat has eased
- specific areas deemed safe for return, including maps where appropriate
- transport arrangements
- recovery and support services available
- contact numbers for further information or clarification.

Return advice should also be provided to families and carers of residents sent home during the evacuation process.

7 Review and Recovery

7.1 Recovery

Recovery is the process of rebuilding, restoring, and rehabilitating all elements affected by the disruption. Depending upon the severity of the impact or disruption, the recovery process could take weeks, months, or years to support residents, families, and communities to regain an acceptable level of functioning following an event.

The recovery phase of an event often requires a coordinated process of support to the affected persons and includes wellbeing of those affected and displaced as well as infrastructure repair and reconstruction.

Recovery planning should commence during the response phase and be regularly reviewed and updated. After the event there may be links to Local or District Recovery Groups that can be accessed.

- The immediate to short-term recovery phase covers:
  - Assessment of any changes in medical needs for the residents, psychological first aid, and disaster/emergency relief measures to meet identified needs.
  - Assessment and repairs to infrastructure.
- The medium- to long-term phase includes:
  - Social support, ongoing case management, community development and rehabilitation measures, re-establishment of social and cultural activities, support networks and services.
  - Longer-term infrastructure repairs and rebuild where required.

IMPORTANT CONSIDERATIONS:

Providers should consider how their facility will support recovery in their RACF including:

- Assessment of current level of care delivered to residents, including addressing gaps and altering where required.
- Assessment of the current physical and emotional wellbeing of residents and considering how to address any deterioration in the residents' condition that may have occurred during the event.
- How staff wellbeing will be monitored post event.
- Management of the return of residents to the facility if they were transported to another facility pre-emptively or during the event.

7.2 Psychosocial support

Most people will recover from traumatic events such as disasters/emergencies without professional intervention. However, some people may need additional support including psychological first aid, counselling services, or specialised mental health services. This is relevant for residents of RACFs as well as staff.

After an event it is normal for people to experience stress symptoms which can come in a variety of forms including psychological, physical, emotional and relationship stress factors.

Support can be accessed through a range of services, and it is important these are identified during the planning phase and made available to staff and residents as required. Impacted staff should be encouraged to access the relevant Employee Assistance Program (EAP) for additional support.

For interim psychosocial support, there are a variety of support services available to help:

- General Practitioners/Private Psychologists/Counsellors
- Psychological First Aid Providers

Additional information is available at:

- https://www.qld.gov.au/community/disasters-emergencies/disasters/mental-health/managing-stress-after
- https://www.qld.gov.au/health/mental-health
- https://www.qld.gov.au/emergency/community/support-group

7.3 Debriefing

RACFs are strongly encouraged to undertake post disaster/event debriefs to consider aspects of the response that worked well and those that didn't.

A debrief has two purposes:

- Review the RACF's emergency management and response and identify lessons.
- Identify and initiate any required changes to the emergency/business continuity plan/s.

Debriefs should be undertaken in a way which promotes open, honest discussions with the intent of improving business continuity and disaster/emergency plans, rather than trying to allocate blame. Debriefs should be conducted internally to the RACF and can include external stakeholders (e.g., LDMG agencies and other partners). The review of operational activities undertaken during an event are key in ensuring capability development and the continuous improvement of disaster/emergency management and business continuity.

Further information about debriefing and lessons management are available in the AIDR Lessons Management Handbook.[11]

There are two forms of debrief:

- Hot debrief – undertaken immediately after operations are complete, giving participants the opportunity to share learnings while the experience is still fresh. Multiple hot debriefs during protracted operations may be appropriate to identify significant issues and provide prompt solutions for immediate implementation.
- Post-event debrief – held days or weeks after an event, when participants have had an opportunity to take a considered view. It is recommended that learnings are shared with your partner facilities and agencies to help inform their plans.

Key Debrief Questions:

- What did we set out to do? (e.g., safely evacuate all residents prior to the impact)
- What actually happened? (e.g., did unexpected changes impact timing of the evacuation)
- What could be improved in future? (e.g., what lessons were identified)
- What worked well? (sustain – important to identify so can be repeated in future)

IMPORTANT NOTE:

Collaboration and sharing experience are important in the context of disaster management, and the challenges of implementing new guidance, plans and procedures in such an environment. Aged care providers are encouraged to share their experiences, resources, and learnings where possible.

[11] https://knowledge.aidr.org.au/resources/lessons-management-handbook/

Appendix 1 – Actions flowchart and checklist

The intention of this Actions Flowchart and the following Checklist is to support Residential Aged Care Facility (RACF) providers with planning for and undertaking response actions when there is notification of an emerging or actual hazard/disaster/ emergency event, or a disruption that requires a business continuity response has occurred.

This Checklist is supported by the ***RACF – Planning Resource – Business Continuity and Disaster/Emergency Management*** (the *Planning Resource*). Each action corresponds to a section of the *Planning Resource*.

This document has the following sections:

Steps to using this Checklist

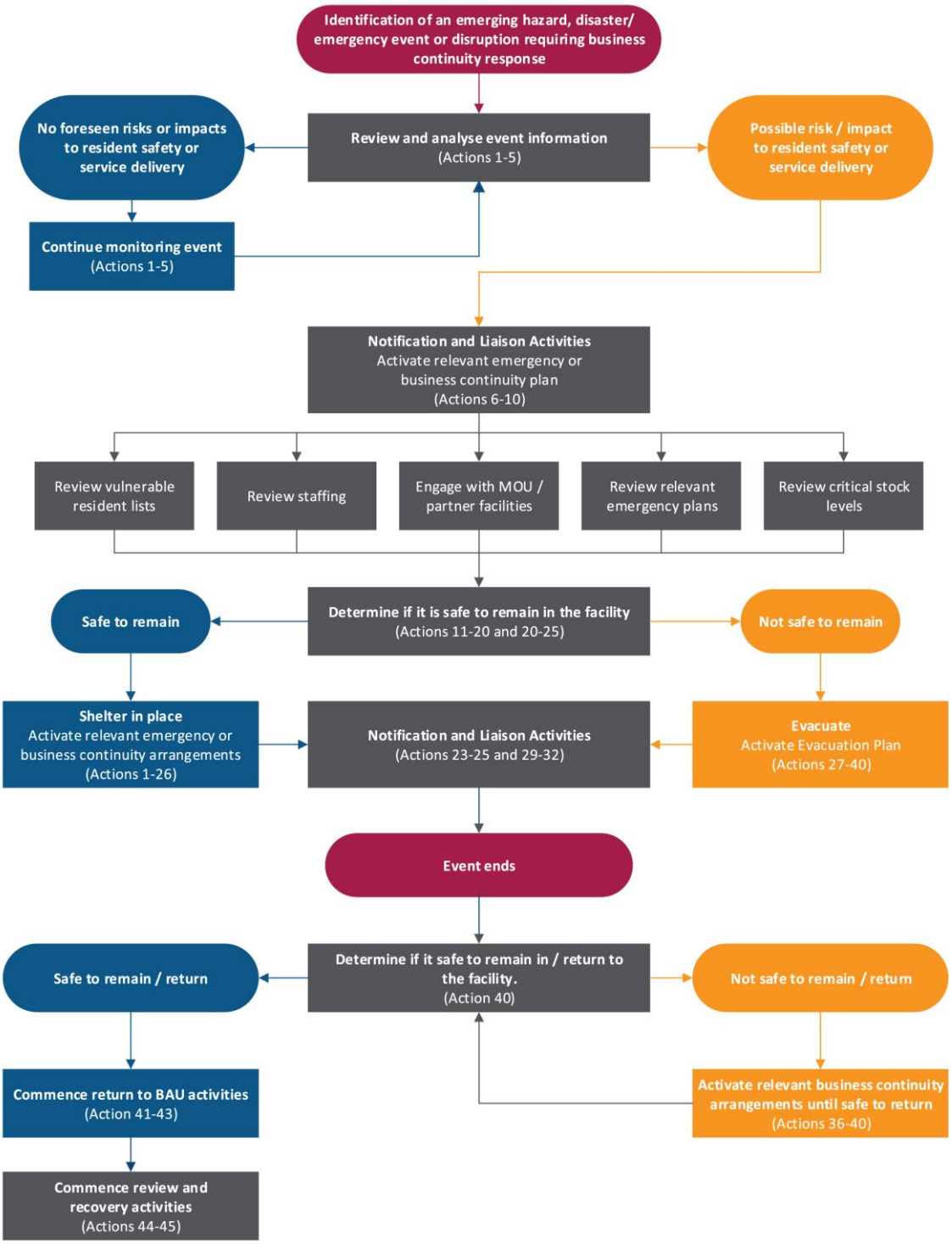
5. Use the *Planning Resource*, alongside this checklist, to develop Business Continuity and Disaster/Emergency Management Plans for your facility.
6. Complete the fillable sections of the Checklist to contextualise the checklist for your facility.
   6.1. Checklist Action – Use the prompts to fill in where documents are kept and key contacts.
   6.2. Assign the role to a person who is responsible for completing the action in an event.
7. Add or remove steps as is appropriate for your facility.

Example – Completed Checklist

	Checklist Action	Planning Resource Section	Role / Person Responsible	Action Notes / Comments	Completed by
	Review and update your Facility Profile. **Our profile is kept:** ***Printed and attached to this checklist (last printed on 01.02.2023).*** ***On the G:Drive – Emergency Management***	**Section 4.1**	***Emergency Coordinator / Nurse in Charge of shift***	***Example only***	
	Contact your Local Council / Local Disaster Management Group (LDMG) to understand planning/response activities. **Our contacts are:** ***Jane Doe – Disaster Coordinator, Local Council, Contact Details***	**Section 2.2**	***Emergency Coordinator / Nurse in Charge of shift***	***Example only***	

Disaster and Emergency Response Actions Flowchart

The below flowchart, and checklist on the following pages, provides an example of actions that may need to occur upon identification of a disaster or emergency incident. Depending on the event, these actions may not occur in a linear fashion, or in urgent situations where adhering to the complete list of actions may not be possible, some actions may be bypassed.



Disaster and Emergency Response Actions Checklist

#	Checklist Action	Planning Resource Section	Role / Person Responsible	Action Notes / Comments	Completed by
1	**Any staff member who identifies a potential disaster or emergency incident should escalate to the person in-charge at the facility on that day.**				
	Review and analyse event information – on identification of potential incident				
2	**Review the local Disaster Dashboard/council website for event information. Sign up for alerts if available.** **Local government disaster dashboards | Community support | Queensland Government (www.qld.gov.au)**	**Section 3.2**			
3	**Review and update your Facility Profile.** **Our profile is kept:** ***[insert details of where users can find the completed Facility Profile]***	**Section 4.1**			
4	**Refresh yourself and relevant team members with the facility disaster / emergency plans.** **Our plans are kept:** ***[insert details of where users can find the organisation's disaster / emergency plans. Note: it is advisable to have both electronic and hard copy locations noted as power outages may preclude use of IT services]***	**Section 4**			
5	**Ensure relevant staff are aware of their roles and responsibilities during an event.**	**Section 4.2**			
	Notification and Liaison Activities – before/during incident impacts				
6	**Commence an incident log to record actions and decisions.**	**Section 4**			

#	Checklist Action	Planning Resource Section	Role / Person Responsible	Action Notes / Comments	Completed by
7	**Notify the facility managers / owners about the event.** **Our facility managers / owners contact details are:** ***[Insert contact details, or where to find these]***	**Section 4.4**			
8	**Activate your local incident management system and response team.** **Our plan is kept:** ***[insert details of where users can find the organisation's Facility disaster / emergency plans]***	**Section 4.2**			
9	**Contact your allocated Local Disaster Management Group (LDMG) representative to understand planning/response activities.** **Our contact for the LDMG is:** ***[Insert contact details including name / role, phone number and email address]***	**Section 2.2**			
10	**Inform staff, residents and next of kin of the event. Continue to keep them updated.** **Our communications plan is kept:** ***[insert details of where users can find your organisation's communications plan]***	**Section 4.4**			
11	**Review and update the list of pre-identified high-risk residents and residents considered suitable for potential voluntary early evacuation to ensure current. Ensure that any residents currently off-site (e.g., in hospital) are noted to not be on-site. Continue to update the list each shift.**	**Section 6**			
	Decision Making and Response Actions – before/during incident impacts				
12	**Assess potential (or actual) service disruptions (e.g., to power, water, supply chain etc.) and plan / respond accordingly (e.g., acquiring a back-up generator, fuel, bottled water etc.)**	**Section 5**			

#	Checklist Action	Planning Resource Section	Role / Person Responsible	Action Notes / Comments	Completed by
13	Continue to gather intelligence to inform planning and decision-making (e.g., from the Bureau of Meteorology, Council's Disaster Dashboard etc.).	Section 3.2			
14	Consider if it is safe to remain in the facility or if evacuation may be required (see next section).	Section 6			
15	Confirm pre-identified high-risk residents and determine if they should be evacuated pre-emptively. Apply resident identification wrist bands to all residents with identifying information and photo. Our list of residents and their requirements is kept: *[insert location of current high-risk resident list and their requirements]*	Section 4.1			
16	Determine Shelter in Place (if it is safer to remain in the facility) or if Evacuation to a safer location is required. (see Actions 20-37 in next section).	Section 6			
17	Confirm availability of required transport and services and activate plans with these providers. Our transport provider contacts are: [*insert contact details of transport providers*]	Section 4.6			
18	Review staffing plan for the next three (3) days, at a minimum. Consider if: • Evacuation is required • Facility becomes isolated • Staff isolated in the facility • Staff can't access facility	Section 5.1			

#	Checklist Action	Planning Resource Section	Role / Person Responsible	Action Notes / Comments	Completed by
19	**Engage with partner facilities or facilities where a Memorandum of Understanding (MOU) exists. Determine:** • **If this event impacts their facilities** • **If they can honour agreements** • **If they will require support.** **Our contacts are:** ***[insert contact details of MOU providers]***	**Section 4.7**			
20	**Review critical stock levels. Consider scenarios such as:** • **an evacuation is required; or** • **the facility becomes isolated and may not be able to receive stock for a period of time.** **Make plans to maintain or conserve supply.** **Our stock list and supply plans are kept:** ***[insert details of where the organisation's plan is kept]***	**Section 5.7**			
21	**Activate event-related financial arrangements.**	**Section 4.5**			
22	**Commence recovery planning, including return to BAU activities when the event ends.**	**Section 7.1**			

Determine Shelter in Place or Evacuation

Depending on the event, it may be safer for residents to remain in the facility, or it may be necessary to evacuate to an alternative, safer location.

Dynamic assessment of the situation should occur, and any decision to evacuate should be made as early as possible, taking into consideration the lead time to arrange commercial and/or private transportation and alternative locations for residents.

A decision to evacuate should be made by the facility Emergency Response Team in conjunction with facility owners / managers and local authorities such as Queensland Police Service (QPS) and Queensland Fire and Emergency Services (QFES) etc.

During an event, and where evacuation has been determined as the most appropriate action, Emergency services may need to set up a temporary forward command post at the facility. The facility will need to have suitably qualified persons available to meet emergency services and provide assistance i.e., maps, communication channels, knowledge of the facility and residents etc.

#	Checklist Action	Planning Resource Section	Role / Person Responsible	Action Notes / Comments	Completed by
	Determine if it is safe to remain in the facility				
23	**Assess if the facility safe to remain in?**	**Section 6.1**		**Yes / No**	
24	**Ensure that facility owners / management (where feasible) and your organisation's Emergency Response Team are involved in the decision to stay/evacuate.** **Facility owners / management contact details are:** ***[Insert name and contact details of facility owners / managers]***	**Section 6.5**			
25	**Consider residents who may require or prefer early / voluntary evacuation. Work with next of kin and relevant evacuation locations to enact this.** **Our list of residents and their requirements is kept:** ***[insert location of resident list]***	**Section 6.1**			
	Safe to remain / Shelter in Place				
26	**Staff, residents and next of kin are notified of the event and potential outcomes. They continue to be informed throughout the event.** **Our communications plan is kept*:*** ***[insert location of communication plan]***	**Section 4.4**			
	Not safe to remain / Evacuation is necessary:				
27	**Notify staff, residents and next of kin of the event and potential outcomes. Keep them informed throughout the event.** **Our communications plan is kept:** ***[insert location of communications plan]***	**Section 4.4**			

#	Checklist Action	Planning Resource Section	Role / Person Responsible	Action Notes / Comments	Completed by
28	**Notify the Australian Government Department of Health and Aged Care on 1800 300 125, the Aged Care Quality and Safety Commission on 1800 951 822 and NDIS (if relevant) if there is a requirement to evacuate or service delivery has been impacted.**	**Section 4.4**			
29	**Evacuation locations and required resources are considered and planned.**	**Section 6.6**			
30	**Confirm pre-identified high-risk residents and determine their transport and care requirements.** **Our list of residents is kept:** ***[insert location of resident list]***	**Section 4.1**			
31	**Consider private transport arrangements required, document and arrange.** **Our private transport providers are:** **[*insert contact details of transport providers*]**	**Section 4.6**			
32	**Engage with Queensland Ambulance Service (QAS) to understand capability to support planning and response.** **Our QAS contact is:** **[*insert role and contact details*]**	**Section 4.6**			
33	**Engage with partner facilities or facilities where a Memorandum of Understanding (MOU) exists. Determine:** • **If this event impacts their facilities** • **If they will be able to honour support agreements** • **If they require support themselves.** **Our contacts for partner facilities are:** ***[insert contact details of MOU providers]***	**Section 4.7**			
34	**Notify and liaise with your allocated LDMG contact and other key stakeholders and discuss requirements.** **Our contacts are:** ***[insert contact details of LDMG contact]***	**Section 2.2**			

#	Checklist Action	Planning Resource Section	Role / Person Responsible	Action Notes / Comments	Completed by
35	**If support is required (beyond what can be arranged independently), and the LDMG is activated, liaise with your allocated LDMG contact to discuss submitting a request for assistance.** **If the LDMG is not activated, contact directly the relevant emergency or health service that you require support from.**	**Section 4.8**			
36	**Ensure that each resident is clearly identified. For example:** • **wristband** • **current photo with medical record** **and is travelling with a "go bag" that includes:** • **medication (with consideration for S8/S4 requirements, usual pharmaceutical supplier)** • **medical records (including myHealthRecord)** • **care plan** • **next of kin contact information** • **clothing** • **any required equipment (e.g., walker/wheelchair / CPAP / PEG feeds / continence aids etc.)** **The process for supporting evacuated residents is kept:** ***[insert location of process for supporting evacuated residents]***	**Section 6.6**			
37	**Maintain paper and digital records detailing where each resident is being evacuated to.** **Our tracking system is kept:** **[*insert location of tracking system to record details of evacuated residents]***	**Section 6.6**			
38	**Implement the care plan for each resident at the new location.** **The process for supporting evacuated residents is kept:** **[*insert location of process for supporting evacuated residents]***	**Section 6.6**			

#	Checklist Action	Planning Resource Section	Role / Person Responsible	Action Notes / Comments	Completed by
39	**Commence recovery planning and early planning for the return of residents and update as the response continues.** **The process for returning residents is kept:** **[*insert location of process*]**	**Section 6.8**			
	After the event has passed				
40	**Determine when/if it safe to return to/remain in the facility.** **The decision to begin the return process should be made by the facility managers, in conjunction with the local disaster management group, emergency services and/or other authorities.** **The process for returning residents, including checklist of actions to ensure preparedness to deliver required services on return, is kept:** **[*insert location of process*]**	**Section 6.8**			

Recovery and Review Checklist

#	Checklist Action	Planning Resource Section	Role / Person Responsible	Action Notes / Comments	Completed by
	Commence recovery and review activities				
41	**Commence return to BAU activities.**	**Section 7.1**			
42	**Stand down the incident management system and response team.**	**Section 4.3**			
43	**Establish a recovery plan and timeline.**	**Section 7.1**			
44	**Conduct a post-event debrief.**	**Section 7.3**			
45	**Review and update plans with lessons identified from the response.**	**Section 7.3**			

Planning Checklist

Function	Planning Resource Section	Person / Role Responsible	Date last completed
Ensure a Business Impact Assessment (BIA) has been completed and is current.	Section 4 Section 5 Appendix 3		
Ensure facility business continuity, disaster/emergency, evacuation, and communication plans are developed and up to date.	Section 4		
Ensure plans have been shared with all staff and relevant stakeholders such as the Australian Government Department of Health and Aged Care, local council, LDMGs and local Hospital and Health Service (HHS).	Section 4.6		
Contact the disaster coordinator and your local council to determine how you will interact with the LDMG before, during and after a disaster/emergency. Determine who your allocated LDMG contact is.	Section 2.2		
Assign emergency roles to staff members with the appropriate delegations and authority.	Section 4.2		
Ensure staff have received training (and maintain up to date training) to be able to effectively carry out the plans.	Section 3.5		
Ensure the plans are exercised annually.	Section 3.4		
Maintain intimate knowledge of the facility, local geography, ingress and egress routes and location of emergency equipment and update new or changed information into the plans.	Section 4		
Maintain Facility profile, including Resident Profiles and 'go bags' / plans.	Section 4.1 Appendix 2		
Determine who chairs the Disaster/Emergency Planning Committee and ensures actions are implemented.	Section 3.3		

Appendix 2 – Facility Profile Template

This is an example of a facility profile template. Not all sections may be relevant to your facility, or there may be additional information that should be included. This template can be adapted to suit your facility's requirements.

FACILITY	Facility Name: Owned by: Managed by:			
CONTACT DETAILS	**Facility Type**	☐ **Residential Aged Care Facility** _____ ☐ **Co-located facilities (e.g., retirement village, independent living, disability accommodation etc.)** _____		
	Facility Address	[Insert physical address]		
	Facility manager contact details	**Business hours number:** **After hours number:** **Email:**		
RESIDENTS	**Total number of residents**		**Non-Ambulant**	
			Ambulant (with aid)	
			Ambulant (no aid)	
	Number of residents with cognitive impairment requiring <u>full assistance</u>		**Number of residents living independently with cognitive impairment**	
	Number of residents requiring oxygen or respiratory support and type (e.g., oxygen, CPAP etc.)			
	Number of residents requiring dialysis support			
	Number of residents with vision impairment (uncorrected requiring support)			
	Number of residents with a hearing impairment (uncorrected requiring support)			
	Contact list of all residents?	☐ **Yes** ☐ **No**		
	Contact list for all residents Next of Kin (NoK) and substitute decision-makers?	☐ **Yes** ☐ **No**		
	Doctor/specialist/pharmacy information for each resident?	☐ **Yes** ☐ **No**		
	Total number of beds		**Residential Aged Care** *(list subgroups)*	

FACILITY RESOURCES			**Residential Respite** *(list subgroups)*	
			Retirement Village *(list subgroups)*	
			Independent Living *(list subgroups)*	
FACILITY RESOURCES	**Current number of empty beds**		**Residential Aged Care** *(list subgroups)*	
			Residential Respite *(list subgroups)*	
			Retirement Village *(list subgroups)*	
			Independent Living *(list subgroups)*	
	Number of mobility aids (e.g., wheelchairs, scooters etc.)			
	Other, please specify:			
	Facility kitchen/catering arrangements and agreements			
	Facility laundry arrangements and agreements			
	Maximum capacity of the following common areas *(residents seated)*	**Chapel:** **Common area:** **Dining area:** **Other (name area & capacity):**		
	Portable hoists (battery/mains power)	☐ **Yes** ☐ **No**	**Number**	
	Buses located onsite	☐ **Yes** ☐ **No**	**Number**	
			Capacity per bus	
RESOURCE ARRANGEMENTS	**Generator** **Other comments (e.g., hire arrangements)**	☐ **Yes** ☐ **No**	**Size**	
			Fixed or portable	
			Fuel supply (capacity? Running time?	
			Date last tested	
	Pharmaceutical supply arrangements. How many days' supply and what are the contingency arrangements?			
	Consumable (medical) supply arrangements. How many days' supply and what are the contingency arrangements?			
	Water supply arrangements. Do you have enough emergency water supply to last at least 3 days? What are the contingency supply arrangements?	☐ **Yes** ☐ **No**		
	Food supply arrangements. Do you have enough emergency food supply to last at least 3	☐ **Yes** ☐ **No**		

	days? What are the contingency arrangements?			
	Do staff have photographic identification?	☐ **Yes** ☐ **No**		
RISK MANAGEMENT	**Has a risk assessment been conducted at your facility?**	☐ **Yes** ☐ **No**	**Date conducted** **Date last reviewed**	
	Which of the following does the risk assessment include?	☐ **Severe weather** ☐ **Flood** ☐ **Bushfire** ☐ **Other:** _____ [Attach relevant hazard (e.g., flood and fire maps)]		
	What are the identified risks that require external resources/support and why?	☐ **Supply Chain** ☐ **Laundry** ☐ **Catering** ☐ **Other:**		
	List any agencies included in the assessment, planning or review			
	Does your facility have a business continuity plan? Where is it stored/available?	☐ **Yes** ☐ **No**	**Date conducted** **Date last reviewed**	
	Does your facility have a COVID-19 plan? Where is it stored/available?	☐ **Yes** ☐ **No**	**Date conducted** **Date last reviewed**	
	Does your facility have an emergency plan? Where is it stored/available?	☐ **Yes** ☐ **No**	**Date conducted** **Date last reviewed**	
	Does your facility have an evacuation procedure?	☐ **Yes** ☐ **No**		
	Does your facility have an emergency evacuation kit and checklist?	☐ **Yes** ☐ **No**		
	Do your residents have individual emergency evacuation kits and checklists?	☐ **Yes** ☐ **No**		
	Are residents aware of the evacuation procedures?	☐ **Yes** ☐ **No**		
	Does your facility hold regular evacuation exercises?	☐ **Yes** ☐ **No**	**Date of last exercise**	
RISK MANAGEMENT	**What are your emergency evacuation location arrangements?**			
	Are next of kin aware of evacuation procedures?			
	How many residents would physically be able to evacuate in a bus or car?			
	How many would require an ambulance for evacuation			

	(stretcher-dependent/ medical requirement)? Has this been discussed with QAS (who and when)?	
	Does the facility have agreements with other facilities for evacuation? List the providers. Where are the agreements stored/available?	Yes No
CAPABILITY TO USE OTHER AREAS OF FACILITY FOR OTHER PURPOSES	**Chapel**	
	Common area	
	Dining area	
	Other common areas (specify)	
	Are you able to share your resources with other Aged Care Providers	**☐ Yes ☐ No**
ADDITIONAL COMMENTS		
DATE INFORMATION UPDATED		
DATE NEXT REVIEW DUE		

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[12] With thanks to Moreton Bay Regional Council (MBRC) for permission to utilise and adapt this template

Appendix 3 – Risk Management

Understanding hazards and risk management

It is important to note the differences and relationships between a hazard and a risk. A **hazard** is something with the potential to cause harm (e.g., electrical fault, bushfire), while a **risk** is the likelihood that harm will occur[13] when a hazard impacts, and its consequence (who/what will be impacted). The process of identifying, assessing, and developing strategies to manage risks is known as risk management and mitigation. Risk identification, assessment and mitigation are used to inform business impact analyses and are important parts of business continuity and disaster/emergency plans.

Taking steps to manage risks is a requirement of doing business (including providing aged care services) in Queensland. If an incident occurs, facilities will need to demonstrate that effective risk management process were used.[14] A facility's duty of care responsibility is covered in the *Work Health and Safety Act 2011*.

Risks are generally considered as either direct or indirect hazard impacts and can often be categorised. Direct risk examples include:

- Natural disasters such as floods, storms, bushfires, and communicable disease outbreaks
- Technology impacts such as equipment failure
- Staffing impacts including staffing shortages or industrial relations issues.

When reviewing risks, it is also important to consider how an indirect risk could impact your facility and develop appropriate contingency plans. Examples of indirect risks include:

- Food suppliers being unable to access your facility due to localised flooding
- Medical equipment supplier experiences supply chain disruption
- Chemical spill in the local area.

Risk management

Risk management can be applied at all levels of the organisation, including strategic, operational, and process levels. It should be an integral part of organisational decision making and should be integrated into the facility structure, operations, and processes.[15]

[13] Work health and safety risk management | Business Queensland

[14] Preparing a risk management plan and business impact analysis | Business Queensland

[15] Adapted from ISO 31000:2018 – Risk Management

The risk management process includes:

- Establishing the context
- Identifying the risks
- Analysing the risks
- Evaluating the risks
- Treating the risks
- Monitoring and review
- Consulting and communicating

Understanding the risk context of your RACF

Understanding and defining the risk context of your facility will allow you to customise the risk management process to allow for more effective risk assessment and ensure risk treatments are appropriate and relevant to your facility. As the risk management process can be implemented at different levels of your organisation, it is important to be clear about the scope of the objectives.

As a starting point, it is recommended to undertake a review to understand the relevant legislative, regulatory, political, and social factors and how they impact your facility. This step will provide a clear background for the risk analysis and assessment processes.

Some of your considerations may include:

- Applicable legislation, standards, policy, or guidelines (section 1.4)
- Your organisational/facility roles and responsibilities (section 4.2)
- Local, state, and federal disaster/emergency management arrangements (section 2)
- Your clients, partners, and stakeholders and their expectations
- Operational and financial requirements
- Existing arrangements/MOUs with other facilities or organisations (section 4.7)
- Your geographical location (i.e., are you in a low-lying flood prone area, near bushland that is fire prone, is your region impacted by cyclones, etc?) (Section 5)
- Key local infrastructure (i.e., where is your closest evacuation centre, similar aged care provider, etc?)

Identifying the risks

Risk identification is used to find, recognise, and describe risks that may impact your facility. The process should begin with the identification of credible hazards, including events that have a reasonable chance of occurring. It is recommended that this is done in collaboration with your local government partners, who can help with the identification process. Local Disaster Management Plans (LDMPs) will include the relevant hazards for the local area. The susceptibility of your facility is used to determine the vulnerability of your facility.

It is recommended that facilities maintain a register of vulnerable patient cohorts to be able to quickly identify what support these residents require and be able to quickly share that information with partner agencies. This should be updated regularly.

Considerations	Additional Information
Consider what makes your residents and facility vulnerable?	• **Is your facility in a fire / flood / storm surge prone area?** • **Does your facility become isolated during events?** • **Do you have a high proportion of high-care residents?** • **Do any of your residents have cognitive or physical disabilities?** • **Do you have a sufficient staffing pool with surge capacity?**
Your risk criteria may include some of the following:	• **Risk that may cause fatality or severe injury** • **Risk that may cause substantial disruptions to key services** • **Risk that may cause substantial damage to the building or infrastructure** • **Risk that may cause prolonged disruption to telecommunication services or that would impact power, water, or gas supply**
Your description of the risk should include:	• **Area of the facility that would be impacted** • **Severity and intensity of the risk** • **Frequency of impacts (use historic data where applicable)** – **Consider the potential increased frequency of heat wave, bushfire, flood, and drought due to climate change.** • **Onset and duration timeframes**

Table 4: Considerations for identifying risks

After identifying the applicable risks, develop risk statements that reflect the relationships between the risk and the vulnerability of your facility and residents, for example:

Risk Source	Risk Statement
Flood	• **The facility is located near a river which historically floods every year, therefore there is a risk that areas of the facility may be inundated as a result of a moderate to major flooding event.** • **There is a risk that critical supply and services may be unable to access the facility during/after a moderate to major flooding event.** • **There is a risk that the power supply may be disrupted during/after a moderate to major flooding event.**

Table 5: Example of risk statements

Analysing the risks

The risk analysis process is used to understand the nature and level of risk. This includes a detailed consideration of risk sources, consequences, likelihood, uncertainties, controls, and their effectiveness. The risk analysis process can be influenced by a variety of opinions, previous experiences, biases, and perceptions of risk. The process will provide an input into the evaluation of risk and decisions on the most appropriate risk treatment strategy.

A risk matrix can be used to help evaluate the severity of a risk. This this is achieved by mapping the consequence against the likelihood of the risk occurring, which provides a risk rating. You can then determine which levels of risk you can and will treat, and which you will accept. For example, extreme, high, and moderate risks may be treated (or managed), while low risks may be accepted with no further action taken. The tables below provide an example of a simple risk matrix.

Climate change is likely to increase the prevalence and severity of natural hazards, so it is important to regularly review these assessments.

Example of a likelihood table:

Descriptor	Description
Almost Certain	**The event is expected to occur**
Likely	**The event will probably occur**
Possible	**The event will occur at some time**
Unlikely	**The event may occur at some time**
Rare	**The event may occur only in exceptional circumstances**

Table 6: Example of a likelihood table

Example of a consequence table:

Descriptor	Description
Insignificant	**No fatalities, no injuries/illness, little disruption to the community or facility**
Minor	**Small number of injuries/illnesses, no fatalities, some** internal **displacement of residents, some personal support required, some damage, some disruption**
Moderate	**Medical treatment required, no fatalities, some displacement of residents, personal support satisfied through local arrangements, localised damage which is rectified through routine arrangements**
Major	**Extensive injuries/illness, fatalities, large numbers of residents displaced, external resources required for support, significant damage that requires external resources, some services unavailable**
Catastrophic	**Large numbers of severe injuries/illness, large numbers requiring hospitalisation, residents displaced for extended periods of time, large numbers of fatalities, extensive personal support required, extensive damage to facilities, long term loss of services, unable to function without significant support**

Table 7: Example of a consequence table

Example of a risk classification matrix:

	Consequence				
Likelihood	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Almost Certain	Moderate	High	Extreme	Extreme	Extreme
Likely	Low	Moderate	High	Extreme	Extreme
Possible	Low	Low	Moderate	High	Extreme
Unlikely	Low	Low	Moderate	High	Extreme
Rare	Low	Low	Moderate	Moderate	High

Table 8: Example of a risk classification matrix

Evaluating the risks

The purpose of the risk evaluation is to compare the results of your risk analysis against your established risk criteria to determine where additional action is required. This can lead to a decision to:

- Do nothing further (accept level of risk)
- Consider risk treatment options (to manage/control risk/s)
- Undertake further analysis to better understand the risk
- Maintain existing controls
- Reconsider organisational objectives.[16]
- Escalate/transfer risk (when beyond the local/facility capability to manage). May include escalating to facility owners, or submitting a request for support to the relevant government department.

Risk evaluation also allows for ranking of your risks to establish a priority. It is important to document all acceptable risks, then identifying and focusing on the risks judged to be unacceptable.

Risk Source	Risk Statement	Consequence	Likelihood	Rating	Evaluation
Flood	**The facility is located near a river which historically floods every year, therefore there is a risk that areas of the facility may be inundated due to a moderate to major flooding event.**	**Major**	**Likely**	**Extreme**	**Treat Risk**

[16] ISO 31000:2018 - Risk Management – Guidelines

Risk Source	Risk Statement	Consequence	Likelihood	Rating	Evaluation
Flood	There is a risk that critical supply and services may be unable to access the facility during/after a moderate to major flooding event.	Major	Likely	Extreme	Treat Risk
Flood	There is a risk that the power supply may be disrupted during/after a moderate to major flooding event.	Major	Possible	High	Maintain existing controls (backup generator installed onsite, with fuel supply)

Table 9: Example of analysed risks

Mitigating the risks

Once risks to your facility have been identified, analysed, and evaluated, you can identify appropriate strategies to treat each risk. Risk treatment is a process of selecting and implementing options for addressing risk. It is an iterative process of:

- Formulating and selecting risk treatment options
- Planning and implementing the risk treatment
- Assessing the effectiveness of that treatment
- Deciding whether the remaining risk is acceptable
- If not acceptable, taking further treatment or whether the risk requires escalation

When selecting the appropriate treatment option, it is important to consider the values, perceptions, and potential involvement of partners. Where possible, it is recommended that partners are consulted on treatment options, for example:

Risk Source	Risk Statement	Consequence	Likelihood	Rating	Evaluation	Treatment
Flood	The facility is located near a river which historically floods every year, therefore there is a risk that areas of the facility may be inundated because of a moderate to major flooding event.	Major	Likely	Extreme	Treat Risk	Work with LDMG and partner facilities to develop an evacuation plan for a flood event

Risk Source	Risk Statement	Consequence	Likelihood	Rating	Evaluation	Treatment
Flood	**There is a risk that critical supply and services may be unable to access the facility during/after a moderate to major flooding event.**	**Major**	**Likely**	**Extreme**	**Treat Risk**	**Ensure additional stock is ordered in preparation for the wet season.**
Flood	**There is a risk that the power supply may be disrupted during/after a moderate to major flooding event.**	**Major**	**Possible**	**High**	**Maintain existing controls**	**Continue to maintain resident records on a cloud-based system. Ensure generator is tested regularly, staff are trained and current in its use, fuel supply remains fresh and supply chain arrangements are agreed/in place.**

Table 10: Example of analysed risks with mitigations

Recording and reporting

The risk management process and its outcomes should be documented and reported on to appropriate partners and stakeholders including facility managers/owners, local Hospital and Health Service (HHS) and agencies of the Local Disaster Management Group (LDMG). This allows for:

- Communication of risk management activities and outcomes across the organisation.
- Provision of information for decision-making.
- Improvement of risk management activities.
- Assistance with consultation and interactions with stakeholders, including those who have responsibility and accountability for risk management activities.[17]

The risk management process can be recorded using a risk register, an example of a risk register template is demonstrated in the above table for the flood event, this should be expanded to include all localised risks.

[17] ISO 31000:2018 Risk Management – Guidelines

Monitoring and review

Monitoring and reviewing risk management processes assure and improve the quality and effectiveness of risk and treatment identification, implementation, and outcomes. This should occur throughout the risk management process. The Risk Management Plan should be reviewed by facility manager/s on at least an annual basis and following any instance where a risk treatment was tested.

Business Impact Assessment

Facility managers/owners/operators should undertake a business impact analysis to assess the identified risks and impacts and how they would affect the facility's critical activities and services and determine basic recovery requirements. These can also be referred to as critical business activities.

Facilities should undertake Business Impact Assessments (BIAs) in line with ISO 22301:2019 – Business Continuity Management Systems. Further detail about considerations when conducting a BIA are in Section 6.

IMPORTANT CONSIDERATIONS:

The business impact analysis should assign maximum allowable outage times to each activity to help determine response and recovery requirements should an incident occur. When conducting a business impact analysis, consider the following:

- What are the key daily activities conducted in the facility?
- What are the long-term or ongoing activities preformed?
- What are the impacts if these business activities could not be provided?
- Do these activities depend on external service providers or products?
- How long can the facility operate for without these business activities?

Appendix 4 – Acronyms

Term	Definition
AS	Australian Standard
BCP	Business Continuity Plan
BIA	Business Impact Assessment
CSIA	Community Services Industry Alliance
DDMG	District Disaster Management Group
DDMP	District Disaster Management Plan
EAP	Employee Assistance Program
HHS	Hospital and Health Service
LDC	Local Disaster Coordinator
LDMG	Local Disaster Management Group
LDMP	Local Disaster Management Plan
MOU	Memorandum of Understanding
PHN	Primary Health Network
QAS	Queensland Ambulance Service
QDMA	Queensland Disaster Management Arrangements
QFES	Queensland Fire and Emergency Services
QPS	Queensland Police Service
RACF	Residential Aged Care Facility
RFA	Request for Assistance
SES	State Emergency Service

Appendix 5 – Glossary

Term	Definition
Alert	A heightened level of vigilance due to the possibility of an event
Business Continuity Plan (BCP)	A practical plan for how your business can prepare for, and continue to operate during and after an incident
Business Impact Assessment (BIA)	The analysis of the consequences of an event to the business. Can include psychosocial (emotional and social) impacts to residents and staff, economic, natural, and built environment
Consequence	An outcome resulting from a hazard impact that will affect an organisation's objectives or assets
Debrief	A process following an event that reviews the emergency management response, identifies lessons and initiates any necessary changes to systems/processes (to ensure lessons are learned) and to business continuity/disaster management plans
Disaster	a serious disruption in a community, caused by the impact of an event that requires a significant coordinated response by the State and other entities to help the community recover from the disruption
Disaster/Emergency Planning Committee	A committee that develops and oversees emergency prevention, preparedness, response, and recovery planning for the facility
Emergency	An event that arises internally, or from external sources, which may adversely affect the occupants or visitors in a facility, and which requires an immediate response (AS3745-2010)
Emergency Management Coordinator	A person who oversees emergency management, planning and operations
Emergency Response Team	Team of people responsible for managing the response to a disaster or emergency event.
Emergency Officer	A person available onsite, with clearly defined responsibilities and appropriate authority in relation to the facility's emergency and business continuity plan
Evacuation	The movement of persons from a dangerous or potentially dangerous area to a safer location. Includes the safe return of persons.
Event	The potential or actual occurrence of a hazard

Term	Definition
Hazard	A process, phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption, or environmental degradation
Incident Management System (IMS)	A system that helps an organisation to prevent, prepare for, respond to (manage), and recover from incidents
Lean Forward	An event/disruption/disaster is imminent; measures are being implemented in preparation for a response
Likelihood	Chance of something happening, whether defined, measured or estimated objectively or subjectively, or in terms of general descriptors (such as rare, unlikely, likely, almost certain), frequencies or mathematical probabilities.
Local Disaster Management Group (LDMG)	Established by local government, a multi-agency group that supports and coordinates disaster management activities for their local government Area
Queensland Disaster Management Arrangements (QDMA)	Queensland's whole-of-government disaster management arrangements based on partnerships between government, non-government, industry sectors and the local community
Recovery	The process of rebuilding, restoring, and rehabilitating all elements affected by a hazard/disruption/disaster
Redundancy	Additional or alternative systems, sub-systems, assets, or processes that maintain a degree of overall functionality in case of loss or failure of another system, subsystem, asset, or process.
Residential Aged Care Facility (RACF)	A residential aged care facility is for older people who need ongoing help with everyday tasks or health care and cannot sustain themselves independently (e.g., at home)
Risk	The concept of risk combines an understanding of the likelihood of a hazardous event occurring with an assessment of its impact represented by interactions between hazards, elements at risk and vulnerability.
Risk Management	The process of understanding, identifying, analysing risks, assessing risks, and developing strategies to treat/manage risks
Shelter	Provision of basic needs for evacuees in a safer location. Also known as 'Places of Refuge' or 'Places of Last Resort'

Term	Definition
Stand Up	**A disruption/ disaster/emergency situation currently exists; this is when resources are mobilised, personnel are activated, and operational activities commenced**
Stand Down	**The threat has passed; no secondary threats exist and the need for a coordinated response has eased. Return to Business As Usual (BAU) service provision has begun.**

Appendix 6 – Reference list

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