

<Name of Facility>

Business Continuity and Emergency Response Plan

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Template Author:	Anna Beaven, Pandemic and Emergency Planner
<Name of Facility> Author:	
Approved By:	 Position

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1 INTRODUCTION

1.1 Purpose

The <Name of Facility> Business Continuity Plan (BCP) provides a guide to plan for and respond to an internal or external emergency event. Further, the BCP allows a timely, integrated, and coordinated response to a wide range of natural and man-made events that may disrupt normal operations.

1.2 Administration

To maintain the plan, <Name of Facility> personnel will:

- Ensure that the plan conforms to requirements set out by the Ministry of Health
- Oversee the development and maintenance of the plan
- Liaise with MidCentral District Health Board, the Primary Health Organisation, Emergency Services and the Civil Defence Emergency Management Group
- Coordinate monitoring and evaluation activities

The plan will be reviewed annually and amended when appropriate. In addition, the plan will also be reviewed following its activation:

- After any emergency
- After exercises and other tests
- As new threats arise
- As changes in facility and government policies and procedures require

The <Name of Facility> environment undergoes constant change including remodelling, construction, installation of new equipment, and changes in key personnel. After any changes, review the plan and:

- Update evacuation routes as necessary
- Assign emergency response duties to new personnel, if needed
- Update the locations of key supplies, hazardous substances, etc.
- Keep current the information on vendors, repair services and equipment

To coordinate, implement and review the plan, the <Name of Facility> will:

- Appoint a person to be responsible for the ongoing management, development and maintenance of emergency management processes
- Set priorities to develop plans and prepare the organisation for emergency response (Plan provisions can be implemented in stages)
- Recognise the importance of training, exercises, and keeping information up-to-date

Facilities should work with 'like facilities' in their area, the MDHB, PHO and CDEMG to develop their Business Continuity Plans and Emergency Response Manual.

1.3 Plan Rational

Health planning for emergencies should follow the comprehensive phases that provide a systematic approach for emergency management: Reduction, Readiness, Response and Recovery. By following this approach, <Name of Facility> will optimise its ability to respond and recover from any unexpected situation.



Reduction: Analyse and identify risks to life and property from natural or non-natural hazards; then, eliminate, isolate or reduce their impact and likelihood of occurring.

Readiness: Be Ready: Plan, establish, and maintain the system and train for an efficient, effective response to a potential emergency.

Response: Mobilise and deploy resources immediately prior to, or during an emergency, in collaboration with other services, to:

- Ensure the continuity of essential health services
- Provide relief and treatment to people injured or in distress by the emergency
- Avoid or reduce ongoing public or personal health risks to those affected

Recovery: Take actions before and during an event toward re-establishing normality.

1.4 Terminology

(For a detailed list please refer to Appendix 1)

1.5 Objectives

The Business Continuity Plan's objectives should:

- Provide a process to enable comprehensive planning for emergency events
- Maintain and restore essential services as quickly as possible following an event
- Ensure facility property, equipment, vital records and other data are protected
- Satisfy all applicable regulatory and accreditation requirements
- Plan for a community-wide response
- Align the BCP with:
 - Primary Health Organisation (PHO)
 - Public Health
 - MidCentral District Health Board (MDHB)
 - Ministry of Health (MoH)
 - Manawatu Wanganui Civil Defence Emergency Management Group (CDEMG)

1.6 Policy

<Name of Facility> will:

- Be prepared to respond to an emergency to protect the health and safety of its patients, visitors, and staff
- Ensure that all employees know and prepare to fulfil their responsibilities in a team effort to provide the best possible emergency care in any situation
- Closely coordinate with the MDHB, PHO, and CDEMG emergency planning and response teams to ensure a community-wide coordinated response to large scale emergency events
- Take an “all-hazards” approach to ensure the plan’s applicability for natural and man-made emergencies

1.7 Compliance

The BCP will enable <Name of Facility> to meet the requirements placed on health providers by:

- Contractual arrangements with MidCentral District Health Board
- NZ Public Health and Disability Act 2000
- Civil Defence and Emergency Management Act 2002
- National Civil Defence Plan Part 6 (Health)
- Health and Safety in Employment Act 1992

2 REDUCTION

2.1 Introduction

To initiate reduction, identify potential risks and hazards that may affect either the organization's operations or the demand for its services. Develop a strategy to reduce both the likelihood of an event and its possible impact to an acceptable level. The remaining areas of vulnerability should then be addressed in the Emergency Response Manual.

Reduction activities should be ongoing. Management and staff of <Name of Facility> will identify internal and external hazards and promote risk assessment activities to minimise the severity and potential impact on the facility.

- A hazard is any source of potential harm.
- Risk is the chance of something happening that will have an impact upon objectives. It is measured in terms of likelihood and consequences.

2.2 Identified Hazards

Natural Hazards

The most common natural hazards that may result in a major incident in the < Name of area> area are:

Consider the following, but create your unique list:

- Flooding
- Severe weather events
- Landslides
- Earthquake
- Volcanic Eruption
- High Tides

Man-made Hazards

The most common man-made hazards that may result in a major incident in the < Name of area> area are:

Consider the following, but create your unique list:

- Transportation of hazardous substances
- The storage and use of liquefied energy gases
- Trebling of the normal population during holidays and events leading to both a strain on utilities and crowded roads

2.3 Identified Risks

Based on the identified hazards, the following risks have been identified:

Consider the following, but create your unique list:

- Risk of roads being cut off and people and communities being isolated
- Risk of casualties
- Risk of an infectious disease outbreak (due to poor water quality)
- Risk of people being evacuated from their homes
- Risk of being without power or telecommunications
- Risk of a major transport accident

3 READINESS

3.1 Introduction

Readiness activities build the organisation's capacity to manage the effects of emergencies. During this phase, the <Name of Facility> manager and staff will develop plans and operational capabilities to improve the facility's effective response and recovery. Specifically, the facility will:

- Plan
- Communicate
- Train and Exercise

3.2 Plan

<Name of Facility> will integrate their planning and procedures with the PHO, MDHB and other local community health facilities. The facility staff will:

- Define the facility's role within the emergency response system: determine which response roles are expected and which are beyond the facility's capabilities
- Identify and contact other facilities in the area for possible response arrangements
- Set in place communication systems to report the facility's status and resource needs and to obtain or provide assistance to support the community-wide response

3.2.1 Roles and Responsibilities

<Name of Facility> will prepare for the following emergency response roles:
Consider the following, but create your unique list:

- Service provision
- Assistance with casualty management
- Support of early discharge patients in the community
- Replacement of lost or missing medication
- Provision of information and advice
- Working with social and welfare agencies to provide social and psychological support
- Treatment of non-casualty patients (business as usual)

The facility, PHO and the MDHB response relationships are:

Consider the following, but create your unique list:

In the reduction and readiness phase, this could include:

- Resource acquisition including group purchasing and shared equipment
- Training and technical assistance
- Coordinated planning
- Exercise coordination

In the response and recovery phases, this could include:

- PHO or MDHB coordinated facility assistance to facilities
- Information gathering and dissemination to other facilities
- Resource acquisition
- Public information
- Technical assistance

As soon as practicable following an emergency, the <Name of Facility> will provide a Situation Report to the PHO containing the following information:

- Nature of the emergency
- Impact of the emergency on facility operations
- Current operational status of the facility
- When the facility expects to become fully operational

<Name of Facility> manager must, either directly or through delegation:

- Develop Emergency Plans
- Take the role of Incident Controller to coordinate facility response activities.

All <Name of Facility> staff must:

- Be familiar with evacuation procedures and routes for their areas
- Become familiar with all basic emergency response procedures
- Participate in regular facility training and exercises (Exercises practice emergency response activities and improve readiness)
- Assume any additional specific response duties appropriate to their skills
- Prepare themselves, their families and homes for an emergency

3.2.2 **Content**

Based on the risks, hazards, roles and responsibilities identified in the Reduction section, procedures for the following can be found in Appendix 4.

Consider the following, but include any content essential to your own facility:

- Utilities failure
- Sudden increase in patient numbers
- Communications failure
- Relocation of Facility: Building failure
- Response to an external incident

3.2.3 **Business Continuity**

<Name of Facility> will take the following actions to increase its ability to maintain service delivery and restore essential services during and following an emergency event: These are general categories, put your own facility delivery strategies here:

- Initial Response Resources
 - Develop an Emergency Kit
 - Maintain up-to-date staff contact information
 - Maintain up-to-date building evacuation and hazard identification documents
- Resources
 - Develop plans to obtain needed resources (medical supplies, equipment and personnel)
 - Maintain a list of key suppliers and contact information
- Vital Records, Data and Sensitive Information
 - Protect medical records from fire, damage, and theft. If the facility is evacuated, provide security to ensure the privacy and safety of medical records
 - Provide offsite backup of financial and other data
 - Protect passwords, provider numbers and other sensitive information
 - Update plans to address interruption of computer processing capability
 - Maintain a contact list of vendors who can supply replacement equipment
 - Protect information technology from theft, virus attacks and intrusion

- Protect medical and business equipment
 - Compile a complete list of equipment serial numbers, dates of purchase and costs and store a copy offsite
 - Use surge protectors to protect equipment against electrical spikes
 - Secure equipment to floors and walls to prevent movement during earthquakes
 - Place fire extinguishers near critical equipment, train staff in their use, and inspect according to manufacturer's recommendations
- Relocate services
<Name of Facility> will, as is feasible and appropriate, take steps to prepare for an event that would make the primary facility unusable:
 - Identify a back-up facility for continuation of health service delivery
 - Establish agreements with nearby facilities to accept referrals of your patients
 - Establish agreements with nearby health facilities to allow your staff to see your patients at these alternate facilities
- Restore utilities
 - Maintain a contact list of utility emergency numbers
 - Ensure availability of phones that do not rely on functioning electricity
 - Request priority status for restoration of service from local service provider
- Protect equipment and systems that need a continuous power supply
The <Name of Facility> will take steps to prepare for power outages
 - Compile a list of essential equipment and systems that need continuous power
 - Determine the maximum length of time the facility can operate on emergency power (i.e. is emergency power for short term or for extended operations)
 - Determine power output needs
 - Determine location of nearest support equipment (e.g. alternative refrigeration) and supplies of selected fuels that can be accessed in an emergency
 - Locate, purchase or hire and install an emergency generator

3.2.4 **INFLUENZA PANDEMIC PLANNING**

Basic planning for an Influenza Pandemic remains the same as for any emergency. Yet, because an Influenza Pandemic would be both global and infectious the following ideas should be considered when planning:

Protecting People

- Modify workspace and practices to provide physical distance or separation
- Provide Personal Protective Equipment (PPE)
- Promote and provide for strict standard precautions for infection control
- Re-deploy staff from non-essential services to support essential services
- Ensure adequate ventilation and control access to buildings
- Limit annual leave in preparation for and during a pandemic

Financial Considerations

- Impact on cash flow due to late or non-payment of fees or other accounts
- Changes to work environment
- Procurement /storage costs for equipment and supplies
- Costs of training and increased use of supplies
- Increased telecommunications costs if staff work remotely
- Loss of revenue through staff illness or secondment

3.3 Communicate

Quick, effective and efficient communications remain essential in all phases of emergency management. Prearranged communication plans allow all agencies to be competent and confident with the contact numbers and systems to be used during a major incident.

The single point of contact information for <Name of Facility> is: Enter your information here

3.3.1 Information Distribution

External Notification

An external contact list of phone numbers for emergency response agencies, key vendors, stakeholders, and resources can be found in the <Name of Facility> Emergency Response Manual.

Staff Notification

An internal staff call back list can be found in the Emergency Response Manual and will be kept onsite as well as offsite at key locations by senior employees.

3.3.2 Communications Systems

Primary

Landline telephone, fax, email and cell phone. If telephones fail, standard telephone jacks that bypass the electronic phone system will be used. These jacks are used for fax machines and for telephones that do not require electricity to operate.

Alternative

Public pay phones, handheld radios (walkie-talkies). If telephone and radio communications are unavailable, runners may be used to convey messages between facilities. The facility maintains a battery-operated radio to hear up-to-date, official announcements during an emergency.

Testing and Maintenance of Equipment

All communications equipment will be tested and maintained twice per year. Batteries will be replaced per manufacturer's recommendation or as required. Viable spare batteries will be stored with equipment.

3.4 Train and Exercise

<Name of Facility> will participate in community exercises that assess the communication, coordination, and effectiveness of the facility's plan. The effectiveness of the Plan's administration will be analysed and evaluated following the plan's activation during actual emergencies or exercises.

All staff will be given the opportunity to attend training on the <Name of Facility> Emergency Management and Business Continuity Plan on a regular basis.

4 RESPONSE

4.1 Introduction

During this phase, <Name of Facility> will mobilise its resources and take all necessary actions required to manage an effective response to emergencies. The <Name of Facility> Emergency Response Manual should be used to guide all response activities.

4.2 Alert, Warning and Notification

Alert, warning, and notification may be received from any of following:

- Primary Health Organisation
- MidCentral District Health Board
- Manawatu – Wanganui Civil Defence Emergency Management Group
- Incident Controller of the health service provider

4.3 Response Activation and Initial Actions

The plan may be activated in response to either internal or external events. If the emergency significantly affects the facility's patient care capacity or the community served by the facility, the PHO will be notified as quickly as possible to assess what assistance other primary health providers may provide. Emergency status notification will be communicated to the MDHB by the PHO. This plan may also be activated at the request of the MDHB.

4.4 Response Operations

<Name of Facility> will align its emergency response structure to the Coordinated Incident Management System (CIMS) to clearly define roles and responsibilities and quickly mobilise its response. See Appendix 2.

4.5 Medical Care

<Name of Facility> will continue to use their established procedures as far as possible to attend to the needs of their patients (e.g. confidentiality, administration of first aid, transport.)

4.6 Acquiring Response Resources

The facility will carefully monitor medical supplies and pharmaceuticals and request augmentation of resources at the earliest sign that stocks may become depleted. The facility will use external resource suppliers if feasible.

4.7 Security

The <Name of Facility> will secure unsupervised, facility entry points during an emergency event.

4.8 Communications

The facility will use their primary or alternative systems to communicate as appropriate with:

- PHO and through them with MDHB's "single point of contact"
- Emergency Services
- Other facilities

All external communications will be authorised by the Practice Manager or designee.

4.8.1 Distribution of Information

Staff

The Practice Manager may liaise with the PHO or MDHB to deliver information to staff through flyers, meetings, and conference calls. The information provided may include facility status, impact of the emergency on the community, status of the overall response, and facility management decisions.

Patient Information

The facility may need to notify patients who's appointments are affected by the emergency event.

Media Relations

All media inquiries and public information regarding an emergency will be managed by the PHO or the MDHB. Media requests and responses regarding an emergency should be directed through these organisations. Information disseminated by the facility must be entirely consistent with information disseminated by official sources.

4.9 Increase Surge Capacity

The facility will activate its procedures for increasing surge capacity when (1) an emergency event affects the community or (2) facility use or anticipated use substantially exceeds the facility's day-to-day capacity.

- Actions <Name of Facility> will take to increase facility surge capacity include:
Consider the following, but create your unique list:
 - Establish a communication link with the PHO and/or MDHB
 - Provide Situation Reports and other information as requested
 - Reduce patient demand by postponing, cancelling and rescheduling non-essential appointments
 - Refer patients to alternative facilities where practical
- Triage procedures
<Name of Facility> will establish a triage area that is clearly delineated, secured and with controlled access and exit. In the triage area, <Name of Facility> will:
 - Isolate infected patients from other patients, especially if suspected agent is a human-to-human infectious agent or is unknown. Use standard contact, droplet and airborne infection control protocols as deemed necessary
 - Identify, register and prioritise all patients entering the triage area

4.10 Response to Emergencies

4.10.1 Internal Emergency

An internal emergency refers to an event that causes or threatens to cause physical damage or injury to the facility, personnel or patients. Refer to <Name of Facility>'s Emergency Response Manual for initial actions to internal emergencies such as fire, evacuation, natural event, security threat, terrorism and loss of essential services or information systems.

External events may also create internal emergencies. During the early stages of an emergency, information about the event may be limited. If the emergency remains internal to the facility, communicate with staff quickly.

If the event requires outside assistance and the telephones are not working, send someone to the nearest working telephone, fire station or police department for assistance and to notify the PHO.

Damage Assessment

<Name of Facility> will conduct a damage assessment to determine if an area, room or building can continue to be used safely or is safe to re-enter following an evacuation for an earthquake, flood, explosion, hazardous substance spill, fire or utility failure.

Hazardous Substance Management

<Name of Facility> will:

- Maintain a list of all hazardous substances, their material safety data sheets (MSDS), locations, and procedures for safe handling, containing and neutralizing them
- Keep the list both with the facility's Policies and Procedures or in another central, accessible location and in an offsite location
- Mark all materials contents clearly on the outside of their containers
- Indicate the storage areas on the facility floor plan

In the event of a hazardous substance release inside the facility, facility staff should follow the instructions outlined in the Emergency Response Manual.

Evacuation Procedures

If the facility may be evacuated (fire, etc.), refer to <Name of Facility> Facility Evacuation Plan/Emergency Response Manual for complete information. All staff should know:

- The exits from the building, location of emergency equipment including fire extinguishers, phones, and first aid supplies
- Where and how to shut-off the utilities, including:
 - electrical timers
 - water
 - computers
 - heating
 - telephones

4.10.2 External Emergencies

An external emergency affects the community and may directly impact the facility and its ability to operate. Examples include earthquakes, floods, fires, storm force winds, hazardous substance releases or an influenza pandemic.

Local vs. Widespread Emergencies

Local emergencies have effects limited to a relatively small area. In local emergencies, other health facilities and resources may remain relatively unaffected and therefore able to send assistance or receive patients from the emergency area.

In widespread emergencies, nearby medical resources may also be affected and therefore would be less likely to be able to offer assistance to the facility.

4.10.3 Facility Remaining Operational

Depending on the nature, severity and immediacy of the expected emergency <Name of Facility> will consider the following options:

- Close and secure the facility until after the emergency has occurred. Ensure patients and visitors can return home safely
- Allow facility to remain fully or partially operational
- Determine <Name of Facility>'s Response Role

If <Name of Facility> remains fully or partially operational following an emergency event, the appropriate response role for <Name of Facility> will depend on the following factors:

- The impact of the emergency on <Name of Facility>
- The level of personnel and other resources available for response
- The pre-event medical care and other service capacity of <Name of Facility>
- The community's medical care environment both before and after an emergency event as assessed by the MDHB
- The needs and response actions of the community's residents served by <Name of Facility> (e.g. convergence to the facility following emergencies)
- The priorities established by the <Name of Facility> regarding service continuity following an emergency event
- The degree of planning and readiness of <Name of Facility> and its staff

4.11 Infection Control Practices

All <Name of Facility> staff will continually practice appropriate infection and prevention practices to maximise safety and minimise the risk of infection transmission. Refer to <Name of Facility> infection control policy for further details.

Patient placement

Routine facility patient placement should be followed unless the event is too large whereby practical alternatives will be implemented. During a pandemic, once CBACs are established, patients with influenza-like symptoms **must** be directed to these facilities.

4.11.1 Mass prophylaxis

If the situation demands, <Name of Facility> will encourage its clinicians to participate in a mass prophylaxis program during an influenza pandemic.

5 RECOVERY

5.1 Introduction

Recovery actions begin with reduction and readiness activities and are directed at restoring essential services and resuming normal operations. Depending on the emergency's impact on the organisation, this phase may require significant resources and time to complete.

The Recovery Phase activities plan, assess, manage and coordinate the recovery as the facility returns to normal operations. During the Recovery Phase :

- Deactivate emergency response when the facility can return to normal or near normal services, procedures, and staffing
- Establish an employee support system to coordinate employee assistance processes
- Monitor affected patients and offer assistance or referral, as needed

5.2 Documentation

<Name of Facility> will immediately begin to gather and complete documentation of patient records and will document damage and losses of equipment.

5.3 Lost Revenue through Disruption of Services

Document all expenses incurred from the emergency. An audit trail will be required to assist with qualifying for any insurance claim or to support any claims processed by the MDHB for reimbursement assistance that may be available for costs and losses incurred by the facility as a result of the emergency.

5.4 Psychological Needs of Staff and Patients

Mental health needs of patients and staff are likely to continue during the recovery phase. The facility recognizes that the staff and their families feel the impact of community-wide emergencies. The facility will monitor staff and patient's and, when necessary, will refer them on to appropriate psychological services.

5.5 Restoration of Services

<Name of Facility> will take steps to restore services as rapidly as possible:

- If necessary, repair facility or relocate services to a new or temporary facility
- Replace or repair damaged medical equipment
- Expedite structural and licensing inspections required to re-open
- Facilitate the return of medical and other facility staff to work
- Replenish expended supplies and pharmaceuticals
- Decontaminate equipment and facilities
- Follow-up on rescheduled appointments

Appendix 1: Terms and Acronyms

TEMPLATE

Terms

Alternative Sites/Facilities - Locations, other than the primary facility, where business operations could continue during an emergency.

Continuity of operations - Plans and actions necessary to continue essential business and services and ensure continuation of decision making even if facilities are unavailable.

Community Based Assessment Centres (CBAC) - Facilities established in communities during a pandemic for patients with pandemic-related illness to seek advice and assessment. They will provide triage, clinical assessment, advice, and referral to health care.

Essential Functions - Services that implement the facility's core mission and goals. The extended loss of these functions, following an emergency, would create a threat to life/safety, or irreversible damage to the facility, its staff or its stakeholders.

Hazard Reduction - Measures taken by a facility to limit the severity or impact an emergency may have on its operation. Hazard reduction can be divided into two categories:

Structural Reduction: Reinforce, brace, anchor, bolt, strengthen or replace any portion of a building that may become damaged and cause injury, including exterior walls, exterior doors, exterior windows, foundation, and roof.

Non-structural Reduction: Reduce the threat from non-structural elements, including: inadequate personal protective equipment (PPE), light fixtures, gas cylinders, HAZSUB containers, desktop equipment, unsecured bookcases and other furniture.

Incident Management Team - The incident management personnel that carry out the functions of Incident Controller, Planning / Intelligence, Operations and Logistics according to the "Coordinated Incident Management System (CIMS)".

Medical Officer of Health - The senior public health official with legislative responsibilities and powers relevant to protecting the public from threats to health.

Multi-hazard Approach - A multi-hazard approach to emergency planning evaluates all threats including the impacts from all natural and man-made emergencies.

Single Point of Contact - A facility contact that does not rely upon a single, identified person (i.e. email address should be accessible by multiple staff; a phone number and fax that are the main numbers for your practice, not an individual's extension.) The single contact point enables quick and efficient communication of up-to-date information in a community-wide emergency both within and outside of business hours.

Standard Operating Procedures - Pre-established procedures that guide how the organization and its staff perform certain tasks.

Code Alert - A notice containing information on an event that is affecting or has the potential to affect a facility. They are categorised into four colours:

- Code White – Information
- Code Yellow – Stand By
- Code Red – Activate
- Code Green – Stand Down
- Facility -- any primary/community health service provider.

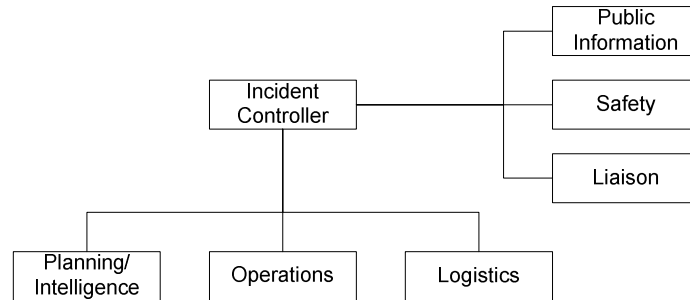
Acronyms

<i>CDEM</i>	Civil Defence Emergency Management
<i>CIMS</i>	Coordinated Incident Management Team
<i>DHB</i>	District Health Board
<i>BCP</i>	Business Continuity Plan
<i>EOC</i>	Emergency Operations Centre
<i>GP</i>	General Practice
<i>IMT</i>	Incident Management Team
<i>MoH</i>	Ministry of Health
<i>MSDS</i>	Material Safety Data Sheet
<i>OSH</i>	Occupational Safety and Health
<i>PHO</i>	Primary Health Organisation
<i>PPE</i>	Personal Protective Equipment
<i>CDEMG</i>	Manawatu - Wanganui Civil Defence Emergency Management Group
<i>MDHB</i>	MidCentral District Health Board

Appendix 2: Coordinated Incident Management System (CIMS)

TEMPLATE

The CIMS model is modular and can be scaled according to need.



Incident Management Team responsibilities:

The duties for each position are set out in the Emergency Response Manual. All key personnel will wear identification during the response phase.

Incident Controller

Directs response activities in an emergency situation and is **in charge** at an incident. The Incident Controller fulfils all the management functions until the incident requires additional appointments.

Information Officer

Handles all media inquiries and coordinates the release of information to the media.

NOTE: All media information (inquiries, releases) from a community-wide event will be handled by the MDHB Communications.

Safety Officer.

Monitors conditions and develops measures for ensuring the safety of all personnel.

Liaison Officer

Is the on-scene contact for other (external) agencies assigned to the incident.

Planning/Intelligence

Gathers, evaluates and disseminates information about the incident and the status of resources. Planning / Intelligence facilitates the creation of the incident action plan, which defines the response activities and the use of resources for a specified time period and is also in charge of long-term planning.

Operations

Coordinates activities and receives and implements the incident action plan. Operations are normally the first function delegated. The Operations Manager determines the required resources and organisational structure within the Operations Section.

Logistics

Logistics provides facilities, materials, services and resources – including personnel – in support of the incident. Logistics takes on great significance in long-term or extended operations.

Appendix 3: Readiness Resources

TEMPLATE

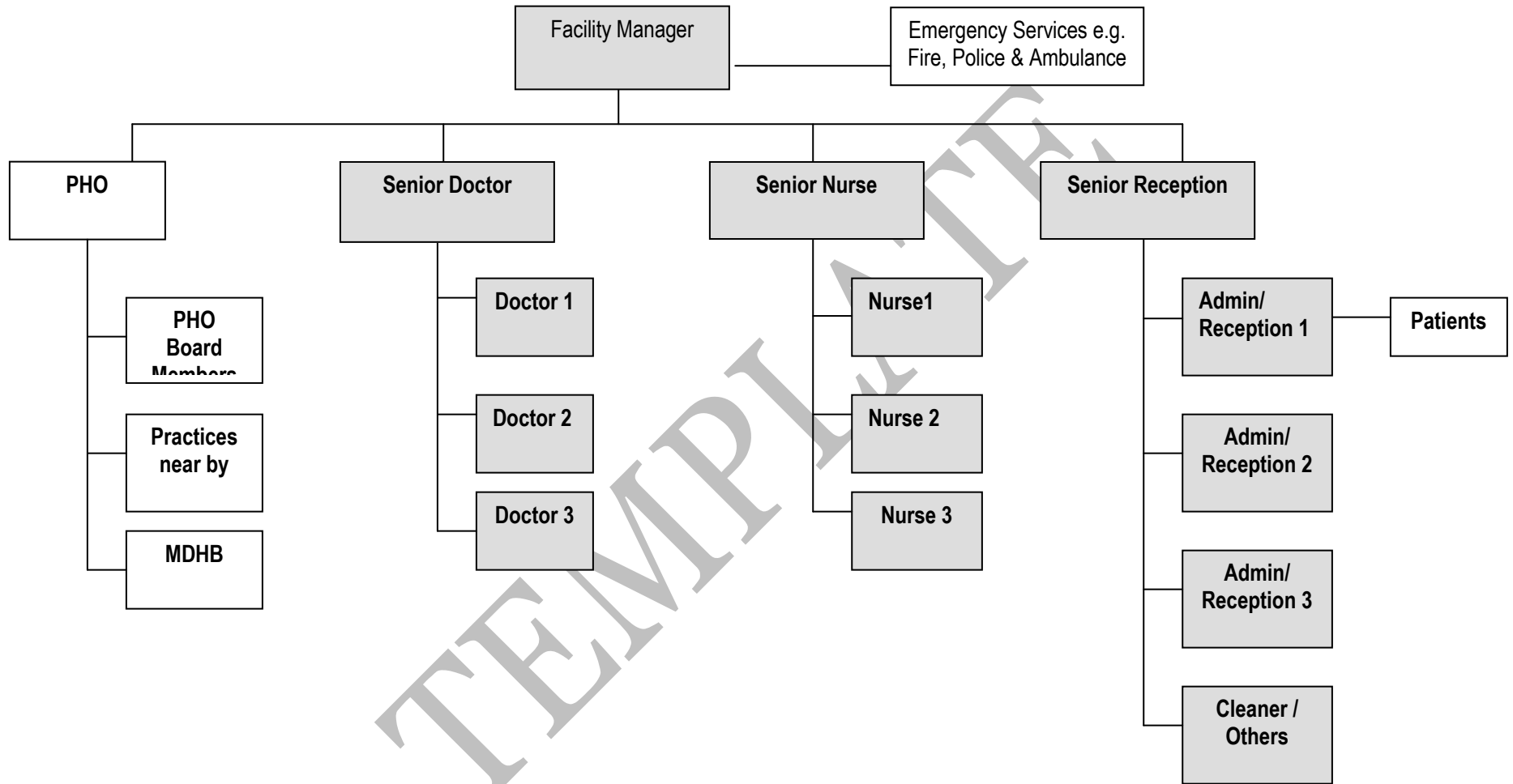
Staff Detail Sheet

Last Updated.....

Confirm every 6 months

Staff Member:			
Home Address			
Travel Time from facility			
Home Phone			
Mobile Phone			
Home Email Address		Frequency Accessed: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other – specify -----	
Work Email Address		Frequency Accessed: <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other – specify -----	
Preferred method of contact during off hours			
Position Held		Doctor	Facility Manager
		Nurse	Admin/Reception
			Midwife
			Other (Specify)
Next Of Kin:			
Name			
Relationship			
Phone Number		Mobile Number	
Date Completed		Completed By	

Staff Emergency Communications Tree



Essential Suppliers

Date Last Updated.....

Supplier Name	Customer #	Email	Phone	Fax	Essential Item(s)	Contact Person
Medical						
EBOS						
McLaren Medical						
BOC Gases						
USL						
Vaccines						
Propharma						
Healthcare Logistics						
MS & D						
GSK						
Office Supplies						
Office Max						
Warehouse Stationery						
Medical Waste						
Dental & Medical Supplies						
Refuse						
Waste Management						
Laboratory Supplies						
Medlab Central						
Equipment Maintenance						
Dental & Medical Supplies						

Information Technology and Communication Information

Date Last Updated.....

Computer Hardware			
IT service provider:			
Do you have a support agreement with your service provider?	Yes	No	
What hours they are available			
Can they replace or repair your server hardware?	Yes	No	
Is your server under warranty?	Yes	No	
The warranty expires on			
Are your daily backups stored off site?	Yes	No	
Names of other staff who know how to gain access to them if required			
Copies of all the software are kept			
Copies of all the serial numbers and passwords are kepte.g.			
<input type="checkbox"/> MedTech license details <input type="checkbox"/> Healthlink pass phrase & original letter <input type="checkbox"/> Digital certificate floppy disk <input type="checkbox"/> Windows/backup software serial numbers <input type="checkbox"/> Firewall router username and passwords <input type="checkbox"/> DSL username and password if applicable			
Backup media and other important site information is in a fire-proof safe?	Yes	No	
Backup media and other important site information is kept			
List of important contact details is kept			
The backup staff members who are also familiar with all of the above are			
Communication			
Telephone:			
The onsite telephone (not cell phone) that will function during a power outage is			
Will incoming calls from patients automatically link to it?	Yes	No	
All staff know how to work it?	Yes	No	
Access to a two-way radio system is available through			
Documents & Records			
Portable packs are ready for use in an emergency event and stored			
OR			
The following forms are readily available for use in an emergency event.			
	Located:		
• Front page templates for patient details			
• ACC forms			
• ED referrals			
• Radiology			
• Laboratory			
• Prescription			
• Clinical notes paper			
• Envelopes			
Spare Pens & pencils are located in			

Key Contact Numbers

Date Last Updated.....

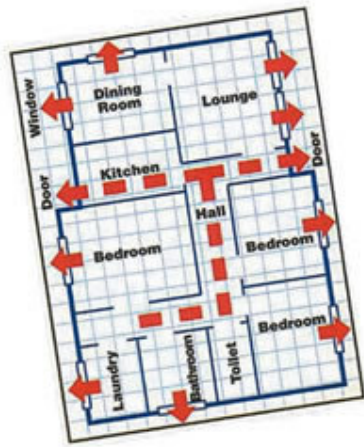
Emergency/Health Contacts	Email Address	Ph	Fax number	Contact person
Public Health Unit				
MDHB – Single Point of Contact				
PHO – Single Point of Contact				
Local Fire				
Local Ambulance				
Local Police				
After Hours Medical Centre				
Nearest medical centre 1				
Nearest medical centre 2				
Pharmacy				
Civil Defence Emergency Management				
Utilities and services				
Power Company				
Telecommunications				
Refuse				
Medical waste				
Cleaner				
Laundry				
Sewerage services				
Security Alarm				
Glazier				
Electrician				
Plumber				
Information Technology support				
Building Owner				
Lawyer				
Accountant				
Insurance Company				

Building Evacuation Floor Plan and Hazard Identification

Date Last Updated.....

Draw your floor plan and on it note the following:

- Identify your main evacuation routes using red arrows
- Identify patient areas
- Identify any hazardous substances e.g. stores of cleaning chemicals
- Identify any medical gases
- Identify main storage areas
- Identify fire extinguishers and hoses
- Identify location of emergency equipment and supplies



Note: This house floor plan provides an example only.

Note: If your practice does not yet have an identified “Evacuation Scheme,” go to NZ Fire Service website: <http://www.fire.org.nz> and use their sample Evacuation Advice, schemes and procedures.

Note:

1. The above house, floorplan image is also accessible from the NZ Fire Service website. On this site you can also find sample wall posters such as “Fire Evacuation Wall Notice”.
2. The evacuation floor plan and hazard identification should be lodged with the NZ Fire Service on a voluntary basis. NZ Fire Service will then be aware of the hazards in your premises and can respond appropriately to any emergency call.

Emergency Kit

Date Last Updated..... Confirm every 6 months ensuring current used by dates

Suggested Contents for an Emergency Kit

Most facilities have a well-stocked storage room. Please use this list as a guide.

Please assess volume requirements for your own practice.

In the case of an influenza pandemic the MDHB will provide PPE to primary care staff working in a CBAC.

Item	# required
Disposable gloves	
Disposable Gowns/Aprons	
Eye Protection – shields or goggles	
Hand wash	
Alcohol Hand Gel	
N92 Respirators	
Surgical masks	
Individually-wrapped sterile adhesive dressings (assorted sizes)	
Sterile eye pads	
Individually-wrapped triangular bandages (preferably sterile)	
Medium, individually-wrapped sterile non-surgical wound dressings - approx 12 cm x 12 cm	
Large sterile individually-wrapped non-surgical wound dressings - approx 18 cm x 18 cm	
Resuscitation mask	
Adhesive tape	
Thermal blankets	
Rubbish Bags	
Safety pins	
Crepe bandages	
Scissors	
Non adherent pads	
Thermometer	
Disposable Facial Tissues	
Paper towels	
Splints	
Analgesics	
Normal Saline	
Burn gel	
Tetanus toxoid	
Steri strips and suture material	
Appropriate MPSO stocks (e.g. antibiotics, paracetamol)	

Infection Preventing and Control Equipment

Date Last Updated.....confirm supplies every 6 months

The following list has been developed by the British Medical Association & Royal Council General Practitioners as an interim infection control guideline for planning for pandemic influenza for General Medical practices. It may be useful in your planning.

What	Guide to assumed usage Each practice to form judgements based on list size & local arrangements	Total for this practice per pandemic week	Supplies available	Supplies shortfall
Liquid soap	1.5 x current usage			
Alcohol hand gel	150 ml bottle per clinician every 2 days and non-clinician every 15 days			
Disposable gloves	3 x current usage			
Aprons disposable	3 per clinician per day			
Gowns	3 per clinician per day			
Surgical masks*	2 per patient consult as required for infection control			
N95 Respirators*	As appropriate for activity, with all staff trained and fitted			
Eye protection	One kit per clinician			
Alcohol wipes	3 x current stock			
Paper towels	1.5 x current usage (need to reflect use of other towels, air dryers & replace same)			
Facial tissues	3 x current usage			
Biohazard waste bags	1.5 x current usage			
General cleaning materials	3 x current usage			
Detergent wipes	150 per practice per day			
Toilet paper	1.5 x current usage			
Vomit bags	3 x current usage			

* Refer to NZ Influenza Action Plan for the appropriate level of protection and risk categories for healthcare workers and first responders.

*Another consideration for volume of personal protective equipment required could be to use the numbers in the Ministry of Health predicted model for influenza pandemic as follows.

Weekly Totals	Total	WK 1	WK 2	WK 3	WK 4	WK5	WK 6	WK 7	WK 8
% of Infected Population	100%	1%	5%	24%	32%	24%	8%	4%	2%
% of Whole Population		0.4%	2.0%	9.6%	12.8%	9.6%	3.2%	1.6%	0.8%
Predicted patient presentation to a practice with an enrolled population of 1000		4	20	96	128	96	32	16	8

The lower limits suggested above are thought to be an **absolute minimum**.

Appendix 4: Response Procedures

TEMPLATE

EMERGENCY PLAN ACTIVATION		
INTERNAL INCIDENT		EXTERNAL INCIDENT
NOTIFICATION	NON-CLINICAL EMERGENCY May include fire, utility failure, security incident, etc. Staff member rings 111 or runner goes to Police Station, Fire Station, Ambulance Station, Civil Defence HQ or the Hospital. Provide correct DETAILS TO EMERGENCY SERVICES	DEVELOPING OR PLANNED EVENT Management decision to manage situation as an emergency. Possibilities: <ul style="list-style-type: none"> • Epidemic notified • Large influx of patients • Large numbers of patients discharged early from hospital to free up beds
	MASS CASUALTY, FLOOD, EARTHQUAKE ETC. The Practice may be informed of the emergency from the following sources: <ul style="list-style-type: none"> • Ambulance • Concerned member of the public • Public Health Unit • Medical Officer of Health • Hospital • Police • Fire • Civil Defence • Ministry of Health PEOPLE SHOULD NOT SELF-COMMIT TO EXTERNAL INCIDENTS. AVAILABILITY SHOULD BE EXPRESSED THROUGH THE PHO or MDHB	
The Practice Manager or designate informs appropriate staff and, if necessary, asks them to return to the centre. The Practice Manager coordinates the response to the emergency.		
OPERATION	INTERNAL INCIDENT 1. Check for hazards; remove people from danger 2. Assess and request immediate assistance/action required 3. Develop a situation report: confirm the nature and size of emergency. (Template in Appendix 5) 4. Decide whether to request outside assistance 5. Develop a plan (Template in Appendix 5) <ul style="list-style-type: none"> • access/egress to site • allocation of roles/resources • calling in relevant staff • public information • situation duration • communication with other services 6. Designate a spokesperson to liaise with agencies	EXTERNAL INCIDENT 1. Receive request for assistance from the DHB, PHO or other previously identified agency. 2. Assess capacity to provide the support requested while still maintaining critical services 3. Assess equipment and supply needs at external site 4. Identify personnel for the external location 5. Clarify where the team should report 6. Designate a single spokesperson to liaise with other responding agencies
	Once level of response decided, possibilities include: <ul style="list-style-type: none"> • Initiate and establish communication and liaison with Hospital, Public Health, and other response agencies • Set up a public information centre • Set up a first aid station • Initiate staff callback • Contact patients in the community • Provide a team to work at another location 	

*The suggested formats contain the components required for adequate assessment and planning. Although the situation report and plans developed remain unique to <Name of Facility>, all the components in the templates must be addressed.

BUILDING, WATER OR POWER FAILURE	
Definition	<p>Category 1: Temporary loss with minimal impact; can be remedied quickly.</p> <p>Category 2: Critical facility or system loss for an unknown length of time. Major disruption with significant ramifications.</p> <p>Category 3: Widespread loss of facilities or systems with serious, immediate or long-term consequences.</p>
Key equipment affected	<ul style="list-style-type: none"> • Computers • Patient records • Stock records • Scheduling system • Drug fridge(s) • Air conditioning • Alarm/security systems • Lighting • Heating • Air Conditioning • Sewerage • Drinking/washing water
Risk Reduction	<ul style="list-style-type: none"> • Know main switches locations • Back up computer files daily • Ensure Laptop available • Use surge-protectors on power sources • Label critical equipment for immediate attention or removal in an emergency • Identify alternative refrigeration • Ensure alternative heating available • Pre-organise arrangements with security personnel • Identify alternative premises • Practice and document emergency plan with all staff
INCIDENT OCCURS	
Initial Assessment (Situation Report)	<p>Assess:</p> <ul style="list-style-type: none"> • Immediate safety of patients and staff • Impact on critical functions • Immediate and long-term consequences • Immediate and long-term requirements • Impact on staff (they may need to phone or go home) • Short, medium and long-term impact on patients • Services which can continue to be provided • Services which cannot be provided • Need for more staff • Need for external support • Need to vacate premises
Possible Action (Incident Action Plan)	<p>Turn off mains water or power as necessary.</p> <p>Category 1:</p> <ul style="list-style-type: none"> • Monitor fridge temperatures until power restored • Use stand-alone PC and back-up files • Evacuate a section of the building <p>Categories 2 & 3:</p> <ul style="list-style-type: none"> • Relocate • Use back-up computer files and laptop • Transfer drugs requiring refrigeration to other facilities • Use security personnel to guard premises • Use alternative lighting and heating sources • Provide information to patients
Recovery	<ul style="list-style-type: none"> • The Practice may not move back into the building until it is declared safe by a building inspector • The Practice should expect an increase in patients with psychological problems for up to six months-two years after the incident • Information and advice about the psychological effects of the incident should be available • Critical Incident Stress Debriefing should be made available to all members of the team • Emergency plans should be reviewed and updated • The Practice should take part in any community event reviews or debriefs

SUDDEN INCREASE IN PATIENT NUMBERS			
Definition	An increase in patients due to a local or regional emergency. People may require treatment, health screening, replacement of missing medication or psychological support.		
Key issues	Referrals may increase as hospital discharges patients early to make way for casualties Patients unknown to the practice will have no records or history available People will be directed to Practices to stop hospitals being overwhelmed Potential urgent need for more supplies Staff might increase to manage numbers Patient anxiety and distress may increase the need for security management		
Risk Reduction	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Ensure the Practice is involved in local Civil Defence/emergency management planning and exercises Identify sources of extra supplies Maintain up to date staff contact lists Identify and maintain communication with neighbouring practices </td> <td style="width: 50%; vertical-align: top;"> Identify alternative premises Maintain communication with the Hospital/Health Board Pre-organise arrangements with security personnel Pre-organise patient information (how people might expect to feel following an emergency; how children might react, etc.) </td> </tr> </table>	Ensure the Practice is involved in local Civil Defence/emergency management planning and exercises Identify sources of extra supplies Maintain up to date staff contact lists Identify and maintain communication with neighbouring practices	Identify alternative premises Maintain communication with the Hospital/Health Board Pre-organise arrangements with security personnel Pre-organise patient information (how people might expect to feel following an emergency; how children might react, etc.)
Ensure the Practice is involved in local Civil Defence/emergency management planning and exercises Identify sources of extra supplies Maintain up to date staff contact lists Identify and maintain communication with neighbouring practices	Identify alternative premises Maintain communication with the Hospital/Health Board Pre-organise arrangements with security personnel Pre-organise patient information (how people might expect to feel following an emergency; how children might react, etc.)		
INCIDENT OCCURS			
Initial Assessment (Situation Report)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Assess: Immediate safety of patients and staff Staff resource requirements Need for extra supplies and equipment </td> <td style="width: 50%; vertical-align: top;"> Need for external support/assistance Need to change usual work-flow patterns Need to set up a triage area. </td> </tr> </table>	Assess: Immediate safety of patients and staff Staff resource requirements Need for extra supplies and equipment	Need for external support/assistance Need to change usual work-flow patterns Need to set up a triage area.
Assess: Immediate safety of patients and staff Staff resource requirements Need for extra supplies and equipment	Need for external support/assistance Need to change usual work-flow patterns Need to set up a triage area.		
Possible Action (Incident Action Plan)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Establish entry and exit points and best 'flow' of patients Appoint a triage officer – a nurse, leaving doctors free for assessment and treatment Classify patients urgent and non-urgent Designate 'urgent' and 'non-urgent' waiting areas </td> <td style="width: 50%; vertical-align: top;"> Consider establishing a separate children's area Register all people reporting to the facility Consider asking 'non-urgent' patients to return later Consider requesting assistance from St. John, CD, Red Cross or local health providers </td> </tr> </table>	Establish entry and exit points and best 'flow' of patients Appoint a triage officer – a nurse, leaving doctors free for assessment and treatment Classify patients urgent and non-urgent Designate 'urgent' and 'non-urgent' waiting areas	Consider establishing a separate children's area Register all people reporting to the facility Consider asking 'non-urgent' patients to return later Consider requesting assistance from St. John, CD, Red Cross or local health providers
Establish entry and exit points and best 'flow' of patients Appoint a triage officer – a nurse, leaving doctors free for assessment and treatment Classify patients urgent and non-urgent Designate 'urgent' and 'non-urgent' waiting areas	Consider establishing a separate children's area Register all people reporting to the facility Consider asking 'non-urgent' patients to return later Consider requesting assistance from St. John, CD, Red Cross or local health providers		
Recovery	The Practice should expect an increase in patients with psychological problems for up to six months - two years after the incident Information and advice about the psychological effects of the incident should be available Critical Incident Stress Debriefing should be made available to all members of the team Emergency plans should be reviewed and updated following the event The Practice should take part in any community event reviews or debriefs		

TELECOMMUNICATIONS FAILURE	
Definition	<p>Category 1: Temporary loss with minimal impact; can be remedied quickly.</p> <p>Category 2: Systems lost for an unknown length of time. Disruption is major with significant ramifications.</p> <p>Category 3: Widespread loss of systems with serious immediate or long-term consequences. Remedies not easily forthcoming.</p>
Key equipment affected	<ul style="list-style-type: none"> • Computers • Patient records • Stock records • Scheduling system • Phones • Faxes • Any computer-reliant equipment
Risk Reduction	<ul style="list-style-type: none"> • Computer files backed-up daily, back-up stored off-site • Laptop available; batteries charged at all times • Critical equipment labelled for immediate attention or removal in an emergency • Mobile phones and spare batteries available • Alternative ways of communicating with key contacts/suppliers identified • Emergency plan documented, practised, and known by staff
INCIDENT OCCURS	
Initial Assessment (Situation Report)	<p>Assess:</p> <ul style="list-style-type: none"> • Immediate safety of patients and staff • Which systems are actually affected (i.e. land-lines, mobile network, or both), and impact on critical functions • Immediate and long-term consequences • Immediate and long-term requirements • Services that can continue to be provided • Services that cannot be provided • Need for external support
Possible Action (Incident Action Plan)	<ul style="list-style-type: none"> • Use stand-alone PC, laptop and back-up files • Use mobiles • Establish communications processes • Relocate to other premises
Recovery	<p>Remember:</p> <ul style="list-style-type: none"> • Both land-lines and the mobile networks may be affected • Review telecommunications requirements following the incident • Review and update emergency plans following the event • Attend any community event reviews or debriefs

RELOCATION OF ALL OR PART OF THE FACILITY				
Risk and Impact	Contingency	Requirements	Relocation options	Tasks
<p>Problem:</p> <p>Unable to care for clients safely in current environment.</p> <p>May be due to:</p> <ul style="list-style-type: none"> • Electrical failure • Biohazard • Flood • Structural damage • Lack of staff <p>Impact:</p> <ul style="list-style-type: none"> • Inability to provide optimal level of service • May be an unsafe environment for clients and staff. 	<p>May include:</p> <ul style="list-style-type: none"> • Calling in staff • Pre-arrange relocation • Pre-arrange transport • Identify key equipment, supplies and facilities required at an alternative location (list located.....) 	<p>Pre planning:</p> <ul style="list-style-type: none"> • Identify key equipment and supplies requirements for each area. Keep the list handy and check/update regularly. • Establish and trial staff contact trees. • Ensure staff knows emergency plans. • Agree on Mutual Aid Operating Protocols with other providers 	<p>Identify List:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Designate one person as 'in-charge' during the incident – possibly the designated Building Warden. This person will coordinate the response <input type="checkbox"/> Keep staff/patients and visitors informed <input type="checkbox"/> Ensure staff can ring their family/whanau if necessary/able <input type="checkbox"/> Decide with Practice Manager the appropriate response <input type="checkbox"/> Identify and make a note of needs: supplies, pharmaceuticals, cars, drivers, cleaners, food, needs at new location, extra security, assistance with lifting/carrying etc <input type="checkbox"/> Ensure event debrief/review is carried out. <input type="checkbox"/> Arrange Critical Incident Stress Debriefing as necessary.

RESPONSE TO AN EXTERNAL EMERGENCY	
Definition	<p>If there is a public health outbreak (e.g. pandemic) or, for any reason, local health providers/ hospitals are overwhelmed, the practice may be asked to assist with:</p> <ul style="list-style-type: none"> • Reception or evacuation centres • Replacement of missing medications • Health screening • Providing information and advice to the public • Providing social and psychological support in conjunction with social services
Risk Reduction	<ul style="list-style-type: none"> • Ensure the Practice is familiar with the local Civil Defence/Emergency Management Plan and its expected role in a community emergency • Identify critical equipment and supplies for a community emergency • Identify staff members for a community assistance team • Take part in community planning and exercises • Ensure that mobile phones and spare batteries are available
ASSISTANCE REQUESTED	
Initial Assessment (Situation Report)	<ul style="list-style-type: none"> • If the request is for staff to go off-site, Is the practice able to spare staff? • Will arrangements need to be made for medium to long term assistance? • What equipment and supplies are required, and are they available? • How long will the assistance be required?
Possible Action (Incident Action Plan)	
Recovery	<ul style="list-style-type: none"> • Assess the cost of materials and equipment used • Offer staff Critical Incident Stress Debriefing • Take part in community debrief • Update response plans

Appendix 5: Response Forms

TEMPLATE

Facility System Status Report		
Report No:	Facility Manager:	
Date:	Time:	
System	Operational status – fully, partially or not functional	Comments (if not operational, Why? What do you need for repairs? How long will repairs take?)
Structural components		
Electrical power – primary source		
Electrical power – backup generator		
Water		
Oxygen		
Other medical gases		
Diesel for generator		
Fire prevention/mitigation components		
Autoclave		
Water heater & circulators		
Telephone		
Fax		
Radio equipment – battery operated		
Video-television cable		
Non-structural components		
Other		

Request for Assistance			
Date:	Time:		
Requested by:			
Organisation:			
Contact Details:	Address:	Phone:	Fax:
Request to:			
Organisation:			
Request:			
Time Frame request required by (if possible):			
Action(s) Taken:			
Person Completing Form: (Please print)			

Facility Name:		SITUATION REPORT (short + facility status report) (Page 1/2)	
Incident:		Assessment: (note any critical issues and assumptions made. Attach a map or drawing of incident.)	
Report Number :			
Date: / / (DD/MM/YY)	Time: : (24hr):		
Prepared by: (Name/Title)			
Incident Controller:			
Contact Details: (EOC or alternative)			
Next Report Expected at: (date/time)			
Action Taken:			
Resources: (in place)		Resources: (that may be required)	
Factors: (What weather and other factors or limitations might exist?)			
Predicted incident development: (How might this situation evolve, including patient numbers?)			
Planned Actions: (How do you plan to respond to the predicted incident development?)			

