

Department of Health

health

Residential aged care services natural hazards ready resource



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natural hazards ready resource

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Preface

Naturally occurring hazards such as bushfires, heat, floods and storms can and do happen in Victoria, and in recent years there have been a number of large-scale emergencies that have had devastating impacts.

From the 2009 'Black Saturday' bushfires through to the 2010–12 floods, more than 1,000 older Victorians have been relocated or evacuated from 34 residential aged care facilities, while a number of other residential aged care services decided to shelter in place during these events.

Lessons learnt show the importance of residential aged care providers having plans in place and being ready to undertake a planned relocation or to shelter in place in response to pre-warned hazards. Providers should also be ready to undertake an emergency evacuation in response to an unanticipated or fast-moving emergency. However, an evacuation of this nature should always be the last resort and avoided where at all possible because they pose the greatest risk to residents, staff and emergency services personnel.

Experience has shown that where residents have been relocated they are best cared for in a safe and similar environment to that where they ordinarily reside. Other residential aged care services should therefore also be ready because they may be called on to provide assistance to residents who need to be relocated.

Significant work has been undertaken across government at all levels, emergency services and the health and aged care sector to plan for and respond to a broad range of hazards.

Following on from the bushfire ready and heatwave ready resources, which were developed and distributed to the residential aged care sector in 2009–10, we are now pleased to provide the *Residential aged care services natural hazards ready resource* to all providers to help prepare for a broader range of hazards.

Being prepared for both pre-warned hazards and unexpected emergency situations is important for all residential aged care services. Some services are located in communities that have been specifically identified as being at high risk of a natural hazard, while other areas may equally be affected by a local event.

That's why the department has designed this resource specifically to support your service in its planning and preparations for hazards including bushfires, heat, storms and floods. These arrangements are vital so your service is best positioned to make informed decisions and act early in the interests of your residents, staff and business.

I encourage all providers of residential aged care services to work through the important and useful information outlined in this resource when developing and reviewing emergency plans.



Professor C W Brook PSM

State Health and Medical Commander
Department of Health, Victoria

November 2012

Acknowledgements

The *Residential aged care services natural hazards ready resource* has been developed by the Department of Health's Ageing and Aged Care Branch in partnership with other parts of the department.

Contributions have been made by a range of aged care services, experts and sector representatives including the Commonwealth Department of Health and Ageing, the Aged Care Standards and Accreditation Agency, Leading Age Services Australia (Victoria), Ambulance Victoria and the Municipal Association of Victoria.

We would especially like to thank the following residential aged care services for sharing their experiences of successfully relocating residents during recent natural disasters:

Beechworth Health Service Residential Care Program, Beechworth

Hillview Bunyip Aged Care, Bunyip

Lifeview Emerald Glades, Emerald

Castlemaine Health, Castlemaine

Tarago Views Aged Care, Neerim District Soldiers Memorial Hospital, Neerim South

Trentham Hostel and Nursing Home, Hepburn Health Services

Strzelecki House, Mirboo North

Westernport Nursing Home and Killara Hostel, Koo Wee Rup Health Service

The photographs on pages 40, 50, 61, 76 & 85 were kindly provided by the Country Fire Authority.

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Key definitions

Emergency

An emergency includes an earthquake, flood, windstorm or other natural event; a fire; an explosion; a road accident or any other accident; a plague or an epidemic; a hijack, siege or riot, a warlike act within Victoria or any other state or territory; or a disruption to an essential service.

Emergency services

For the purposes of this resource, emergency services is a general term for a range of Victorian agencies including the Country Fire Authority, the Metropolitan Fire Brigade, Victoria Police and the Victoria State Emergency Service, as well as Ambulance Victoria, which works closely with other emergency services.

Relocation

A relocation is the planned movement of residents and an appropriate number of staff from a residential aged care service to alternative accommodation with a similar type of care available, in response to a forecast or warning of a potential or actual emergency.

Relocation is initiated by the residential aged care service prior to an emergency impacting or posing a significant threat, and is conducted with a long lead time.

Shelter in place

To shelter in place is to remain on site within an existing residential aged care facility during an emergency. The decision to shelter in place is based upon information this option is safer or more appropriate than relocation.

Shelter in place is initiated by the residential aged care service prior to an emergency impacting or as per advice from emergency services during an emergency.

Evacuation

An evacuation is the urgent movement of residents and an appropriate number of staff from a residential aged care service in response to an imminent threat or actual impact of an emergency.

Evacuation is initiated by the residential aged care service or recommended by an emergency service agency, and will occur with limited notice, planning and resources.

Dependent upon the emergency, an evacuation may be partial, progressive or full and involve:

1. A lateral and/or vertical movement within a building
2. Movement outside or into another more safer building
3. Movement to a more safer location (eg. Another residential aged care service)

Evacuation is considered to be the least preferred option. However, in some sudden onset emergencies where there is limited time and information, emergency evacuation may be the only option available to a residential aged care service.

1. Purpose

1. Purpose

The *Residential aged care services natural hazards ready resource* has been prepared to help Victorian residential aged care providers develop plans that equip them to effectively respond to natural hazards. In Victoria, the most common natural hazards are bushfires, heat, floods and storms.

This resource has been adapted from the *Residential aged care services bushfire ready resource*. Aged care providers can use the principles of the natural hazards ready resource to plan for other types of hazards.

It has been developed to complement regulatory and other requirements set by the Commonwealth Department of Health and Ageing that aim to ensure providers deliver appropriate care and services to residents and to have effective plans and systems in place to respond to potential and actual emergency situations.¹



Boards, company directors and managers need to consider how they will respond to a broad range of hazards to ensure the delivery of safe and continuous care to residents.

The Victorian Department of Health does not mandate relocation. It is the responsibility of boards, company directors and management to prepare, have plans in place and make informed decisions. Decision making is best done at the local level in light of local conditions and resources.

¹ Current aged care accreditation requirement – Expected outcome 4.6: Fire, security and other emergencies. This expected outcome requires that management and staff are actively working to provide an environment and safe systems of work that minimises fire, security and other emergency risks.

The resource focuses on a range of important considerations that can impact on your preparedness for natural hazards and includes some specific factors that are unique to residential aged care services. Anecdotes from residential aged care providers about their real-life experiences are included, along with some prompts for your planning considerations.

This resource will also be useful for residential aged care services that may be in a position to offer temporary care and services to residents who may need to be relocated to your facility.

Residential aged care providers should use this resource in conjunction with other information available when developing or reviewing plans for risks associated with natural hazards.

Aged care providers need to work in partnership with local government and emergency services in developing their plans.

2. Key roles and responsibilities in emergency management

2. Key roles and responsibilities in emergency management

Emergency management planning occurs at national, state, regional and local levels through various planning committees. Response to an emergency occurs at a variety of levels ranging from the local level through to regional and state. The level of response is dependent on a number of factors including the size and scale of the emergency.

Having an understanding of the key roles and responsibilities for emergency management provides the basis for a planned and integrated approach to managing emergencies within the context of residential aged care services.

In September 2009 Commonwealth and state/territory Ministers for Ageing endorsed an approach to the respective roles of the different levels of government in working with residential aged care providers to manage emergency events.

Residential aged care services

Your service has a responsibility under Commonwealth legislation to have emergency management plans in place, to exercise informed decision making and to take responsibility to protect the health and safety of residents and staff. Your service's emergency management plan needs to link into the broader community emergency frameworks.

In view of this, residential aged care services should:

- have current emergency management plans and systems in place that link with local emergency planning arrangements, incorporate a comprehensive risk management approach taking an 'all hazards' approach, and consider the local environmental context
- actively engage with local government and emergency services to understand the emergency management and response system in your area
- understand the key issues in making informed decisions about whether to leave through relocation or evacuation, or stay and shelter in place during emergency events
- ensure all resident care plans are up to date, easily accessible and consider the residents' needs in a range of possible emergencies
- ensure all staff are trained in implementing the emergency management plan, including addressing individual resident's needs (these efforts should include consultants, visiting staff and volunteers)
- communicate emergency management plans to relevant stakeholders, for example, family members and related service providers.

Local government

Working in partnership with agencies at the municipal level, local government has a range of responsibilities in emergency management including:

- planning and preparing for emergency events
- undertaking risk reduction and mitigation activities
- supporting the community to respond and recover from emergency events.

Local governments coordinate the Municipal Emergency Management Planning Committee, which brings together the relevant emergency services, support agencies and other relevant parties to develop and review local emergency management plans.

State government

In Victoria, the state government is responsible for developing emergency management response and recovery capabilities, for protecting life, property and the environment and for coordinating a multi-agency response.

There is a range of emergency services and government departments with assigned responsibilities during an emergency. These include control, command and coordination functions and comprise the:

- Country Fire Authority (CFA), which is the control agency for fire on private land within country areas in Victoria
- Department of Sustainability and Environment (DSE), which is the control agency for state forest, national park and protected public lands
- Metropolitan Fire Brigade (MFB), which is the control agency for fire in the metropolitan fire district
- State Emergency Service (SES), which is the control agency for flood, storm, earthquake and tsunami
- Victoria Police (VicPol), which is the agency responsible for managing evacuation
- Department of Health, which provides whole-of-health leadership and direction in planning and preparing for emergencies with major health consequences. Ambulance Victoria (AV) is the agency responsible for health command at a local level.
- Department of Human Services, which is responsible for coordinating emergency relief and recovery at the state and regional levels.

Residential aged care providers need to understand and be linked with the emergency management system for Victoria. In doing so they need to actively engage with local government and emergency services about the local arrangements.

Commonwealth government

At the federal level, the role of the Department of Health and Ageing (DoHA) includes:

- assisting residential aged care providers to build their capacity to respond effectively during an emergency event including developing emergency plans
- monitoring the capacity of providers to care for residents during and after an emergency event
- supplying relevant information to providers and reminding them of their responsibilities
- consulting with local and state authorities and supporting the provider, if required, to access suitable emergency accommodation outside the area of threat including possible alternative places in other aged care facilities
- establishing and maintaining effective communication and collaboration with state and local governments
- ensuring existing free-call numbers (such as the Aged Care Hotline or Aged Care Complaints Investigation Scheme) are equipped to respond to queries from concerned parties, including residents, families and providers
- administering any Commonwealth government measures to provide additional funding to assist affected facilities to recover from an emergency event if required.

2. Key roles and responsibilities in emergency management

Aged care providers need to work in partnership with local government and emergency services in developing their plans

Aged care providers should consult with the DoHA's Victorian office about emergency arrangements including notifying the office about decisions to either relocate residents or shelter in place.

To contact the DoHA Victorian office's Emergency Advice and Response Line telephone **1800 078 709**. Advice on when and where residents have been relocated should also be faxed on **(03) 9620 4731** or emailed to **<emergencyvic@health.gov.au>**.

3. Business continuity and emergency management for residential aged care services

Aged care providers need to work in partnership with local government and emergency services in developing their plans

3. Business continuity and emergency management for residential aged care services

Protecting the health and safety of residents and staff, as well as business interests and assets, are key responsibilities of governing boards, company directors, CEOs and senior managers of residential aged care services/organisations.

Therefore aged care providers need to have effective plans in place to respond to potential or actual threats and situations that put organisations and people at risk.



The *Commonwealth Aged Care Act 1997* and its associated standards and guidelines require residential aged care services to be actively working to provide a safe environment and safe systems of work that minimise fire, security and other emergency risks.

Current minimum requirements include:

- demonstrating established and up-to-date emergency and evacuation plans and procedures for fire, security and other emergency risks
- regularly assessing, identifying and reporting risk, and potential and actual hazards related to fire, security and other emergencies
- providing clear and accessible instructions relating to fire safety and other emergencies including roles and responsibilities for such events
- providing staff orientation and training in fire safety, security and other emergency procedures and equipment
- regularly testing fire and other emergency equipment
- providing evidence of regular fire, evacuation and other emergency drills
- management, staff and each resident (or his or her representative) identifying and addressing fire, security and other emergency situations that may affect the residential aged care service
- reviewing resident transfer needs associated with evacuation.

In addition, residential aged care providers are required to notify DoHA of any instance of noncompliance with Victorian and local fire safety by-laws.

In the interests of resident safety and well-being, aged care providers need to use responsible and flexible approaches to planning and responding to a potential or actual emergency situation. Recognising that such situations are not normal everyday events means that your plans and actions need to be tailored to the particular situation or event. Therefore, aged care providers should not feel constrained by the systems and requirements used in usual daily circumstances.

For example, on a day to day basis, services are required to have effective systems in place for the correct identification of residents and these should be discrete enough to maintain resident dignity. However, in an emergency situation the need to quickly identify residents by other people such as emergency service personnel and volunteers may require residents to have very obvious forms of labelling attached to them including information displayed about their care needs. Another example is that in an emergency situation you may need to use forms of transport you might not use in ordinary situations. Irrespective of the approaches used, resident safety should be the key priority driving your actions.

Effective planning

Effective planning should consider both business continuity and emergency management arrangements.

Business continuity

At the most simplistic level, the term business continuity relates to the internal capacity of an organisation to 'continue to do business' regardless of potentially adverse events (such as a power supply cut, no water or a kitchen fire).

Following a serious operational disruption, it can be difficult for service providers to resume core functions and get back to normal operations in a timely manner without loss of services to residents. An inability to provide essential functions and services can severely impact on the care to residents and even the viability of the business. Therefore, it is important to anticipate and plan for any potential disruption.

Business continuity management is a necessary component of good business practice and is important for all residential aged care providers.

Business continuity management (BCM) is an organisation-wide process that, if correctly implemented and managed, allows an organisation to continue to provide critical functions and services in the event of a significant incident or situation. BCM also guides preparation, planning response, recovery and resumption activities and has close links to emergency management, risk management, and relocation and evacuation processes and procedures.

Aged care providers need to work in partnership with local government and emergency services in developing their plans

Continuing core critical functions in the context of providing residential aged care services at the most basic level is being able to:

- protect the health and safety of residents and staff
- continue to deliver appropriate care to residents
- manage cash flow.

According to Standards Australia, BCM should not be thought of as a static printed document but as a framework of flexible and robust processes. Basically, BCM should answer the following questions:

- What could happen?
- What does it mean to me?
- What is critical to continuing our business?
- What do we have to do before, during and after an incident, event, crisis or emergency?

To provide residential aged care services, critical inputs include:

- essential utility services such as water, power, gas and telecommunications
- staffing availability
- food and linen services, medical and other key supplies
- information technology (IT) capacity for communicating information, and maintaining resident, staff and business records.

Considerations: How long could your residential aged care service operate if any of these were disrupted, and what alternative strategies could be put in place to be able to continue to provide services to residents and operate effectively if disruption did occur?

How long could your residential aged care service continue to provide care to residents if there was disruption to essential services and supplies?

BCM should be an 'all hazards' and 'all of organisation' approach, based on the impact or consequence of an event rather than its cause.

This approach identifies and analyses the organisation's dependency on key resources (such as personnel, IT and supplies) and the impact on service delivery if they are not available. Contingency arrangements provide alternative access to these critical resources, enabling services to respond to any incident regardless of type or cause, such as disruption to essential services, fire, storm, flood, heatwave or infectious disease.

An 'all hazards' approach looks at all risks and focuses on the impact of an event rather than specific causes.

Remember, business continuity in your residential aged care service may not only be threatened by a direct crisis. It could be as a secondary effect from a local threat such as availability of staff who have children, if schools are closed or were affected by a pandemic.

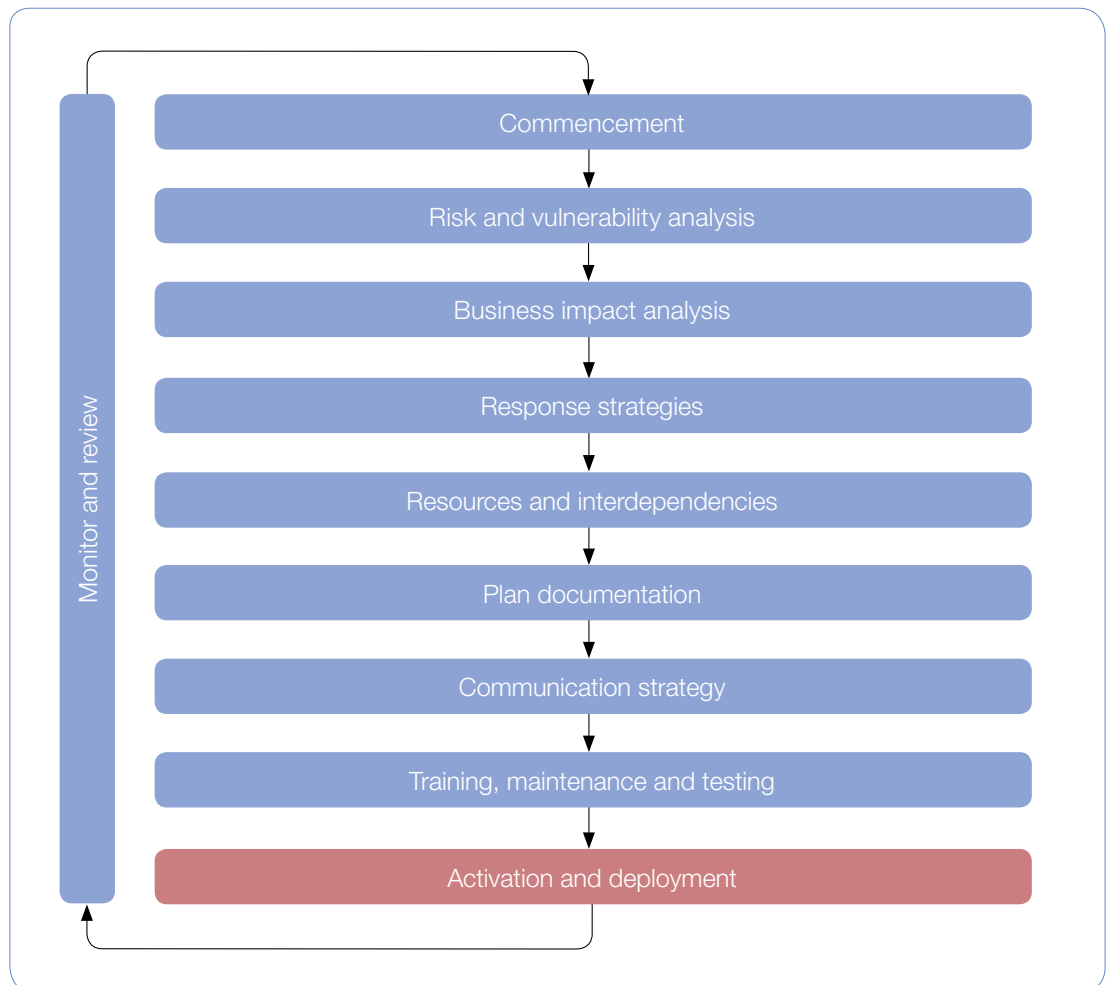
What should be included in BCM?

There are various methodologies for BCM and your service will need to select the one most suited to the needs of your organisation and residential aged care service.

Business continuity plans should be tailored to each residential aged care service so they are relevant and consider local circumstances.

The BCM stages in Figure 1 are outlined by Standards Australia. Each stage of the process should contain various activities to build organisational resilience and promote business continuity.

Figure 1: The BCM process



Source: Standards Australia, HB 221:2004 reproduced with permission from SAI Global under licence 1207-c126

Aged care providers need to work in partnership with local government and emergency services in developing their plans

Relevant managers and staff of all service and operating areas in your residential aged care service, as well as residents and their families, should be involved in each stage of developing the BCM plans. They, and all other relevant personnel, will then require regular training so the BCM plans are understood and are effective. From an integrated and consistent planning viewpoint, it is also important to consult with key stakeholders such as local government and emergency services and other relevant authorities, as well as suppliers of goods and services in developing your BCM plans.

Board members, company directors, executives, managers, staff, residents, their families, relevant authorities and suppliers of goods and services are some of the people who need to be involved in developing the BCM plans.

BCM plans should be continually reviewed and refined over time so they are up to date and remain relevant. For example, changes to the resident profile, staffing arrangements, key contacts and suppliers, as well as building construction or alteration, would potentially necessitate a review of BCM plans for a residential aged care service.

BCM plans need to be regularly reviewed and tested to remain relevant.

Emergency management planning

As noted above your business continuity planning also guides preparation, planning response, recovery and resumption activities and has close links to emergency management, risk management, relocation and evacuation processes and procedures.

Emergency management is about preparing, mitigating risk, responding to and recovering from an emergency. Having emergency management plans in place is part of an overall business continuity approach.

Being prepared for what to do in an emergency can be the difference between life and death.

The following information is a quick reminder about emergency management plans (EMP) and is intended to complement existing requirements for residential aged care services.

An EMP contains instructions for staff and other personnel in emergency situations. An emergency is anything that could pose a threat to life, health or property including:

- internal fire and/or explosion
- bushfire, heat, flood, storm, earthquake or tsunami
- chemical release
- bomb threats, violence or robbery
- infectious disease.

An emergency is anything that could pose a threat to life, health or property.

An EMP should be simple and flexible, based on a practical assessment of all potential hazards and threats both inside and outside of the residential aged care service. It should address the consequences of these hazards and threats and outline actions to keep residents, staff and other personnel including volunteers and visitors safe from harm.

The EMP should be documented, regularly tested, reviewed and updated as required and always available to all management and staff.

Emergency management plans need to be regularly tested, reviewed, updated and available to management and staff 24 hours a day.

Training is a key component of an EMP and all managers, staff, relevant personnel, volunteers and residents and their families should have their training needs assessed and relevant training provided. This should occur during the orientation process for new employees, residents and their families, volunteers and others, then regularly thereafter.

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

Aged care providers need to think about staff who work weekends or outside of normal business hours when scheduling emergency management training.

What should be included in an emergency management plan?

The most important part of any EMP is that it directs management, staff and other personnel, including volunteers, residents and their families, in what to do if there is an emergency; it is vital that they are part of the planning process.

Aged care providers will already have managers and staff with allocated roles and responsibilities for health and safety issues. Your service could consider sourcing additional expertise to help with further review and development of plans for each of your residential aged care services. Each EMP should be tailored to the specific emergency requirements of each facility.

Aged care providers need to work in partnership with local government and emergency services in developing their plans

Managers and staff and others need to understand their roles and responsibilities in the event of an emergency situation.

It is important that EMPs link with local emergency planning arrangements. Residential aged care providers need to work in partnership with local government and emergency services such as the CFA, MFB, SES, AV and VicPol in developing their plans.

Further information about EMP and business continuity planning can be found at the References section at the end of this resource.

4. Planning and preparing for natural hazards and other emergencies

Aged care providers need to work in partnership with local government and emergency services in developing their plans

4. Planning and preparing for natural hazards and other emergencies

The Victorian Government and emergency services are committed to planning for and responding to emergencies using an 'all hazards' approach – an important concept to inform a consistent approach to preparing for a broad range of potential emergencies that may impact on residential aged care providers.

While services should plan for all potential hazards that could impact on their services this resource has a specific focus on natural hazards. The principles within the resource, however, can be readily adapted and applied so you are ready to act in response to other types of hazards.

Natural hazards include bushfire, heat, flood, storm, earthquake and tsunami, with the most common of these experienced in Victoria being:

- heat (extreme heat, heatwave)
- fire (bushfire, grass fire, wildfire)
- floods and storms (including inundation).



Other types of external hazards with the potential to impact on residential aged care providers may include:

- human disease/an epidemic (or pandemic)
- contaminated food or drinking water
- chemical (release of chemical or agents harmful to health).

Residential aged care providers should have plans in place and be prepared to act in the event that an emergency may impact on your residential aged care facility. Plans need to include activation triggers for decision making and communication arrangements with relevant stakeholders.

You are responsible for making decisions about how your service will respond in the event of a potential or actual natural hazard impacting on your facility, and being accountable for the consequence of these.

This means making informed decisions about how best to respond to a natural hazard based on specific circumstances and in the local context of each residential aged care facility, particularly in making a decision about whether you need to relocate residents ahead of a potential threat, or decide to stay and shelter in place.

Irrespective of your decision to undertake a planned relocation or shelter in place, it must be communicated as early as practicable to the Department of Health or DoHA.

Residential aged care providers are responsible for considering local circumstances and making informed decisions about how best to respond to a natural hazard.

Decisions should be informed, timely and consider the health and safety of all residents, staff and emergency service personnel.

It is always better to leave early through a planned relocation than expose residents and staff to the risks associated with an emergency evacuation in uncertain and dangerous circumstances. If you determine it is safe to stay and shelter in place, then you will need to consider how long you will be able to continue to operate and maintain safe, continuous provision of services without relying on usual services or support.

This is why it is so essential that you have comprehensive plans and effective systems in place to act early in response to natural and other hazards.

Being ready for natural hazards means:

- recognising and understanding the potential risks
- undertaking a risk assessment of your facility and location
- developing, training and testing against your plans
- ensuring your facility is well maintained and prepared
- understanding alert and warning systems
- monitoring local conditions
- knowing the triggers to take action
- communicating your planned decisions to all relevant stakeholders
- at all times having people appropriately delegated, authorised, available and contactable who can make decisions and operationalise plans to relocate early, shelter in place or respond to an emergency event.

Responsible officers need to be available and contactable at all times to make decisions and operationalise plans for relocation, sheltering in place or to respond to an emergency event.

Aged care providers need to work in partnership with local government and emergency services in developing their plans

Developing your planned response to natural hazards

Preparing in advance is the key to effective planning.

Being prepared in advance is the key to an effective plan.

It is important that you undertake a risk assessment of your residential aged care service and understand the potential risks associated with a range of natural hazards. The circumstance of each service is different so it is important to identify all levels of risk and to put effective strategies in place. This means developing a plan that suits: your location; physical environment and structure; resident and staff profile; and other internal factors.

Your plan should include an awareness of those times when there is an increased likelihood of a service being affected by a natural hazard, particularly during periods of extreme weather that could result in events such as a bushfire or flood.

‘Following our experiences of last summer, we have reviewed our plans and have developed specific, detailed plans with policies, procedures and decision-making trees that can be quickly accessed and activated.’

To carry out your obligations to residents and staff, your plan needs to include your response to:

- a forecast of an extreme weather event and the potential of a natural hazard
- an actual event such as a heatwave, bushfire, flood or storm that impacts on the facility.

There are difficult issues to consider in making a decision to relocate or shelter in place, particularly in the pre-emptive stage.

In considering the appropriate response to a potential or actual natural hazard, a number of factors need to be considered:

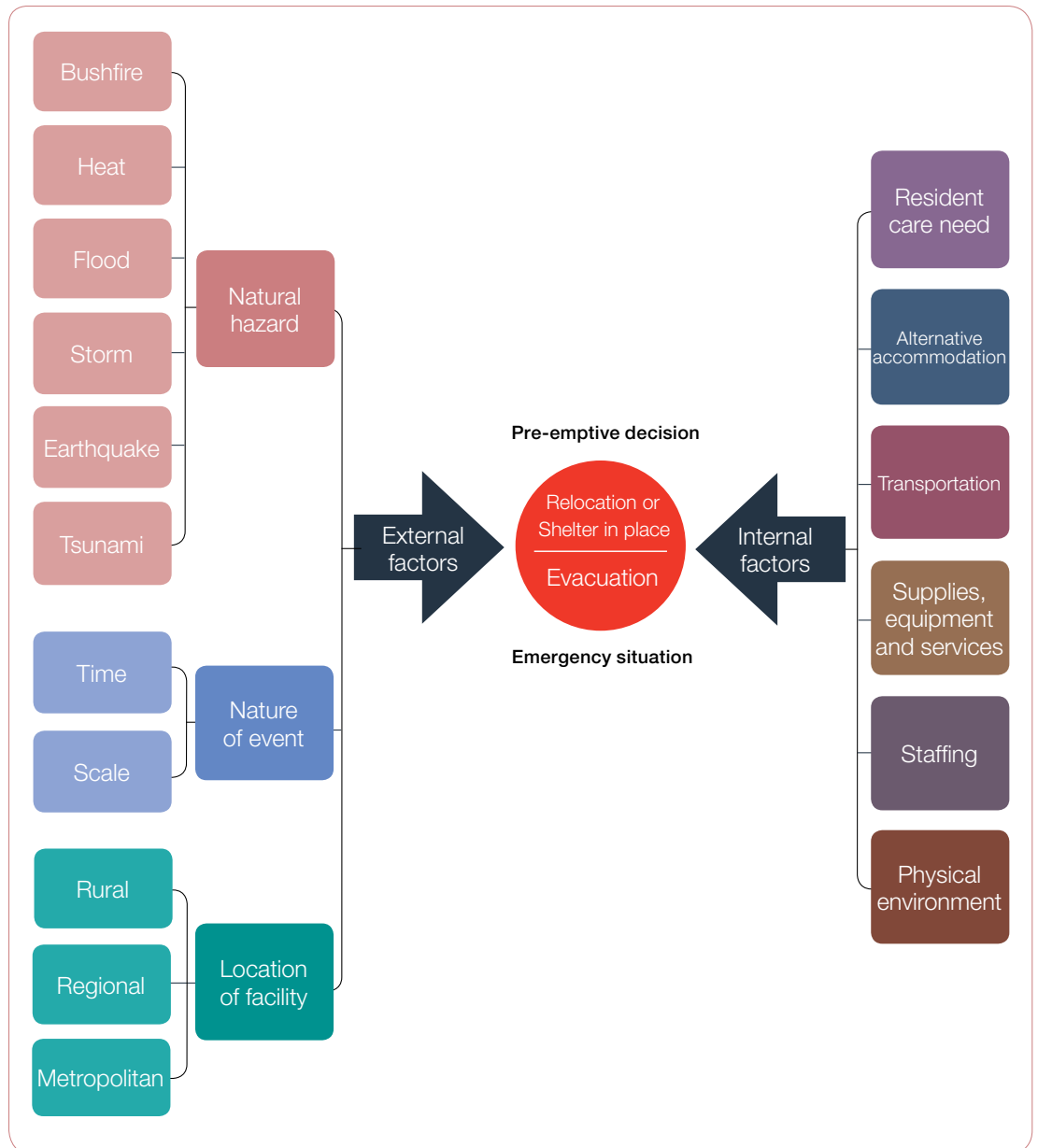
- the nature of the threat – expected time (if known), scale and proximity
- facility preparedness and location
- current resident profile, acuity and care needs
- the potential impact of relocation on the health of residents
- your capacity to reduce resident numbers if there is prior warning (such as back to their families)
- availability of suitable and safer alternative accommodation
- availability of transport and road access
- safety to travel
- availability of staff and supplies
- additional support required from agencies such as AV, CFA/MFB, SES and VicPol to relocate residents, shelter in place or evacuate in an emergency.

The presence of emergency services cannot be guaranteed in an emergency.

Residential aged care providers need to understand and consider the internal and external factors that are important when making decisions to either relocate residents or shelter in place.

Figure 2 illustrates the range of factors providers need to consider when planning and responding to natural hazards.

Figure 2: Decision-making criteria for responding to natural hazards



Adapted from Florida Health Care Education and Development Foundation 2008, National criteria for evacuation decision-making in nursing homes, developed through a project funded by the John A Hartford Foundation

4. Planning and preparing for natural hazards and other emergencies

Aged care providers need to work in partnership with local government and emergency services in developing their plans

External factors are circumstances that are beyond the facility's control and tend to pose the same threat across a particular geographic area. External threats are described in terms of the:

- nature of the hazard
- nature of the event
- location of the facility.

The nature of the hazard is an important factor in deciding to relocate, evacuate or shelter in place, based on time (for example, a bushfire or flood may be impending or immediate) as well as scale (for example, a bushfire or water inundation may be facility-specific, local or widespread).

The location of the facility is also a factor for your planning, as well as knowing whether your facility is at risk. This will help determine what comprehensive preparatory activities may need to be undertaken.

Internal factors are unique to each individual residential aged care service. Two services in the same geographic location facing the same emergency event may make different planning decisions and take different types of informed actions based on their internal factors.

These factors are described in terms of:

- resident care needs
- alternative accommodation
- transportation
- supplies, equipment and services
- staffing
- physical environment and structure.

(Each of the internal factors is considered in detail in sections 5–10 of this resource. It is critical that you consider the implication of these factors in your planning arrangements.)

Being well prepared will impact on how successfully your plans can be implemented. Plans need to be well considered, documented, understood, communicated and practised. This includes thinking about how you will undertake mock evacuation exercises, so if you need to relocate from the facility your systems have been tested as much as possible. This will help mitigate the risks associated with a poorly executed relocation or evacuation.

Plans should also be developed in consultation with and communicated to residents, their families and volunteers, as well as other key stakeholders such as local government, emergency services, visiting health professionals and relevant suppliers of goods and services.

Plans should be developed in consultation with and communicated to staff, residents, their families, volunteers and other key stakeholders.

It is very important that planning decisions involve communication with relevant local government and emergency service agencies, so they link with local and regional planning arrangements and the needs of your residents and service are known and understood.

Local emergency services such as the CFA/MFB, SES, AV and VicPol need to be actively engaged so that in a situation where there may be a potential or actual threat, providers will be better placed to access information and know how to communicate with emergency services about a decision for relocating residents, sheltering in place or evacuating.

Input from local government and emergency services will assist you in making your decisions.

Fire agencies can provide important information to services in high-risk bushfire areas and have expertise to develop comprehensive fire plans. The local council and SES can also provide useful information about a range of high risk situations in your area. Further information and resources about a range of natural hazards can be found at Appendix 1.

Responding to alerts and warnings for natural hazards

You need to remain aware of conditions when natural hazards are more likely to occur. While there may be some warning this may not always be the case and you should always be ready to respond to a hazard impacting on your facility.

Advice or warnings of natural hazards is usually a feature of weather forecasts and may be broadcast on radio and television and may appear in some newspapers. It can also be found on the websites for the Bureau of Meteorology, fire agencies and the SES.

The Department of Health and DoHA may also issue advice, notifications or alerts of extreme weather conditions or impending emergencies.

Emergency alerts may be sent to communities via landline telephones based on the location of the handset, and to mobile phones based on the billing address.

Planning needs to ensure a responsible person is assigned to regularly monitor and report on extreme weather alerts and associated warnings. Warnings usually identify local areas that may be affected by extreme weather. A warning might not mention all towns and suburbs, so services will need to listen carefully for warnings within the general vicinity.

Plans need to identify who is responsible for monitoring and reporting the weather forecast and who can make authoritative decisions.

This information will be an important trigger for you when making decisions about whether to relocate or shelter in place.

Boards of management, company directors and senior management need to determine their intent to relocate well in advance, due to the frailty and special needs of the residents, availability of resources, and the time required to relocate large numbers of people. Your plans therefore need to include after-hours contacts of directors and managers who are authorised to make these decisions and inform your response.

4. Planning and preparing for natural hazards and other emergencies

Aged care providers need to work in partnership with local government and emergency services in developing their plans

If your service intends to relocate, this decision should be made and your plan implemented early to allow enough time to do so safely and successfully. Experience has shown it usually takes much more time than people anticipate to relocate residents during both pre-emptive and emergency situations.

‘Although there was no immediate bushfire threat, we decided to relocate residents as we were concerned about the time it might take to evacuate the frail residents, ongoing issues with power failures and increasing threats of roads becoming blocked.’

A planned relocation of residents is always better than having to conduct an unplanned evacuation that increases health and safety risks to residents and staff.

Equally, any decision to shelter in place needs to be made early so all necessary preparatory actions and communication can take place. For residential aged care services, it may not be considered feasible to carry out pre-emptive relocation, due to the implications for resident health and availability of alternative accommodation and transport on a wide scale.

If sheltering in place, providers need to prepare for unforeseen impacts on the facility.

Communication

It is very important for residential aged care services to advise all relevant authorities as early as possible of their arrangements for relocating or sheltering in place when natural hazards are likely.

Local authorities include the designated municipal council representatives and emergency services, particularly VicPol, which is the lead agency that manages evacuations. Relevant contact details should be listed in your emergency management plans.

Residential services should also advise DoHA's Victorian office of any circumstance where your service is being affected by a local emergency, particularly if relocating residents is planned or an emergency evacuation is required. DoHA is available to provide assistance with identifying alternative accommodation. To contact the DoHA Victorian office's Emergency Advice and Response Line telephone **1800 078 709**. Advice on when and where residents have been relocated should also be faxed to **(03) 9620 4731** or emailed to **emergencyvic@health.gov.au** (refer Appendix 4 for resident relocation template).

Residential aged care providers need to notify the relevant authorities early about decisions for planned relocations or sheltering in place.

Emergency evacuation

Leaving early and relocating residents prior to every hazard situation is not possible because a local emergency situation may unfold relatively quickly and without warning.

It is therefore important that you are prepared to undertake an emergency evacuation at any time with little or no notice.

An emergency evacuation could be required in the following conditions:

- when surrounding air quality is poor or there are problems with essential services (such as power, water and sewerage) that pose a threat to the wellbeing of residents and staff
- when there is sudden damage to or inundation of the building
- in response to advice from local emergency services, or
- as an immediate response when there is an actual hazardous situation in the local area and an evacuation is considered safer than sheltering in place.

Decision making is best made at the local level and in conjunction with the relevant local authorities. It will be a point-in-time decision based on local information and conditions.

An emergency evacuation should be the response of last resort wherever possible. It is complex, resource intensive and presents the greatest risk to the health of residents, staff and emergency service personnel.

In a larger scale emergency, the presence of emergency services cannot be guaranteed.

Summary of key considerations for planning and preparing for natural hazards

Boards, company directors and senior management are responsible for the health and safety of all residents and staff.

Boards, company directors and senior management need to understand their risks and responsibilities for:

- preparing for natural hazards and assessing local safety risks
- ensuring well-developed plans are in place that are linked to local emergency planning arrangements
- ensuring the plan is understood by staff, residents, families and other key stakeholders
- ensuring plans are tested
- regularly reviewing plans, staff preparedness and asset maintenance and protection
- responding to alerts and warnings for natural hazards
- at all times having people appropriately delegated, authorised, available and contactable who can make decisions and operationalise plans to relocate, shelter in place or respond to an emergency event.

4. Planning and preparing for natural hazards and other emergencies

Aged care providers need to work in partnership with local government and emergency services in developing their plans

If the plan is to relocate, boards, company directors and senior management need to understand their risks and responsibilities for:

- activating the plan for relocation as early as possible
- confirming alternative accommodation destination(s) and transport arrangements (along with necessary staffing and supplies)
- communicating with relevant authorities as early as possible
- liaising with residents, families and staff.

If the plan is to shelter in place, boards, company directors and senior management need to understand their risks and responsibilities for:

- confirming any staffing, services, supplies, equipment and resources that may be required to maintain safe and continuous services to residents
- reviewing your emergency management capability and maintaining readiness to respond to a local threat
- communicating with relevant authorities to confirm ongoing safety.

Whether residential aged care providers decide to relocate or shelter in place, you should implement your plans early.

Boards, company directors and senior management also need to understand the increased risks and responsibilities for an emergency evacuation.

It is always better to leave early through a planned relocation than expose residents, staff and emergency service personnel to the risks associated with an emergency evacuation in uncertain and dangerous circumstances.

If it is safe to stay and shelter in place during an emergency, then consideration needs to be given to how long the facility is able to operate and maintain safe and continuous services to residents without reliance on usual support and services.

Planning prompts

- Does your organisation/service have a documented plan for proactively planning and responding to natural hazards?
- Does the plan include a systematic assessment of each residential aged care facility to identify and understand any local risks associated with potential natural hazards?
- Does the plan include preparatory actions required prior to a known high risk time for natural hazards?
- Does the plan include responsibilities and instructions for monitoring and reporting alerts and warnings for each residential aged care facility?
- Does the plan include consideration and understanding of external and internal factors that will be used to inform decisions about relocating residents or sheltering in place?
- Does the plan consider the roles and responsibilities of management for making decisions about relocation or sheltering in place, and include after hours contacts for key decision-makers?
- Does the plan include roles, responsibilities and actions required to
 - relocate where hazards may potentially impact on your facility
 - shelter in place
 - evacuate to a safer place in an emergency situation?
- Does your service have a plan that includes actions required to function as a host service for residents relocated from other services?
- Has the board/directors/CEO been involved in the development and endorsement of the plan?
- Has the plan for your service(s) been developed in consultation with the relevant local government representatives?
- Has the plan been developed in consultation with local emergency and support agencies (CFA, MFB, SES, VicPol, AV)?
- Have staff, residents and their families, volunteers, contractors, suppliers, GPs and other relevant personnel been involved and consulted in the plan's development?
- Does the plan include an ongoing process of review and provision of training required for management, staff, volunteers, residents and their families and other relevant personnel to successfully implement the plan?
- Has the plan been tested or practised, including any mock situations where practical?

5. Residents' care needs

5. Residents' care needs

The profile of your residents and their care requirements are important planning considerations when deciding whether to relocate early or stay and shelter in place. Activities related to relocating or sheltering in place have the potential to severely disrupt care if not well managed.

The ageing profile, prevalence of dementia, chronic health conditions, multiple comorbidities and complex care needs of many residents mean they are especially susceptible to negative health impacts when their care or circumstances change. Given this susceptibility, there are care risks that your service will need to recognise and carefully manage to avoid adverse care outcomes to residents.

Relocating residents or sheltering in place has the potential to severely disrupt the care usually provided. There are potential care risks associated with either of these decisions that aged care providers need to recognise and manage, and discuss with residents and families.

The effects of natural hazards can have harmful effects on older people by exacerbating underlying medical conditions and some residents may be at increased risk of falls, dehydration, stress, anxiety and confusion. These are potentially serious care issues that require careful consideration. Not recognising and planning for these issues means a resident may become unwell very quickly and the situation may escalate to being life threatening.

Effects such as heat, smoke and stress can quickly escalate to a potential life-threatening situation for an older person.

Depending on the impact of the hazard, there may be disruption to power where air-conditioning systems may not operate effectively. Without battery-operated support and back-up generated power other systems and electronic equipment may also not function such as:

- beds
- lifting equipment
- pressure-relieving devices
- oxygen concentrators.

You might need to make decisions about a planned relocation as soon as external conditions are considered to be unfavourable. Even in the absence of any real threat to the facility, conditions within surrounding areas could have hazardous effects on older people. For example, at times when surrounding air quality is poor, residents may experience an exacerbation of underlying respiratory or heart conditions.

‘Although there was no imminent threat of fire, surrounding smoke was affecting one resident with respiratory problems requiring them to be relocated to a smoke-free location.’

Consideration: Talk to visiting GPs about the care needs of each resident when planning for situations that may require relocation or sheltering in place. Discussions could include any anticipated increased care needs and requirements (including medications) related to an escalation of underlying medical conditions including increased shortness of breath, chest pain, anxiety, aggression and distress.

Plans for sheltering in place should consider the possibility that the service could be isolated with limited access to usual communication (includes staff call systems as well as other internal and external telecommunications), services, staffing and supplies. Therefore in making a decision to stay and shelter in place, services will need to ensure they have access to essential or alternative services and have sufficient supplies.

Conversely, relocation plans should consider how residents' care needs will be met at alternative locations and during transit. Time to transport residents may exceed anticipated travel times and some provision for this should be allowed, particularly in relation to residents' requirements for:

- medication
- toileting and continence needs
- hearing aids
- mobility aids
- food
- fluids (including requirement for thickened fluids)
- pressure relief.

Note: the above list is not exhaustive.

In a potential relocation situation your service should have plans in place to manage residents' care needs while they are in transit, allowing for unanticipated delays.

Whether the decision is made to relocate residents (partial or full relocation) your service should have plans in place for safe and continuous resident care that considers:

- resident identification
- delegating residents' care needs
- handover and communication of care information and instructions
- medical supplies and equipment
- care requirements while in transit to alternative accommodation.

'One of the residents who was already suffering poor health suffered a transient ischaemic attack (TIA) during transit. We had skilled staff on the bus who were able to administer oxygen and provide appropriate care.'

5. Residents' care needs

Aged care providers need to work in partnership with local government and emergency services in developing their plans

There are a broad and complex range of resident care issues that need to be considered.

These need to be considered in response to a broad range of resident care issues and could include:

- respiratory issues
- tracheostomy care
- oxygen therapy
- mobility and falls risk
- pressure ulcers
- skin trauma
- oral and dental needs
- swallowing issues
- suctioning needs
- nutrition and hydration including naso-gastric, enteral and parenteral routes
- continence including catheter, colostomy and ileostomy care
- diabetes
- anticoagulant therapy
- dialysis
- pain management
- acute illness such as infections and exacerbation of conditions like asthma or chronic obstructive pulmonary disease (COPD)
- palliation
- medications
- vision, hearing and communication (including language) barriers
- cognition, confusion and other behavioural considerations
- psychological impacts and the anxiety, stress or trauma the situation may create.

Planned relocation and sheltering in place arrangements need to be well considered and coordinated to reduce potential and avoidable care risks.

Resident identification

Staff, volunteers and others should be able to confidently and quickly identify residents in the facility, during transit and at the relocated accommodation to:

- prevent wrongful identification
- reduce potential for incidents and errors
- track residents' whereabouts
- provide correct care including administering medications.

Effective resident identification can avoid incidents and errors.

Due to confusion and communication issues such as an inability to speak or being from a culturally and linguistically diverse background, many residents may not be able to communicate their own identity.

‘In preparing to relocate our residents, many were unable to identify themselves. We wrote their names on their arms while we sourced adequate wristband identification.’



Photographs are commonly used in aged care residential services to help identify residents. For these to be effective in an emergency situation they will need to:

- be with the resident at all times (preferably affixed)
- be current
- provide the most readily identifiable image
- be durable and preferably waterproof
- have a name printed on the photograph.

Wristbands are an alternative that can be easily affixed and prepared in advance. There are a number of commercial types available and some of these have the capacity to include codes for quickly identifying resident care risks and allergies.

Wristbands are able to be easily affixed and can be prepared in advance.

5. Residents' care needs

Aged care providers need to work in partnership with local government and emergency services in developing their plans

Identifying residents by affixing a name or labels to their clothing will not be effective if the clothing is removed for any reason.

Affixing names and labels to residents' clothing will not be effective if clothing is removed for any reason.

Delegating resident care

As required in usual circumstances, people providing direct care to residents need to be properly qualified and skilled and have appropriate training and supervision. Planned relocation or sheltering in place may require additional staff, volunteers and residents' family members. Your service should carefully consider how staff and others are allocated roles, responsibilities and tasks associated with resident care. Anybody directly providing care or supervising residents requires accurate, up-to-date information about their care and needs to know how to best perform the tasks and procedures associated with that care (refer also to the staffing section later in this document).

People providing direct care to residents need to be properly trained and supervised. Requirements for police checks should be considered in the early part of the planning phase.

Handover of care information and instructions

Information about residents and their care requirements may need to be communicated to a number of people involved in providing, supervising and/or coordinating the care of residents. This includes situations and activities related to either sheltering in place or relocating to alternative accommodation, including during transit. Having readily available, easily understood and accurate information about residents and their care needs is a critical consideration and should include the residents':

- dates of birth
- next of kin and contact details
- diagnoses
- GP contact details
- current health status and any immediate concerns
- current individual care plan that outlines the care required including specialised treatments, procedures and key risks
- medication orders
- repeat medication prescriptions
- dietary requirements
- allergies
- advanced care directives
- Medicare, pension number and private health number information
- progress notes (for recording any care issues).

'We will definitely send our dietary list from the kitchen for residents next time, as problems did occur at the receiving facility identifying what residents nutritional needs were. This potentially compromised diabetic residents and residents requiring modified foods.'

Ideally all information should accompany each resident in transit if being relocated to alternative accommodation, as well as being generally accessible in any circumstance. Existing resident care plans and other relevant documents should be checked for accuracy, clarity and ease of use in situations where care information might need to be communicated quickly. Care plans might need to be reviewed so they can promptly inform staff and others who might be assisting with resident care and transport. Consideration may need to be given to providing a summarised resident care plan. Care plans could also be stored on memory sticks and/or a laptop for easy retrieval later. Remember, privacy requirements still need to be considered and maintained.

As well as having individually prepared resident information, a collated centralised source of information about residents and their care needs is useful. Access to this information from remote sources (for example, access to a server from another regional area) might be a suitable consideration. Having this information readily available could inform decisions about which residents are prioritised for relocation and so on.

A readily accessible and centralised source of information about residents and their care needs will help coordinate and prioritise important tasks and activities.



Back-up for resident information

Power disruption or failure can impact on the availability of important resident care information if services rely solely on computerised systems. Therefore, planning considerations should include determining how important information will be:

- accessed
- able to be communicated
- updated
- backed up
- retrieved.

‘Due to the unstable nature of our power supply in the past, there was a real fear that should the power fail we wouldn’t have paper copies of resident care plans and medications available.’

‘We weren’t able to retrieve our medical records when required to relocate because our power failed and we didn’t have paper copies available.’

‘Fortunately we had some preparatory time to download our electronic information to take with us. This included residents’ medical information, staff personnel files and payroll information. We would not have been able to access this information without power.’

Residents' medical care

Your service should consult with visiting GPs who provide medical care to residents to discuss the availability and possible arrangements for medical services in planning for relocation or sheltering in place.

Communication

It's a good idea for your service to consult with staff, residents and their families, volunteers, and other key stakeholders such as visiting GPs about plans for relocation or sheltering in place. Consultation could consider how resident care will be coordinated, with a shared understanding of respective rights, roles and responsibilities and risks involved.

Your service should consult with staff, residents and their representatives about how care will be prioritised, coordinated and communicated.

Broad consultation will promote a better understanding about your plans and decisions for relocating to alternative accommodation or sheltering in place. Meetings, written correspondence, newsletters, formal agreements, preadmission information for residents, pre-employment information for staff, regular bulletins and phone calls could all be considered as ways to communicate plans, options and requirements.

Having defined roles and responsibilities about communicating and coordinating resident care arrangements during a potential or actual emergency situation is important.

'It was imperative that we had up-to-date family and carer contact details.'

'Effective ways of communicating are essential in an emergency situation; contacting residents' relatives required three dedicated staff making phone calls.'

Additional consideration: In the event of a resident's death, usual management and reporting requirements apply, including reports to the state coroner if indicated.

Planning prompts

- Does your service recognise and prioritise those residents who may have potential care risks in the event of a natural hazard (such as residents with medical conditions and dependencies that could be exacerbated in extreme events including anxiety and confusion)?
- Does your service have a plan that includes a means by which staff can prioritise those residents with time-critical conditions and more complex care needs, particularly for relocation and evacuation?
- Has your service undergone a process to systematically recognise key resident care risks so they can be managed during relocation to alternative accommodation (including during transit) or when sheltering in place?
- Does the plan include processes for consulting GPs about any anticipated resident medical care requirements related to relocation or sheltering in place and how these could be managed?
- Does the plan consider the key roles and responsibilities of management and staff for coordinating, delegating and providing resident care during relocation or sheltering in place?
- Does the plan consider the need to have accurate and easily understood resident care plans in place that can be communicated quickly to others who might provide care to residents (including interdisciplinary care needs)?
- Does the plan consider resident identification processes?
- Does the plan consider privacy and confidentiality issues related to resident information (including during transit)?
- Does the plan consider how a resident's care would be managed if care and medical records are destroyed or become unavailable due to power failure?
- Does the plan consider the protocols and training related to those who may need to be called on to assist with resident care?
- Has the plan for providing ongoing resident care been communicated to all stakeholders including staff and volunteers, residents and their families, contractors and visiting GPs?
- Does the plan consider the processes and responsibilities for communicating resident care arrangements with next of kin if residents are relocated or evacuated?

6. Alternative accommodation

Aged care providers need to work in partnership with local government and emergency services in developing their plans

6. Alternative accommodation

Providing appropriate alternative accommodation for residents is an important planning requirement for your service to consider for a relocation or evacuation. Alternative accommodation should be arranged and secured before a relocation decision is made to transport residents to another location.

Alternative accommodation should be arranged and secured before decisions are made to transport residents to another location.



For some residents the best accommodation alternative will be to go home with family or friends who are able to care for them. In these instances, residents should go home before the impact of any natural hazard occurs to reduce the risks associated with travelling. This also means fewer residents would need to be evacuated in the event the situation deteriorates and an emergency evacuation is required.

In most circumstances other aged care facilities are the most appropriate option for a planned relocation; however, a range of alternative accommodation options may need to be considered.

‘The Commonwealth Department of Health and Ageing found us a newly commissioned aged care facility where we were able to relocate residents to. We were also able to provide our own staff to deliver care and services to the residents whilst accommodated there.’

Department of Health and Ageing

If your service has any difficulty identifying suitable alternative accommodation, the DoHA's Victorian office may assist in identifying alternative accommodation. Telephone the Victorian office's Emergency Advice and Response Line on **1800 078 709**.

Advice on where residents have been relocated should also be faxed on **(03) 9620 4731** or emailed to DoHA at emergencyvic@health.gov.au (refer to the resident relocation template at Appendix 4).

'Coordination with the Commonwealth Department of Health and Ageing was important. They assisted us to find alternative accommodation and informed us of how many beds were available at each location. Having this information helped us to prepare supplies, medications and necessary paperwork to be transported to each facility by staff.'

Relocating residents might be required for a very short period or may extend for weeks or months depending on the degree of risk or damage to a facility. In some situations residents could be relocated to an interim site that then allows adequate time to identify suitable longer term accommodation in a residential aged care service if required.

Providing a safe environment

Understanding each resident's care needs and capabilities is important when deciding appropriate alternative accommodation.

A resident's physical and cognitive capabilities combined with any special care requirements will have a direct influence on possible accommodation options and determine important environmental and care considerations including:

- security
- supervision
- assistance required and appropriate staffing requirements
- communication
- equipment required, such as lifting equipment
- medication requirements
- behavioural needs, such as for residents with dementia.

For example, accommodation options might be very different for residents who are independent, or dependant but are cognitively well functioning. These residents are more likely to have better recall and the capacity to communicate compared with residents who are easily confused or have memory problems.

6. Alternative accommodation

Aged care providers need to work in partnership with local government and emergency services in developing their plans

A well-supervised and secure environment is important for protecting the safety of residents who may wander. This includes residents who may have forms of dementia or other conditions that lead to confusion, disorientation and anxiety.

Residents with dementia can be extremely sensitive to changes in the environment and their usual routines. Even small changes to the environment or their routines can have significant impacts on their usual level of cognitive function and contribute to an escalation of confusion, anxiety, disorientation and distress.

Even small changes to the environment and routine can escalate levels of confusion and distress for some residents. Consider providing adequate resources and a safe environment for managing increased care requirements.

Choosing an appropriately equipped and safe environment requires recognising some of the common environmental risks for residents. For example, choosing alternative accommodation that minimises the risk of falls by ensuring there are no stairs, steps or clutter for residents to navigate, and has adequate lighting.

Other potential care risks that require environmental consideration include:

- confusion
- aggression and assault
- wandering and absconding
- pressure ulcers and skin trauma
- dehydration, malnutrition
- medication error.

Regardless of the setting, planning should also ensure that an appropriate number of personnel who are adequately skilled and capable are available. As a minimum, alternative accommodation should be properly equipped, designed and serviced to maintain meal supply, laundering, toilet and shower facilities and accommodate lifting equipment.

Your service should consider a range of alternative accommodation options based on resident capability, need, transport and staff availability.

Alternative accommodation options

Residents who are able to understand, remember and communicate effectively about what is happening are more likely to adjust to a modified environment in a short-term situation. While not ideal, these residents are likely to better understand potential issues about staffing and levels of supervision and support, as well as the sharing arrangements that may be required.

The following provides a summary of options for your service to consider when planning for alternative accommodation arrangements if relocation is required. There may be other options not listed that your service could explore depending on your specific location and circumstances.

Home care

As noted, some residents may be able to be cared for at home by family and friends. If this is an option it needs discussion, agreement reached and a detailed management plan formulated with family or friends in advance. Examples of the issues a management plan could consider include:

- how long the resident can be cared for at home
- whether the family/friend's home is in a safe location
- what family or friends will be required to do to meet the care requirements of the resident
- what, if any, additional assistance might be required and how this might be accessed
- how the resident will get home to family or friends
- how the plan will be communicated to the family
- how communication will be maintained with facility staff during relocation if issues arise.

Multiple campus aged care organisations

Relocating residents to sites within the same organisation (such as other campuses) should be a planning consideration. At times when there is potential for a natural hazard to impact on a service, bed availability across sites could be updated on a regular, predetermined basis, particularly during high-risk times.

Partnerships with other aged care providers

Exploring and formalising potential arrangements with other residential aged care providers may provide safer alternative accommodation. A memorandum of understanding (MOU) could be developed between aged care providers for agreeing to host relocated residents.

Examples of considerations that might be agreed include:

- the number of residents who can be accepted
- staffing and equipment requirements
- communication processes
- roles, responsibilities and key contacts
- costs incurred by the host facility (such as cost tracking and reimbursement requirements).

As part of the regular review of your plans it is a good idea to reconfirm any pre-existing accommodation arrangements you may have with other aged care providers.

6. Alternative accommodation

Aged care providers need to work in partnership with local government and emergency services in developing their plans

Other types of accommodation organisations

Look for opportunities to liaise with other providers about possible accommodation arrangements such as retirement accommodation, supported residential services and disability services (an MOU might be considered here as well).

Alternative resident accommodation needs to be adequately staffed and be capable of meeting the care and safety needs of residents, staff and carers. Occupational health and safety requirements still apply and should be followed as far as reasonably practicable.

Alternative resident accommodation needs to be capable of meeting the care and safety needs of residents and adequately staffed.

Local government

Your service should talk to local government representatives about accommodation arrangements during an emergency for your area. Local councils in an emergency routinely activate relief centres for affected people in the community. These facilities are unlikely to be suitable for the majority of residents and it would be worth discussing emergency planning needs to ascertain what planning opportunities there are for linking with local arrangements and any council aged care emergency planning initiatives.

An example of a local emergency relief centre



Caring for residents on the floor or in low-rise seating/bedding in such facilities could create significant risks for residents, staff and carers and should only be considered with the utmost caution in extreme circumstances.

Community accommodation

A number of community-based organisations have houses that are designed to support disability access and care and may be accessible for temporary accommodation. Providers will need to investigate the feasibility and availability of this option.

Commercial accommodation

Some residents could be cared for in a motel/hotel-type setting depending on suitability of design, layout and staffing availability.

Hospitals

In a potential widespread emergency situation, hospitals are required to cater for any surge in demand for acute inpatient and emergency presentations. Any option of relocating residents to a hospital setting should only be considered if a resident is acutely unwell and requires emergency medical attention.

Hospitals are required to provide care to patients with only the most urgent medical needs.

Partial relocation of residents

In some circumstances your service might make the decision to partially relocate some residents depending on their care needs, time, transport options and the availability of staffing and volunteers. In these circumstances planning should also consider the appropriateness of the remaining residents being located to one consolidated site. This would potentially improve the utilisation and effectiveness of available resources required to shelter in place for an emergency threat.

‘Fires had been burning for a number of weeks in surrounding areas and we had already relocated residents who were unable to walk. The remaining residents left three days later due to the terrible weather conditions predicted for the following day... It was a huge exercise.’

Communication and coordination

Having defined roles and responsibilities for communicating and coordinating alternative accommodation options for residents is an important planning consideration. It could include arranging:

- who will be responsible for activating and coordinating the accommodation (and transportation) arrangements, including necessary staff accompaniment during transportation
- how accommodation needs will be matched to resident needs

6. Alternative accommodation

Aged care providers need to work in partnership with local government and emergency services in developing their plans

- who needs to be contacted about planned relocations and emergency evacuations, and who is responsible for informing local government and emergency services, relevant authorities including DoHA, next of kin, staff, and potential host facilities
- an up-to-date contact list (including after-hours contacts) and locations with addresses, telephone numbers and map details that notes who will be responsible for ensuring all residents are accounted for and evacuated from the facility.

Handover at the receiving site

Both your service and receiving facilities should plan to ensure residents' information is adequately handed over (refer to section 5: Residents' care needs and section 11: Being a host service).

'As a receiving facility we were impressed with how well prepared the relocating facility was. All the residents arrived with their belongings, information and medications. They were easily accommodated in some empty beds we had, and staff from the relocating facility gave a thorough handover of the residents' care needs.'

Plans for relocation should include clear information about roles and responsibilities for communicating and coordinating alternative accommodation arrangements.

Obligations and responsibilities

As with all components of a relocation or evacuation plan, your service should explore and understand your responsibilities, obligations and liabilities in relation to relocating residents and staff to another location. Occupational health and safety legislation should be adhered to as far as reasonably practicable.

Providers will also need to determine any certification requirements or restrictions related to their accommodation planning with DoHA. Further clarity may also need to be sought from DoHA about the use of low-care places approved after 1997 for temporary relocation of high-care residents.

Additional consideration: Your service's admitting policies and procedures should be reviewed as part of your overall planning arrangements. Any planned admission of residents requiring permanent residency in an aged care facility should be carefully considered at times when there is potential for a natural hazard to impact on your service.

Planning prompts

- Does your service have a plan that considers alternative accommodation options if residents need to be relocated/evacuated?
- Does the plan outline who is responsible for deciding and prioritising the relocation or evacuation of residents and in what circumstances this decision would be made?
- Does the plan outline processes for ensuring each resident has a predetermined accommodation destination that is suitable for their needs?
- Does the plan identify accommodation requirements for ongoing care of the 'sickest' residents such as those requiring palliative care?
- Does the plan identify a process for confirming the availability of prearranged accommodation options when deciding about relocating residents?
- Does the plan include processes for notifying the alternative accommodation destinations that a decision has been made to relocate or evacuate residents to their facility?
- Does the plan include a phone number for DoHA so they can be notified of your relocation decision and to seek assistance with identifying vacancies in other aged care facilities?
- Does the plan identify who will be responsible for keeping an updated register to track where residents are being relocated and that they have arrived safely at their destination?
- Does the plan include details of who is responsible for informing family and friends of where residents have been relocated and providing location and contact details to family?
- Does the plan identify if staff are available and/or required to care for the residents at the alternative accommodation?
- Does the plan outline a process and person responsible for verifying that rooms/buildings have been fully evacuated?
- Has the plan been communicated to all stakeholders such as staff and volunteers, residents, residents' families, contractors, visiting GPs, potential host facilities and local government and emergency services?

7. Transportation

Aged care providers need to work in partnership with local government and emergency services in developing their plans

7. Transportation

Route access, transport modes and time required to safely travel to alternative accommodation are important planning considerations when deciding whether to relocate or shelter in place.

Any decision to relocate must be well informed, made well in advance of any immediate danger and allow enough time to safely transport residents and staff away from the facility without concern for road visibility, blockage or closure. This is critical to minimise the risk to residents, staff and other personnel (such as being trapped in vehicles).

Not allowing enough time to relocate also means other support services such as AV may not be able to reach the residential aged care service to provide support.

It is important to plan how residents will be transported in the event of a planned relocation or emergency evacuation.



To understand the potential threats to road access your service will need to consider and understand:

- road access routes to and from the facility
- alternative routes if that route is blocked
- what transport options are required and available
- how long it will take to relocate residents
- how you will know if the roads are closed or not safe to travel on.

Your service needs to make sure any decision made to relocate residents allows enough time to do so safely.

Modes of transport

Cars, vans and buses may be the most obvious and practical means of transport during relocation. Being able to utilise multiple means of transport will expedite transfer to an alternative location. However, these options still require considerable planning and organising so that the relocation plan is appropriate, timely and can be effectively managed.

It is important for travel routes and alternative routes to be identified, travel times to be established and maps available when relocating residents. VicRoads has a map-based website and mobile/smartphone application that shows which roads are closed due to fires, floods and other emergencies at www.alerts.vicroads.vic.gov.au.

Cars, vans and buses

The appropriateness of using cars, vans and buses for resident transport will depend on the capacity of residents to get in and out of vehicles (independently or with assistance), as well as their ability to sit upright for extended periods.

Careful consideration should be given to: identifying sufficient numbers and types of vehicles that will be required to accommodate residents' needs and capabilities; round-the-clock availability of vehicles; and the time required to transport residents safely to an alternative location.

'Although agreements had been made with local bus companies to supply buses for evacuation, we had to make alternative arrangements because all the bus drivers were fighting fires.'

When considering numbers and types of vehicles, your service should also consider and plan for the possibility that family members/partners of the resident or other community members may be present and might need help to relocate as well.

Your service should plan to ensure there are enough staff, family members and/or volunteers to accompany residents in the cars, buses and so on in order to accommodate and assist meeting residents' needs during transit. Individual resident needs that may require consideration during transit might include:

- the effects of prolonged sitting such as pressure care requirements
- the availability of fluids
- continence management (are there adequate provisions for toilet stops?)
- levels of confusion and distress
- the need for critical medications or treatments
- if a resident needs a mobility aid – this should be labelled and accompany the resident in transit (if travelling by ambulance there may not be adequate space for mobility aids so your service will need to make alternative arrangements for mobility aids to be delivered to the alternative accommodation).

Staff and others required to assist residents in and out of vehicles may need training to ensure correct manoeuvring and safety for both themselves and the residents.

‘One of the most challenging aspects of the relocation was getting suitable and sufficient transport for frail residents. We needed to rely on regular buses and staff manually lifting residents onto buses.’

Vehicle suitability

Residents who require a moderate degree of assistance to get in and out of vehicles may be suitable to travel in standard vehicles, providing door openings and vehicle height can accommodate the limited limb extension, flexion and strength that may be an issue for many residents.

Some residents can travel in standard cars, vans and buses if they are capable and staff are trained and available to assist.

Many residents will not be able to get in or out of standard vehicles due to physical limitation and mobility issues. These residents will require vehicles that have modified ramp access or lifting equipment.

Vehicle availability and use

All designated vehicles should be accessible 24 hours a day (including access to keys) and providers should ensure drivers are licensed, have access to suitable maps and necessary contact numbers, and that all vehicles are registered and suitably prepared (for example, filled with fuel, tyres checked, effective heating and cooling and equipped with necessary safety items).

- **Private vehicles**

Some residents could be transported by family members, friends, staff or others known by the resident and facility (such as volunteers).

- **Aged care facility/organisational vehicles**

Many facilities may already have modified vehicles that can support residents who might, for example, require wheelchair transport.

- **Arrangements with other aged care providers or like organisations**

Aged care providers could explore partnerships and formalise agreements through an MOU with other aged care organisations and services regarding transport options. Support from services such as schools, tertiary organisations, disability services, local councils and retirement complexes could potentially be utilised if they have available vehicles.

- **Commercial arrangements**

Numerous commercial arrangements could be explored through private taxi, bus and other transport companies that could potentially supply standard and modified transport options for relocating residents. Advance preparations could include entering into a MOU outlining the availability and number of commercial vehicles required in a planned relocation or emergency evacuation situation.

Your service should consider preplanning arrangements and formalising 'memoranda of understanding' for transport arrangements to relocate residents.

Ambulance transport

Ambulance Victoria is operated and coordinated in a way that best meets the needs of an emergency situation. It aims to resource major emergencies while simultaneously protecting normal business. AV will prioritise people with unstable medical conditions or the highest care needs who cannot be transported by any other mode. With this in mind, relying solely on ambulance transport to relocate residents in the event of a natural hazard is not a viable option.

Relying solely on ambulance transport to relocate residents is not a viable option.

However, if you contact AV seeking support to relocate residents, the most senior officer attending will work with you to coordinate transport options. If appropriate, AV may be able to access other means of transport such as non-emergency patient transport. If it is determined that a resident can only be transported by ambulance because of health concerns or inability to travel by other modes early notification to AV is paramount. Also prearranged alternative accommodation should be organised and communicated to AV when calling to make transport arrangements.



As an approximate guide for decision making, residential aged care services should anticipate that a single ambulance transfer will take a minimum of one hour to execute. In all likelihood, this will take considerably longer depending on specific circumstances and travel distances required. During periods of heightened activity, AV will be busier than usual responding to increased community demand. Therefore, relocation plans need to include alternate or complementary transport options to ambulance transport in order to relocate residents in the fastest way.

Your service needs to consider and organise a range of transport options if you decide to relocate residents.

The AV guidelines and template at Appendix 3 will provide your service with the information that AV requires to coordinate and allocate the most appropriate suitable non-emergency transport should this be needed. It must be reinforced that using AV for non-emergency transport should only be considered as a last alternative.

Services should advise their local authorities of their intention to relocate (or when returning home). Resident information as outlined in the AV template will facilitate appropriate AV transport.

How long will it take to relocate residents?

In order to calculate how long it might take to safely relocate residents, your service will need to consider:

- the time taken to pack and transfer residents
- the priority order in which residents will leave the service
- the numbers and types of vehicles available at any one time
- the time for ambulance or transport resources to arrive at your service
- the travel distance (factoring in stops if required)
- residents' needs matched to vehicle type
- residents' supervision and care requirements in transit and availability of suitable carers to assist during transit
- unforeseen delays.

Experience relocating residents from aged care services in Australia and internationally demonstrates that time to prepare as well as time in transit often exceeds what is anticipated. Where possible, it might be helpful to practise relocating a section or entire home as an exercise to determine how long it might take.

'Once it was recommended by the incident control centre that we evacuate, it took us over two hours until all 41 residents had left the facility, even though we were all prepared. Some residents were transported by buses and others by ambulance with time taken to triage them.'

Your service should consider how long it might take to safely relocate residents to alternative accommodation.

Communication and coordination

Having defined roles and responsibilities about communicating and coordinating transport activities during a planned relocation or emergency evacuation is important. This includes knowing:

- who is responsible for activating and coordinating transport arrangements
- how to coordinate vehicle access and load residents
- the order and timing of vehicles departing with residents (for example, do vehicles travel in convoy or leave separately? Note: this will not apply to AV transfers)
- who needs to be contacted, and who will be responsible for coordinating this
- there is an up-to-date contact list with phone numbers (including after-hours contact numbers)
- which vehicles are transporting which residents to which location
- the contact method and details of a person in each vehicle providing transport (acknowledging that a mobile phone system may not be sufficient)
- how and when family or friends will be informed where residents have been relocated to.

Remember, emergency planning should involve the local government and emergency service agencies, who may be able to assist with local transport planning and awareness-raising.

Plans for relocation or emergency evacuation should include clear information about roles and responsibilities for communicating and coordinating transport arrangements.

Transport for equipment and supplies

In addition to moving residents, transport arrangements also need to be considered for any equipment or supplies that might be required for care in emergency accommodation.

Choices in relation to this might seem straightforward but still require considerable arranging and coordination. Transported supplies and equipment such as beds, mattresses or lifting equipment might need to be delivered in time to coincide with the residents' arrival. While using trucks may be an obvious option some of these might require lifting apparatus for loading and unloading heavier equipment. Again, having plans identifying what key equipment and supplies need to be transported by which means and to what location are important planning considerations.

Planning prompts

- Does your service have a plan that considers transport requirements for relocating or evacuating residents?
- Does the plan outline roles and responsibilities for activating and coordinating transport arrangements?
- Does the plan include details and maps of routes to accommodation?
- Does the plan consider a range of transport options best suited to each resident's needs (such as supine and wheelchair)?
- Does the plan consider how staff will know which type of transport has been designated for each resident (for example, who requires a modified vehicle or stretcher)?
- Does the plan consider
 - 24-hour vehicle accessibility (such as access to keys)
 - the availability of licensed drivers
 - access to suitable maps and directions to alternate locations
 - providing drivers with necessary contact numbers
 - that all vehicles are registered and suitably prepared (air-conditioned, filled with fuel, tyres checked, equipped with necessary safety items)?
- Does the plan reliably estimate how long it will take to relocate all residents to alternative accommodation?
- Does the plan consider how long each resident will be in transit and the care needed during this time (such as fluids, medications and pressure care)?
- Does the plan include documented, pre-arranged and agreed transport options where possible (such as buses, vans and ambulances)?
- Do pre-arrangements consider vehicle availability in instances of potential wide-scale demand and competing priorities?
- Does the plan consider secondary or alternative transportation resources if primary sources are not available for any reason?
- Does the plan outline the resident 'order of priority' for transport from the facility? Has this been communicated to residents and their families?
- Does the plan outline what resources, supplies, equipment, belongings, medications and care information will be transported with residents (including what is required to provide care during transit)? See Appendix 2.
- Does the plan consider the number of appropriate staff and other personnel required to accompany residents during transit?
- Does the plan consider how two-way communication will be maintained during the relocation process and at alternative accommodation?
- Does the plan consider ongoing assessment processes for identifying each resident's transport needs if their health status and care needs change over time?
- Does the plan include the training needs of staff/volunteers or others who may be required to manoeuvre residents in and out of vehicles safely?
- Has the plan been communicated to all stakeholders such as staff and volunteers, residents, families, GPs, contractors, host facilities, local government and emergency service agencies?

8. Supplies, equipment and services

8. Supplies, equipment and services

Your service needs to plan for having sufficient and appropriate supplies and equipment in the event of a natural hazard.

Having sufficient quantities of appropriate equipment and supplies is an important planning consideration when deciding whether to relocate or shelter in place.

A number of situations might need to be considered for various conditions depending on local circumstances and could include when:

- in the case of sheltering in place, supplies may need to last for several days if access to the service is impeded or suppliers themselves are impacted by an emergency event
- in the event a partial relocation of some residents occurs, your service needs to ensure sufficient equipment and supplies are available for those remaining as well as those who have been relocated to alternative accommodation
- relocating or evacuating residents to different places
- relocating residents who may be able to go home with family or friends.

Supplies for staying and sheltering in place may be required for a number of days if access to the service is a problem or there are disruptions and delays for other reasons.

Identifying required equipment and supplies

It is a good idea to complete an inventory of all equipment and supplies that are critical for providing safe, continuous care to residents. Once completed this can then be checked against usual stocks, scheduled ordering and delivery arrangements so sufficient supply is available in the event of a natural hazard. This should also account for the potential increase in requirements that may arise.

Once critical requirements are identified, planning may also need to consider:

- the training needs of staff, volunteers or others who may be unfamiliar with using particular equipment
- staff and other personnel's knowledge of how to locate and access required equipment and supplies
- 24-hour access to equipment and supplies.

Complete an inventory of critical equipment and supplies needed for providing safe continuous care. This will require an understanding of inventory levels and potential demand during an emergency.

Individual resident equipment and supply considerations

Routine care supplies

Planning should ensure adequate availability and supplies of medications and other items required to provide appropriate care. Continence aids, wound products, enteral feeding, colostomy and oxygen equipment are examples of items that might need to be considered (refer to section 5: Residents' care needs, to check for other care areas to consider).

If relocating to alternate accommodation, adequate supplies of medication, food, water and other basic items need to be considered for residents (and for staff and other personnel) during transit. Supplies of food and fluid should consider those residents who have **texture-modified, thickened or enteral requirements** (refer to Appendix 2 for suggested contents of evacuation kits).

A first aid kit, plastic bags, wet towels and/or wipes, paper towels, water spray bottle, toilet paper and antibacterial hand rubs might be useful to have available while in transit. Particularly if any residents suffer travel sickness or become unwell for other reasons.

First aid kit, plastic bags, wet towels, wipes, water spray bottles, paper towels, toilet paper and antibacterial hand rubs might come in handy while transporting residents to alternative accommodation.

Medications

The availability and timely administration of medication is an important planning consideration to ensure residents receive their medications as required and potential care risks are avoided.

Consideration: Talk to visiting GPs about each resident's medication requirements when planning for relocation or sheltering in place.

Residents need to receive their medications as required so that potential care risks are avoided.

Planning should ensure that prescribed and 'as needed' medications such as respiratory inhalers for shortness of breath and nitro-lingual spray for chest pain will be readily available to residents who might need them quickly. Disposable cups and drinking bottles will help with administering fluids and medicines.

Important medications such as insulin, respiratory inhalers and nitro-lingual spray might be required in a hurry so should be accessible.

An ongoing supply of medications needs to be considered for those residents who might need to be relocated. Therefore, it is important that repeat prescriptions are included with the information transferred with residents and that alternate medical and pharmacy arrangements are considered.

8. Supplies, equipment and services

Aged care providers need to work in partnership with local government and emergency services in developing their plans

Sufficient supplies of prescribed medication need to be available to residents.

Packing and transporting residents' medications requires particular consideration and includes:

- labelling and identification
- accessibility
- special storage considerations – such as security (including S8 medications) and refrigeration
- equipment to administer – such as syringes and measuring devices
- considering residents who require crushed medications
- the availability of medication charts, orders and prescriptions.

The following could be useful to include when transporting medications:

- a ready supply of UR labels
- snap-lock bags of various sizes
- insulated cooling bags
- dosette boxes or Webster packs.

Medication orders, prescriptions and instructions for administering medication to a resident should be transported with the resident.

Residents' personal belongings

Residents should have a travel bag packed with their personal belongings and care requirements if the plan is to relocate. Developing a checklist (see Appendix 2) might be useful as a component of the planning process to ensure necessary items are not forgotten. For example, items might include:

- clothing
- basic toiletries – including oral and dental supplies
- mobility aids
- sensory aids
- prosthetic devices
- medications
- continence aids.

'We purchased large bags for each resident and packed sufficient supplies for three days. We also prepared other boxes ready to transport other necessary equipment to each receiving facility.'

'Following our experiences we now have pre-packed residents' bags and evacuation packs.'

Considerations regarding how to organise, pack and transport supplies for residents might include:

- what supplies need to be accessible for each resident during transit
- if there is space to transport supplies in the same vehicles as residents
- if all residents being relocated are going to a single location
- how quickly supplies will be required once residents arrive at alternative accommodation
- what travel bags are available to pack residents' belongings and supplies to ensure security
- how travel bags and other items are labelled so they are quickly identifiable.

The time required to pack these items should also be considered.

Basic and emergency supplies

Food, water, linen, basic toiletries, bedding, blankets and emergency items such as torches, battery-operated radios and communication devices also require consideration. Planning should include ensuring the availability of these items for relocation, sheltering in place and emergency evacuation.

Supply requirements should also consider the potential food, drink and personal hygiene requirements of staff, volunteers and others.

‘On the day of the relocation we ran out of supplies of all liquids except for tap water due to the needs of all the additional staff, volunteers, families and other personnel assisting us.’

Advice and a checklist of food, water and essential items to survive a prolonged emergency situation can be found online at <www.pantrypolist.com.au>.



8. Supplies, equipment and services

Aged care providers need to work in partnership with local government and emergency services in developing their plans

Supplies and services

Your service should discuss supply and service arrangements with existing suppliers and your plans for relocation and sheltering in place. This includes suppliers of essential services for:

- electricity
- gas
- water
- telecommunications.

Depending on the impact of the natural hazard the following also require consideration, particularly if the decision is made to shelter in place:

- safety and/or outages of essential services (such as the impact on electrical equipment and plant items, food spoilage and medication storage associated with power disruptions)
- contamination (such as water contamination)
- protective equipment and clothing
- communication disruption (including nurse call systems as well as fixed-line and mobile phone communication)
- no road access to the facility
- clean-up, repairs and re-stocking.

If your service has back-up electricity generators and alternative communication devices it is important to check the conditions and situations where these are effective, and the length of time they will operate, as well as the amount of fuel that may be required. It is also important to regularly test your equipment in readiness for an emergency. Services that do not have a back-up generator could consider purchasing one.

‘We needed to relocate due to a power failure, our back-up generator failed to work and it was still 33 degrees at three in the morning.’

Other important suppliers are those that support services for:

- food
- linen
- medical supplies such as continence, wound and enteral products
- oxygen
- pharmacy.

Your service may need to develop new (or revise existing) supplier contracts for equipment or supplies that might be required for either relocating to an alternative accommodation or sheltering in place, such as those for supplying generators.

Your service should discuss your plans about relocation or sheltering in place with equipment, goods and service suppliers.

Relocating residents to facilities operated by other aged care providers

If plans include relocating residents to facilities operated by other aged care providers, then the availability of equipment, services and supplies should be included in the plan. Developing an MOU with other providers that includes an agreement for supplying equipment supplies and other services (including medical care and pharmacy) may prevent any potential misunderstanding about how this would occur and address the issue of costs incurred (also refer to Alternative accommodation: section 6 of this resource).

Accessing medical services and advice if needed is an important consideration in all situations.

Communication

It is important that providers communicate with suppliers of equipment, goods and services, residents and their families, staff, volunteers and others about the availability of equipment and supplies. This should include any anticipated or potential disruption to availability of supplies and services and how these might be managed.

‘After our experience with delays in making and receiving phone calls, and phone lines being blocked, I believe every facility should consider having a dedicated emergency phone line or satellite phone.’

Remember to communicate your planning arrangements for essential services supply with relevant local government and emergency service representatives.

Planning prompts

- Does your service have a plan that addresses the availability of equipment supplies and services for relocation, sheltering in place and emergency evacuation (including during times of transit)?
- Does the plan systematically identify all critical requirements for equipment, supplies and services that could be needed?
- Does the plan consider equipment and supply issues for residents who may go home with family or friends?
- Does the plan include requirements for critical items such as
 - food and fluids (including modified and enteral requirements)
 - linen
 - toileting and basic hygiene needs, continence aids
 - wound supplies, oxygen supplies
 - residents' medications
 - water, gas, electricity, communications (including staff call systems and internal and external)?
- Does the plan address providing alternatives for critical equipment, supplies and services?
- Does the plan include contact lists and numbers available (24/7 if possible) for accessing critical supplies and services?
- Does the plan include 24-hour access requirements for any stored equipment and supplies if key people are not available?
- Does the plan outline what equipment, supplies and services would be required at an alternative location if residents are relocated or evacuated?
- Does the plan outline how individual resident requirements will be identified, packed, appropriately labelled and transported (if relevant)?
- Does the plan outline arrangements for safe medication management and administration for relocation, sheltering in place and emergency evacuation (including during transit)?
- Does the plan identify providers of routine supplies and consumables and outline a strategy for maintaining these or providing alternatives?
- Does the plan include providing required equipment and supplies in situations where residents are relocated to alternative sites (including home situations)?
- Has the plan been communicated to all key stakeholders such as staff and volunteers, residents and their families, GPs, contractors, other aged care providers (host facilities) and local government and emergency services?

9. Staffing

9. Staffing

Optimum staffing means having the right people doing the right thing at the right time.

The availability and capacity of appropriately skilled staff and other personnel (such as volunteers) are key issues to consider and plan for when deciding to relocate or shelter in place.

Relocating or sheltering in place involves increased demands for staffing and flexible approaches are required.

There may not be enough staff available in the event of a natural hazard. Some staff will prioritise personal, family or community commitments (such as CFA or SES volunteering) and not be available in the workplace. Staff may also be unable to gain access due to road closures. This complex situation may create a staffing and human resource dilemma that your service will need to anticipate and plan for.

‘Because we had to relocate in the middle of the night we had few staff available and many were already involved in protecting their own homes or assisting with surrounding fire-fighting efforts. We relied strongly on community volunteers.’

Planning arrangements should consider utilising all available personnel to perform a range of tasks irrespective of their usual role. Although it's impossible to plan for every contingency, managers, staff, volunteers, residents, their families and friends can take steps to ensure they are as prepared as possible. Planning should focus on the training, skill and capacity requirements of all personnel. Staff could practise performing their roles during mock situations to increase their preparedness.

Ensuring all staff are appropriately trained is a vital component of a well-considered plan. Plans should be tested as much as possible are required.

Staffing requirements

A range of issues should be considered when anticipating the need for additional staff and resources during the planning stage. These include:

- considering what core resident-related tasks and roles need to be maintained and what additional tasks, roles and responsibilities will be required
- identifying what key roles, responsibilities and tasks will be assigned to the CEO, executives, senior managers and other staff within the facility
- developing prompt sheets or cards outlining responsibilities for key roles
- what roles and tasks could be performed by volunteers, residents' families and/or friends
- discussing with staff in advance to ascertain their willingness to be available and be involved in relocation or sheltering in place activities

- the importance of keeping an up-to-date staff register with key contact details that are accessible to key people
- what sort of training and/or instructions will be needed to help staff perform unfamiliar tasks or roles
- the needs of staff who may not be able to return home from the facility.

Key roles and responsibilities need to be documented with clear instructions to assist people who may need to perform unfamiliar roles and tasks.

‘We had no power so our phone lines were down. Because of the size of our campus we relied on written communication and using “runners” to relay important messages.’

Residents’ families, friends and volunteers

Seeking the help of residents’ families, friends and volunteers can significantly boost staff numbers and enhance the capacity of the service to relocate or shelter in place. Talking to residents’ families and community members during the planning stage about their willingness and availability to assist if required will be important.

‘The community was so supportive to us and we had many offers of help. Two registered nurses turned up to assist with current police checks and nursing registration in hand.’

The planning considerations required for using family, friends and volunteers include:

- discussions in advance to ascertain their willingness to be involved in relocation or sheltering in place activities
- the importance of keeping up-to-date contact details of family members and volunteers that are accessible to key people
- the type of training and/or instructions needed for them to perform unfamiliar tasks or roles.

When considering volunteers in your planning, also think about people and groups in the community who are not the usual visitors or volunteers to your service and may be available to assist in a natural hazard. Some of these people may be further encouraged if there are arrangements to pay or provide a donation for their assistance. During the planning phase discuss with the local council representatives about the possibility of accessing volunteer groups.

Consider people and groups in your community who may be available to assist as volunteers.

In addition, providers need to consider the statutory or legislative responsibilities required to ensure potential volunteers/family members are appropriate (such as police checks).

In an emergency event people without police checks can volunteer their services and provide assistance, provided that they are supervised to the extent that is reasonable given the circumstances. Recognising that if at all possible, providers are to meet Commonwealth requirements and not allow a person to work unsupervised as a volunteer unless they are satisfied the person has had a police check that does not record that the person has any precluding offences.

A volunteer is defined as a person who is not a staff member and who provides care or other services in circumstances where the person has, or is reasonably likely to have, unsupervised access to care recipients. Principles of volunteering need to be adhered to. For further information refer to the Volunteering Australia website at <http://www.volunteeringaustralia.org/files/AOAL2F8K3S/VA%20Definitions%20and%20Principles%20June%202005.pdf>.

Staff from other aged care facilities

If your organisation has multiple aged care facilities, your service could consider approaching staff from these other services to assist. Additionally, your service could explore collaborative arrangements for using staff from other organisations.

Staffing agencies

If your service has existing arrangements with casual staffing agencies you could discuss the availability of additional/replacement staff to support any plans for either relocation or sheltering in place. If your service doesn't have existing contracts with casual staffing agencies, developing contracts with these agencies could be explored if considered a suitable option.

Commonly, staffing agencies used by aged care providers supply nurses, personal care workers and environmental services staff. Given the diversity of roles that may be required, an option might be to consider using staffing agencies that service other types of businesses.

Remember, your plan will need to consider how staff and volunteers could be regularly and quickly updated on the situation, particularly those who are not regular staff members.

Making a decision early to relocate or shelter in place increases the likelihood that there will be more staff, volunteers and others available to help.

Relocating staff to a host facility

If the plan is to relocate residents, your service may need to plan to provide additional staff to assist the host organisation to meet the needs of the residents. Staff may be required to relocate and work in the host facility for the duration of the relocation. This should be discussed with all staff and potential host facilities during the planning phase to identify any issues or alternatives available.

‘We made sure that at least one staff member from our service was sent to the host facility each shift. This was reassuring to all residents, especially those who experienced problems with confusion – their faces would literally light up when a familiar face walked into their room.’

Staff may also be needed to provide care to residents at alternative locations.

‘Our activities coordinator also travelled between the host sites each day and she too received a “rock star” welcome from the residents, who were pleased to see a familiar face and appreciative of the continuity of activities during the relocation period. The activities coordinator also took special individual little treats for each resident when visiting the host sites.’

Planning should also consider how staff will be supported if they relocate with residents. Your service should plan how it might:

- maintain regular contact with staff when they are off site
- provide flexible working hours and breaks
- cover personnel expenses incurred during this period such as meals, accommodation and travel
- ensure staff are adequately oriented to their host facility.

Staff will be required to travel with residents who are relocated. Vouchers or arrangements for payment could be considered in your planning.

Staff should also undertake their own planning to ensure their personal requirements are met in the event of needing to shelter in place with residents. For example, staff could be advised to have a bag packed and available at all times with items such as clothes and personal hygiene and other personal needs such as medication.

‘Eleven staff from our facility were unable to get to their homes due to road blockages, and one staff member continued to work despite knowing their own home was on fire.’

Emotional support and debriefing

The emotional impacts of relocation, sheltering in place or emergency evacuation on residents, staff, families and volunteers should be considered in your planning. Even a planned situation with plenty of advance preparation may cause stress and anxiety. Being aware and prepared for this is an important planning consideration that should not be overlooked during or after a natural hazard.

Planning should ensure staff will have access to adequate employee assistance or peer support programs including counselling and other support services that may be required. Consider additional staff training in counselling if this is appropriate.

‘In many ways relocating was harder on our staff than on our residents. The staff had to travel to the host facilities each day. Working in a different environment was at times challenging for them. We made sure we provided staff with the opportunity to debrief and to access counselling services if they wanted it.’

Communication and coordination

Having defined roles and responsibilities for communicating and coordinating staffing activities is essential including understanding:

- who would be responsible for maintaining staff and volunteer contact lists and knowing how these could be accessed
- who would be responsible for activating and coordinating staffing arrangements that might include:
 - sourcing additional staff and personnel
 - arranging and allocating roles and/or tasks to staff or volunteers
 - allocating staff or volunteers to accompany residents during transportation and relocation or evacuation
 - assigning staff to assist host facilities
- who would be responsible for providing staff with update briefings on the situation and conditions and how they would ensure information is current
- how facilities would maintain ongoing contact with staff who are required to accompany residents to alternative locations.

Your service is responsible for the health and safety of staff and volunteers.

Remember, planning decisions should involve communication with the relevant local government and emergency services.

Planning prompts

- Does your service have a plan that addresses the availability of staff and other personnel for relocation, sheltering in place and emergency evacuation (including during times of transit)?
- Does the plan identify how many staff/personnel will be required to meet residents' needs and other operational requirements, and how long these staff might be required?
- Does the plan include processes for determining the potential availability of all staff, residents' families and volunteers to assist in the event of a natural hazard, whether relocating or sheltering in place?
- Does the plan consider staff leave and roster requirements during periods of a potential natural hazard?
- Does the plan consider what roles and tasks could be performed by volunteers, residents' families and/or friends? Is there a need to provide training and/or written instructions for these roles and tasks?
- Does the plan outline the roles and responsibilities for all management, staff, residents' families and volunteers (including during transit if residents are relocated/evacuated) and how these would be assigned?
- Does the plan identify a secondary or back-up person for key roles should primary people not be available?
- Does the plan identify processes and responsibilities for monitoring and recording numbers of staff and personnel on site including their names, where they are and what they have been allocated to do?
- Has your service undertaken a training needs analysis and conducted relevant training for staff, volunteers and relevant others (particularly those needed to perform unfamiliar roles and could include possible mock training situations where possible)?

10. Physical environment

10. Physical environment

Robust systems for risk assessment, planning and management of the surrounding environment and facility, including appropriate asset maintenance and protection, are important considerations for both internal and external hazards.

Careful assessment of your service's physical structure and surrounding environment will assist your planning and decision-making processes in relation to planned relocation or sheltering in place.

A well-prepared facility and surrounding environment has a better chance of withstanding a natural hazard.



With the exception of facility preparedness for bushfire, there is currently no agreed all-hazards advice available in relation to facility preparedness for other natural hazards. However, common sense would dictate that buildings that are constructed to accepted building standards and are well maintained will provide better protection. Therefore the importance of proactive maintenance with a vigilant eye to the possibilities of how your facility and environment might be affected by a range of hazards cannot be underestimated.

Potential disruptions to the supply of electricity, water and telecommunications are key issues to take into account in your overall emergency planning. Some facilities may be supported by emergency generators to assist with business continuity; however, their fuel storage capacity and load shedding arrangements may require that non-critical loads such as air-conditioning be turned off until power is restored.

‘By the time our last resident was evacuated our power had failed; it was the first time in 22 years the facility was empty. We couldn’t even secure the home because we didn’t have keys – everything was electronically secured and, without power, was disengaged.’

Fire protection systems

Residential aged care facilities include a range of fire protection systems that can assist in managing potential hazards; however, a range of external threats may impact on the ability of these systems to function effectively. These include:

- fire detection systems (with limited battery back-up to the fire panel), which include smoke detectors and emergency warning systems or alarms and may be connected to the local fire brigade
- emergency evacuation systems, which include exit signs and emergency lighting and have a limited back-up capacity following power failure (two hours)
- smoke exhaust systems in larger facilities
- fire suppression systems, including internal sprinklers and internal and external fire hoses/hydrants, which depend on the local water supply system unless on-site storage tanks are available (some sites rely on electric booster pumps to deliver water at appropriate pressure from either tanks or the local water supply system)
- roof-mounted sprinklers, ember-resistant screens on windows and vegetation clearance zones around the building (for facilities located in bushfire zones).

The above systems form part of the Essential Safety Measures determined under section 12 the Victorian Building Regulations. These systems must be regularly maintained, with an annual report prepared by the owner.

Bushfire preparedness

An essential component of bushfire planning for each residential aged care service involves a comprehensive assessment of the:

- facility’s location including site, topography and surrounding area and vegetation
- facility’s physical structure, including design and building materials
- the availability and adequacy of fire detection and protection systems and equipment, coupled with capability and readiness.

While existing buildings are not currently required to have a bushfire risk assessment under the Victorian Building Regulations, this may be prudent to mitigate the risks to business continuity and protect your asset. Undertaking an assessment of the Bushfire Attack Level (BAL) will assist in determining the ability of your service to withstand a bushfire. The BAL takes into consideration a number of factors including the fire danger index, the slope of the land, and type and proximity of surrounding vegetation.

10. Physical environment

Aged care providers need to work in partnership with local government and emergency services in developing their plans

A range of measures can be implemented relatively cheaply to prevent ember entry, create a fuel-free zone around the building and prevent smoke entering the building. Useful information about the bushfire risk that your site could endure as well as protective measures is available on the Building Commission website at <http://www.buildingcommission.com.au/www/html/2421-bushfire-building-regulations-2011.asp>.

In addition, the planning prompts at the end of this section have been designed to assist with a preliminary assessment of the fire risks associated with your physical environment, and to identify some of the issues that need to be considered in the event of a threat of bushfire, smoke and heat impacting on your facility. Further assessment and expert advice may be required for your planning arrangements for bushfires.

Services in high-risk bushfire areas need to prepare their facilities regardless of their decision to relocate or shelter in place.



The better prepared the facility and surrounding environment, the more likely it will provide protection if the decision is to shelter in place in an emergency situation. However, the decision to stay needs high-level awareness that in major bushfire situations, the capacity of the local fire authority to protect every building within a community is limited, and residential aged care services should not rely on local fire resources to protect their facility.

‘Although we had been informed that we would be well protected with diesel and back-up water pumps, the CFA were deployed elsewhere and no-one could have predicted the ferocity and speed of these fires.’

If after consideration of all the risks your service decides or is required to shelter in place then careful assessment is necessary to determine where in the facility residents and staff can shelter from fire and radiant heat. Remember that during a bushfire, essential services such as electricity, mains water or mobile and landline telecommunications may not always be reliable or accessible.

Planning prompts

- Has a risk assessment of the surrounding environment and facility structure been carried out for a range of external hazards?
- Is there a robust pro-active program for planned maintenance with regular inspections of the facility and surrounds which includes consideration of potential external hazards (such as regular removal of debris and combustible materials including dry grass, flammable debris and rubbish, gutter cleaning and cutting back of vegetation)?
- Have you applied a self-assessment tool for your facility such as the one made available by the CFA?
- Have you had the facility checked to determine its level of exposure to bushfire and other risks?
- Are all hazardous/flammable materials including gas, paints and sealants safely stored and do they meet legislative safety compliance?
- Does your facility have designated building exits that are continuously kept clear of obstructions and safe to use by all residents and staff?
- Are your fire protection systems and equipment to combat a fire inside the building (such as fire hydrants, hose reels, internal sprinkler system and alarms) tested at least annually by fire services or appropriate contractors with essential safety measures reports prepared annually and available?
- Does your facility have appropriate fire protection systems and equipment on site for use by qualified fire-fighting personnel to combat a fire external to the building (such as an adequate water supply with back-up and appropriate piping, a firefighting pump that is not reliant on mains power supply and is protected from radiant heat, fire hydrants and fire-fighting hoses, a roof-mounted sprinkler system, and access for a fire truck)?
- Does your service have an alternate power supply should there be a mains power failure (such as a back-up generator that is regularly serviced and tested under load and with only essential equipment plugged in)?
- Does your facility have adequate equipment and resources (such as smoke alarms, battery-operated radio, telephone handsets or a portable siren) to function in the event of a mains power failure?
- Do your facility's air-conditioning units have the ability to self-cycle if the external air quality is poor?
- Does your service have arrangements for speedy access to an engineer to repair your air-conditioning system in the event of a climate control failure during periods of extreme heat?
- Has your service considered access to sufficient drinking water during periods of extreme heat, a fire or other emergency (including an appropriate supply of chilled and other water in the event of a failure of mains power/water supply)?
- Has your service considered appropriate multi-modal communications (so you don't have to rely on mobile phones that might not work during a large-scale emergency)?
- Does your emergency management plan deal with all the main external hazards (including the procedures that apply and what to do in the event of excessive heat, fire, smoke, water inundation, sewerage back-flow and loss of power)?
- Has your service considered what process it would use to monitor the power system on days of high fire/heat risk (including reducing power usage appropriately if capacity is threatened)?
- Has your service planned to share local resources and critical equipment in an emergency event and implemented agreements in this regard?
- Does your plan need to consider arrangements for securely locking your facility when empty?

11. Being a host service

11. Being a host service

It is a good idea for your service to have plans about how it might be able to provide host accommodation for relocated residents.

If your service has determined that it has a low risk of being impacted by a natural hazard, you could consider planning to be a host facility and potentially receive residents relocated or evacuated from other services. Other aged care services offer the most suitable option for residents who might require relocation because of the similar environment and care arrangements already in place.

An aged care facility is the best option for accommodating relocated residents.

Being prepared to host relocated residents requires planning in advance and reviewing many of the same considerations as previously outlined in this resource. Use the previous sections in this resource to help with plans for being a host service. In addition, you may need to consider the following issues when hosting relocated residents.

- **Availability of suitable space and/or accommodation:** Identify in advance how many residents your facility might be able to host. Consider your ability over the varying lengths of time accommodation might be required. For example, short-term, such as one or two nights, and longer term situations.

‘Part of our ability to have sufficient accommodation was contacting some residents’ families who could care for their relative at home. Eight of our low-care residents went home to free up beds for residents evacuated from other facilities.’

- **Staffing availability and capacity:** Consider the availability of a range of staff types including care staff, leisure and lifestyle staff, allied health, and domestic staff.

‘As a host facility we needed to consider additional hours not just for direct care staff, but also maintenance to assist in preparing the facility, as well as laundry and kitchen staff.’

- **Equipment, services and supplies:** Consider the availability of appropriate equipment and services and supplies, especially bedding.

‘As a host facility receiving a large number of residents we needed to ensure we had adequate equipment. Additional beds were retrieved from storage and a local bed manufacturing company volunteered their services to provide additional electronic beds.’

- **Pre-arrival considerations:** Being ready to receive residents may assist with an easy transition into your service.

‘One of the keys to being a successful receiving facility is the preparation and ensuring that each department is clear about their individual roles and responsibilities.’

‘As a host facility, we got the names of the residents from the relocating facility and prepared identity bands in advance. Upon arrival of residents, staff accompanying them identified residents and an identity band was secured to their arm.’

- **Delivery of services to meet residents’ individual care needs:** Have an understanding of the level and type of information your service might require about each resident before they arrive in your facility. Remember, a change in the environment may contribute to increased risk associated with falls, confusion and other care issues for some residents, which will require careful monitoring. Medical care and services need to be considered as part of being a host facility.

‘We requested that the relocating facility send us the resident dietary list from their kitchen so that our kitchen staff could meet the nutritional needs of residents upon arrival.’

- **Communication and coordination:** How will your service ensure effective communication and coordination with staff, residents and their families from both facilities involved?

‘Staff from the evacuated facility kept in contact with us daily to enquire about their residents’ health and mental wellbeing. The residents stayed with us for two weeks and I’m sure it helped to keep touch with their home.’

- **Psycho-social impacts:** The importance of being aware of the potential psychological impacts of relocation or evacuation on some residents and the staff who accompany them should not be underestimated.
- **Other support requirements:** Staff accompanying residents from other facilities might also require accommodation support and your service may consider in advance any suitable accommodation available to meet this potential need.
- **Record keeping:** What, if any, prior agreement is required between the host and the sending facilities in relation to any additional costs incurred during the period of hosting residents? Keeping accurate records of the services provided is a key component of minimising any potential misunderstandings about any agreed conditions.

Planning prompts

- Does your service plan to be a host facility if required?
- Does the plan consider additional resources required such as
 - staffing – considering all members of the team including care staff, leisure and lifestyle staff, allied health, and domestic staff
 - equipment such as beds and lifting machines.
- Does the plan identify how many additional residents your facility can host, considering both short-term and long-term requirements?
- Does the plan identify the type of information your service would like to receive prior to residents arriving at your facility?
- Does the plan identify clear communication strategies with
 - residents and families from your facility
 - residents and families from the sending facility
 - staff from your facility
 - staff from the sending facility
 - GPs and pharmacy?
- Does the plan identify capacity to provide staff accommodation for staff relocated from other facilities?
- Does the plan outline any pre-agreed arrangements about funding and resource assistance that may be required from the sending facility?

12. Returning home and recovery

12. Returning home and recovery

Returning home is a key component of a temporary resident relocation plan.

‘The day after evacuation, we arranged to transfer back residents who were mobile and had problems with confusion. These residents were all able to go easily in normal car transport should the situation have escalated again. The residents who experienced problems with confusion and/or anxiety were also more comfortable in their own environment as the relocation had in many situations exacerbated their confusion.’



The level of planning required to safely return residents to your facility can be as involved as relocating in the first instance. Use the previous sections in this resource to help with plans for returning to the facility to consider:

- resident care needs
- transportation
- supplies
- staffing
- physical environment.

There might be some delay in returning to the home facility after a natural emergency. Roads might be busy or blocked and time may be required to carry out repairs, clean up the premises and resume all critical services (such as utilities, staffing, supplies and technology). Additional resources may be required to ensure your facility is safe and comfortable for residents and staff to return.

‘It took us two days to adequately prepare the facility prior to residents coming back due to the smoke damage. All linen, curtains, clothing and equipment had to be laundered or cleaned.’

As outlined in the transport section, a number of transport options should be arranged to ensure resident return occurs in a smooth and timely manner. Where ambulance transport is required, the service will need to negotiate a suitable date and time for returning residents to their home so as to minimise impact on AV’s normal business.



‘We never anticipated the delays that could occur when residents were returning to their facilities. There were delays in getting non-emergency ambulance transport, and police road blocks delayed travel until it was confirmed that approval had been granted by the authorities.’

Care for residents and staff affected by a natural hazard

Any emergency, particularly those that have a major impact on the local community or involve relocation or evacuation, is likely to be traumatic for residents, their families and staff. Once the worst is over, people involved usually feel exhausted and emotional. Distress reactions after such an event can occur hours, days, weeks or even months after the event. It is normal for people to experience a range of physical, cognitive, emotional and behavioural reactions following a distressing event.

The impact and/or reactions may be mild or severe, short or long lasting. People's responses might also change over time.

Common reactions may include:

- disturbed sleep and/or nightmares
- headaches
- nausea
- poor attention and memory
- confusion and disorientation
- visual images of the event
- fear, depression, anxiety and panic
- withdrawal and tearfulness.

For residents and staff who may have been affected by previous events such as war or other traumatic events, the repercussions of a natural hazard may re-open the impact of these past experiences. For others, the impact of having to relocate and/or experiencing a heightened state of activity and stress in their living and working environment may be long term and negative.

Reactions for residents could also potentially be heightened for those who already have some degree of cognitive impairment or mental health condition. Resulting impacts may lead to a deterioration in their overall condition and necessitate a review of their needs and care planning requirements.

The impact of early intervention for recovery is well recognised.

It is important that your service is aware of the potential range of reactions that a natural hazard may cause. Available management and staff should understand and be able to recognise the range and scope of responses that may emerge. An appropriate response needs to be considered for those residents and staff who may be affected.

Services should consider and plan for additional resources that may be required to meet the psychosocial needs of residents, staff and others such as relatives and volunteers during the recovery phase. Planning to provide the necessary support is important to reduce the likelihood of more serious and long-term damage to their psychosocial wellbeing. Education for staff and residents may be an important component to ensure early identification and appropriate and timely response to any distress arising out of such an event.

‘Many residents had families or friends affected by the fires and when we were given the all clear to return home, we decided to throw a welcome home celebration. Residents had a welcome home poster above their beds and many said that they were so glad to be home.’

Additional consideration: As the regulator and funder of residential aged care services, any issues related to resident care arising from relocation, sheltering in place or emergency evacuation should be discussed with DoHA.

To contact the DoHA Victorian office’s Emergency Advice and Response Line telephone **1800 078 709**, or email [**<emergencyvic@health.gov.au>**](mailto:emergencyvic@health.gov.au).

Planning prompts

- Does your service have a plan that considers returning home and recovery requirements?
- Does the plan for returning home consider the following areas
 - resident care needs
 - transportation
 - supplies
 - staffing
 - physical environment?
- Does the plan consider the additional resources that may be required to safely resume care and
 - service delivery?
- Does the plan consider actions for the early identification of trauma and intervention that promotes psychosocial wellbeing following an incident?
- Does the plan account for the additional resources that may be required to promote psychosocial wellbeing?
- Does the plan consider training requirements to ensure management and staff can identify and respond to the range of reactions that residents, families and staff may display?

Abbreviations

AV	Ambulance Victoria
BAL	bushfire attack level
BCM	business continuity management
BOM	Bureau of Meteorology
CEO	chief executive officer
DoHA	Commonwealth Department of Health and Ageing
CFA	Country Fire Authority
EMP	emergency management planning
GP	general practitioner
MFB	Metropolitan Fire Brigade
MOU	memorandum of understanding
NEPT	non-emergency patient transport
SES	State Emergency Service
VicPol	Victoria Police

References and key agencies for emergency planning and response

Aged Care Standards and Accreditation Agency

The Standard: *Preparing for an emergency*
<www.accreditation.org.au/site/uploads/special%20re-issue%20Dec%202011.pdf>

Ambulance Victoria

<www.ambulance.vic.gov.au>

Non-emergency patient transport
<www.health.vic.gov.au/nept>

Australian Centre for Posttraumatic Mental Health

Includes information on managing trauma, as well as publications and resources and fact sheets about coping with impact of natural disasters and emergencies
<www.acpmh.unimelb.edu.au>

Australian Emergency Management

<www.em.gov.au>

Business Continuity Institute

<www.thebci.org.au>

Department of Health / Department of Human Services

Emergency preparedness client and services policy
<www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/dh-2010-11-bushfire-response-clients-and-services-policy>

Summer preparedness kit
<www.dhs.vic.gov.au/for-service-providers/emergencies-and-preparedness/emergency-preparedness/summer-preparedness-kit>

Department of Health and Ageing

Fire safety exception reporting requirements
<www.health.gov.au/internet/main/publishing.nsf/content/ageing-certification-nc-fire-safety.htm>

Risk management for emergency events advice
<www.health.gov.au/internet/main/publishing.nsf/Content/ageing-risk-management-emergency.htm>

Reminder to review risk management plans
<www.health.gov.au/internet/main/publishing.nsf/content/ageing-mailfax-2011-0711.htm>

Emergency Alert

<www.emergencyalert.gov.au>

Emergency contact numbers

Police, fire or ambulance: **triple zero (000)**

Floods and storms: **132 500**

Emergency Management Australia

<www.ema.gov.au>

Energy Safe Victoria

What to do in an electrical emergency
<www.esv.vic.gov.au/For-Consumers/Emergencies/Electricity>

What to do in a gas emergency
<www.esv.vic.gov.au/For-Consumers/Emergencies/Gas>

Florida Health Care Association Education & Development Foundation

National Criteria for Evacuation Decision-making in Nursing Homes

<www.fhca.org/emerp/evacsurvey.pdf>

Municipal Association Victoria

<www.mav.asn.au>

Office of the Emergency Services Commissioner

<www.oesc.vic.gov.au>

Red Cross

<www.redcross.org.au>

A range of emergency fact sheets, checklists and booklets

<www.redcross.org.au/ourservices_acrossaustralia_emergencyservices_resources.htm>

SAFETYvictoria

<www.safety.vic.gov.au>

Standards Australia

HB221:2004 Business continuity management and HB 292:2006 A practitioners guide to business continuity management can be purchased online **<www.saiglobal.com>**

Victoria Managed Insurance Authority

Business continuity management, good practice guide, July 2010

<www.vmia.vic.gov.au/Risk-Management/Risk-management-services/Business-continuity-management.aspx>

Victoria Online

Emergency and safety

<www.vic.gov.au/emergencies-safety>

Victoria Police

Community evacuation information

<www.police.vic.gov.au/retrivemedia.asp?Media_ID=72961>

VicRoads

<www.vicroads.vic.gov.au>

WorkSafe Victoria

<www.worksafe.vic.gov.au>

Aged care providers need to work in partnership with local government and emergency services in developing their plans.

Appendices

Appendix 1: Useful information and resources about natural hazards

Bushfire

Heat

Flood

Storm

Earthquake

Tsunami

Appendix 2: Suggested contents for evacuation kits

What's in your facility's evacuation kit?

What's in each individual resident's evacuation kit?

Appendix 3: Ambulance Victoria evacuation template

Guidelines for populating the evacuation template

Evacuation template

Ambulance Victoria information

Appendix 4: Department of Health and Ageing resident relocation template

