

EMERGENCY AND NATURAL DISASTER TOOLKIT

Be aware, be prepared and be digital ready
to enable continuity of care when
practice environments cannot be accessed.

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Disclaimer: This toolkit aims to increase digital readiness and knowledge of the tools that are available to be used in everyday practice. It does not replace advice or tools that are already available to assist practices to map out and plan their emergency preparedness activities (see the last page for more details). While care has been taken in preparing this document, it is a guide, that is uncontrolled when printed – for the most up-to-date version, visit murrayphn.org.au



Leadership



Collaboration



Respect



Accountability



Innovation

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Please note, several of the steps to register a practice for a digital tool, such as My Health Record, are the same to access others, including electronic scripts and secure messaging. If your practice has already completed these steps, there is no need to repeat the process. To begin the registration process for any of these tools, you will need the following before you get started:

- practice Healthcare Provider Identifier-Organisation (HPI-O)
- an active National Authentication Service for Health (NASH) certificate
- all prescribers linked to a Prescription Delivery Service (eRx)
- updated practice software to latest version.

While reading this document, think of how your practice may answer the following questions:

- *Does our practice already have this set up? If yes, is our practice actively using it?*
- *Do practice staff require refresher education due to length of time since it was last held or the tools used or are there new staff that would benefit?*
- *If our practice does not have it set up, should we consider it?*

1. Introduction

Being aware, prepared and digital ready, can support general practice continuity when practice environments cannot be accessed.

Natural disasters and pandemics are increasing and can have devastating impacts on communities, including the health services that support them.

Digital health tools can play a crucial role in helping practices to prepare for and respond to these sometimes catastrophic events. For example, through the use of digital health tools, practices can stay connected with their staff, stakeholders and patients and enable continuity of care by mobilising resources quickly, such as running virtual health clinics by offering remote medical consultations and using My Health Record and eScripts.

2. Information technology and data

Practice operations rely increasingly on computer hardware, software and information technology (IT) systems. In the event of an emergency, this equipment can be damaged, or its functionality lost. A key part to disaster planning is considering how computer systems, telephone systems, automatic doors, heating and cooling systems and lighting will be affected.

2.1 Cloud computing

Cloud computing refers to cost-effective hosting and delivery of computing services, inclusive of servers, databases, storage, networking, software, analytics and intelligence; using the internet ('the cloud') to deliver these services on demand and as required by the organisation.

In the context of managing disasters, this would mean that access to data required to manage work flow would be stored separately from the infrastructure impacted by the disasters and, therefore, remain accessible for collaborative planning and decision making, provided there is an internet connection. Other concerns that need to be addressed include bandwidth requirements to access cloud services and cybersecurity. The advantage is that the data is protected when e.g. floods or fires threaten the central infrastructure of your practice and/or if you need to move off site. Discover more by talking to your information and communications technology (ICT) consultant.

2.2 Uninterruptable power supply

If computer servers are not shut down properly during a power outage, they may incur significant damage. Where black outs occur, it is important to have an uninterruptable power supply or UPS, to provide emergency power via battery, which allows you to safely save your data and power down your machine properly to ensure all programs and information are saved. Contact your ICT consultant for further information.

2.3 Hardware

During the emergency planning process, it is advisable to stocktake all hardware and equipment in the practice. If any equipment is destroyed or damaged, staff will be able to ascertain what needs to be replaced. This list can be used as part of the practice's asset register. If the practice leases computers and hardware, it is important to contact the leasing company as soon as possible to discuss the damage and the process involved in replacing items. If IT equipment has been damaged because of a disaster, determine the operational status of equipment. For safety purposes, seek advice from a professional. Practices may need to transfer any equipment and computers that have not been damaged to a safe operational area within the practice or offsite to ensure their protection.

After an emergency, the practice may have limited or no access to computers. This may be due to damage to computers or damage to or loss of functionality of the server. Practices should keep at least one fully charged laptop stored with current practice/patient data or ensure access to the

previous day's back-up (whether physical or on a secure cloud). It is important that practices have suitable media-reading devices to effectively restore data when IT systems are affected.

2.4 Software, applications and digital health solutions

Software is generally stored on a disk or other device, is downloadable from the vendor's website, or stored in the computer's permanent memory. When first purchased, software is either registered to the practice or to an individual working within the practice.

It is recommended that a list of all software and access codes be created and maintained, including software support phone numbers. This list can be used as part of the practice's asset register and should be stored safely, as in a fireproof box or secure online storage. If software and applications do not work due to server damage, assistance should be sought from your ICT or an experienced IT technician, who will need to reinstall them.

Programs and information such as pathology and radiology reports, patient discharge summaries and personally controlled electronic health records (PCEHR) may be available on My Health Record where a practice is working remotely, and electricity is unavailable during this time. See 2.4 *eReferrals for more on electronic records*.

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

2.5 Data protection

In the general practice setting, data protection is key to effective business continuity. Information management and information technology should always be considered as a high priority in emergency planning. Advanced planning will make the recovery phase significantly easier and faster.

Critical information should be kept current and stored off-site as part of high-quality back-up systems for information technology. As a minimum, daily back-up of all data should be performed (including email, shared documents, network file and databases and clinical and practice software) and verified. When a disaster is imminent, a hard copy list of all patients seen should be kept so that records can be updated when business as usual resumes. Restore procedures should also be tested regularly. This may include contacting software vendors for products specific recommendations regarding restoration processes and data integrity checks.

It is important to conduct regular audits on desktop computers/workstations to ascertain what data is being stored on local drives. There may be some applications that are not connected to the server and therefore not backed-up daily.

2.6 Paper medical records

If your practice still has legally required paper medical records in storage, there are a range of activities staff can undertake to minimise damage to these in an emergency. Noting that paper medical records can be damaged irrespective of the protective measures employed.

If paper medical records are damaged by water or fire, practices need to have systems in place to assess whether the records can be recovered. It is advisable to access services from disaster recovery specialists during the emergency planning process to understand the services they provide.

When dealing with damaged paper records:

- assess the damage and review the possible options for recovery
- separate the damaged records from the undamaged records
- handle them as little as possible – even if paper records are saturated, in most cases much of the writing will remain legible if water-fast pens have been used
- it may be appropriate to air or fan dry them onsite, if only slightly damaged by water
- it is recommended that practices contact a suitable disaster recovery specialist for records that have significant damage.

2.7 Telephone communication

Mobile phone towers may be affected or overwhelmed during an emergency and should not be solely relied on, or there may be a power outage which could disable landline phones reliant on electricity, therefore you should have a tested contingency plan in place.

In case of a power outage, practice staff will need to rely on landline phones that do not require a power source, or on mobile phones that are fully charged. How your practice's phone system is set up will determine how the system may be disrupted during a power outage or other emergency.

If your phone line runs through your internet connection, you should check its functionality and reliance on a power supply. Every provider is slightly different, and the functionality also differs between National Broadband Network (NBN) connections and copper network connections. Further information about NBN services and connectivity can be found on the [NBN](#) website or contact your ICT team.

If communication lines (landlines) are affected, it is likely that mobile phones will be used in an emergency. In this instance, the practice's landline may be able to be diverted to a mobile number to ensure business continuity. Please check with your ICT or telephone provider.

Ensure mobile phones are fully charged and consider also purchasing a portable USB power pack charger as a back-up charging device.

2.8 Internet

Communication via the internet may also be affected during a disaster such as during a power or network outage. Check with your ICT team or provider on how a power outage might affect your internet connection. Programs and information such as pathology and radiology reports, patient discharge summaries and My Health Records may be unavailable during this time at the practice.

To ensure the continuation of services, hard copies of essential information should be kept. This may include important phone numbers, and other resources relating to the Medicare Benefits Schedule (MBS) such as the [MBS Fee Summary](#). For more on MBS items, see Murray PHN's [MBS information page](#).

Practice staff may consider investing in an alternative internet connection to ensure ongoing access internet during a disaster. Alternative options include mobile data devices and satellite dishes.

Practices should also consider alternate ways for conducting business if internet access is lost, such as provision for cash transactions and manual credit card/Medicare card machines, which could be stored in the practice's emergency kit.

2.9 Registering to receive notifications

Most local councils have well-developed text messaging services to notify residents and individuals of potential and/or imminent disasters. The practice should register for this service via their local council or local emergency service if available.

2.10 Radio

When other communication lines are down, a battery-powered radio can be used as a reliable means of receiving important information regarding an emergency. Practice emergency kits should be equipped with a battery powered radio and a supply of batteries. Practice staff can tune into ABC Radio stations for up-to-date information about emergencies affecting their area.

2.11 Emergency apps

- [Victorian Emergency App](#) brings together emergency information and warnings from agencies
- [Bureau of meteorology](#)
- [ABC Radio](#) stay connected and informed about local updates in an emergency
- [Emergency Plus](#) provides critical location details via GPS functionality for smart phones.

3. Digital health solutions

Digital health is an umbrella term referring to a range of technologies that can be used to treat patients and collect and share a person's health information.

Digital health supports improved communication between healthcare providers, services, and patients and helps to provide patient-centred and continuity of care, either from practice premises or off site.

3.1 Telehealth video calls-communication with your patients

Where a health provider cannot see a patient in person, telehealth consultations done by via phone or video can be useful, including when:

- GPs are unable to access their patient files due to physical damage to practice premises e.g. fire
- GPs and staff are not able to travel to practice location e.g. flood
- internet or electricity at the practice is not available and GP working from another premises
- patients are unable to access the GP e.g. flooding to roads.

Healthcare provider benefits:

- Opportunity for staff to work remotely.
- Reduced travel, expense and time away from home.
- Higher patient reach, due to fewer location and travel barriers.
- Reduced patient 'no-shows'.
- Real-time assistance with difficult cases and emergencies.
- Improved allocation of consulting rooms within a practice where there is limited availability.
- For professional development, such as informal knowledge transfer through increased collaboration, networking and case conferencing opportunities.

Patient benefits:

- Increased opportunity to contact their healthcare provider between face-to-face consults.
- Improved access to healthcare i.e. greater equity, overcoming emergencies where a practice location not reachable e.g. flood.
- Reduced travel, expense, and time away from home.
- Reduced waiting times supporting faster diagnosis and appropriate treatment.
- Improved continuity and quality of care.
- Local treatment from a known healthcare provider, under specialist supervision.

3.2 Telehealth and healthlink video calls

Although there are many different video conference systems available, Murray PHN has partnered with healthdirect to provide general practices in the region with free licensing to access the healthdirect video call service platform. While general practices are not obligated to use healthdirect for their video calls, practices must ensure that their chosen video consultation system meets clinical requirements and satisfies privacy laws.

Telehealth resources:

- [Healthdirect-All about healthdirect video call](#)
- [Healthdirect videocall training](#)
- [Emergency support and healthdirect videocalls-Murray PHN](#)
- [Telehealth Training-RACCP](#)
- [Information and support for patients](#)

3.3 My Health Record

My Health Record contains secure, key health information on your patients in one place, including immunisations, pathology and diagnostic imaging reports, prescription and dispensing information and hospital discharge summaries.

Having up-to-date information in a patient's My Health Record can help them to access life-saving medicines during natural disasters, especially if they can't make it home or their paper-based information has been destroyed.

My Health Record can be accessed by the patient and their GP, and under the My Health Records Act, any staff members authorised by a healthcare organisation such as an emergency department and hospitals.

My Health Record resources:

- [Register and set up access](#)
- [Help your patients to register](#)
- [Education and training for GPs](#)

3.4 Electronic prescriptions

Electronic prescribing provides a secure, fast and efficient supply of medicines to people – in person via their doctor or telehealth consultation – sent directly to the patient's mobile phone or email.

Instead of a paper prescription, the patient can choose to receive their prescription via an app, SMS or email in the form of a link to a unique QR code or 'token'.

The token is scanned by the pharmacy to unlock the electronic form of the prescription from an encrypted and secure electronic prescription delivery service. If the patient has a repeat for a prescription, they will receive a new token from the pharmacy that replaces the original token.

ePrescribing offers:

- The ability to cancel, modify and resend prescriptions remotely.
- A fast, secure method of sending prescriptions via SMS or email.
- Minimal change for prescribers due to being built into your clinical software.
- Patient choice and flexibility when collecting their medication.
- Reduced administrative burden of faxing paper copies of prescriptions.

- Reduced cost of printing associated with paper prescriptions.
- Limited change management to implement regarding your workflow.

e-Prescribing resources:

- [How it works for GPs](#)
- [How to get started](#)
- [Support and resources for GPs](#)
- [PBS Arrangements to Support Australians Affected by Natural Disasters and Emergencies](#)
- [Information for patients](#)
- [Poster for patients & practice](#)

3.5 Active Script List

The Active Script List (ASL) removes the need for a token to be sent to a patient's device. Instead, all scripts sent via electronic transfer are stored in a consolidated list, accessible to the patient's nominated pharmacy. To activate, patients register at a pharmacy for an ASL, any electronic prescriptions they are issued by a GP are automatically added to their ASL. Patients can choose for their medicines not to be added to the ASL at the point of prescribing and GPs can manage these requests via their clinical information systems.

ASL resources:

- [Information for patients](#)
- [How to get started](#)

3.6 Electronic pathology

eOrdering of Pathology allows a request form to be sent electronically to a testing centre in the form of a secure message from clinical software. Requests are sent to the chosen provider immediately, ensuring that the correct patient and request details are available at point of contact.

Each pathology provider manages their requests differently and the ability to use ePathology is dependent on the practice clinical system in use. Please contact your pathology provider or Murray PHN's digital health team for more information.

Benefits for general practice:

- Can be remote accessed and sent to patients not at the GPs practice.
- Reduces unmatched results caused by transcription errors.
- Supports telehealth consultations.
- Allows for commonly selected tests to be stored for easy requesting.
- Allows results to be added to My Health Record.
- Integrates seamlessly into clinical software.
- Supports tracking of requests.

Benefits for patients:

- Protects community members and health care providers from exposure to infection.
- Provides the opportunity to view results in My Health Record.
- Does not restrict choice of pathology provider.
- Removes issue of lost request forms.

ePathology resources:

- [How to get started with e pathology Murray PHN](#)
- [Information for GPs-electronic requesting of pathology Murray PHN](#)

3.7 Secure messaging

Secure messaging allows healthcare providers to send and receive sensitive and confidential clinical information using a secure, encrypted system. There are several secure messaging software systems used in the Murray PHN region.

Benefits for general practice:

- Improved timeliness for the sending and receipt of referrals and clinical information.
- Improved clinical decisions due to the right information being available at the point of care.
- Access to a broader range of referring practitioners.
- Reduced cost caused of consumables and staff time associated with paper-based processes.
- Improved coordination of care due to improved communication between healthcare providers.
- Confidence in privacy and security of transmitted patient data.
- Improved traceability and tracking of information for audit purposes.
- A single channel through which referrals and correspondence are sent or received.
- Required for involvement in ePractice incentive Payments (ePIP).

Benefits for patients:

- Reduces time between referral and appointment.
- Reduces need to repeat medical history.
- Ensures confidential correspondence is only seen by treating healthcare providers.
- Improved clinical decisions due to the right information being available at the point of care

Secure messaging resources:

- [About Secure Messaging](#)

3.8 eReferral

eReferral is a structured document that is sent electronically from one provider to another to facilitate a better exchange of information by adhering to statewide referral criteria requirements. Importantly, an eReferral is encrypted, so only the intended recipient can access the information in it.

While there are several third party eReferral products currently available, Murray PHN is supporting general practices by funding the purchase and installation of BPAC SeNT e-Referral Module and providing training for eligible users. Murray PHN's digital Health team can assist your practice to register, complete installation and provide follow-up support and education for staff.

eReferral resources:

- [Getting involve with SeNT eReferral Murray PHN](#)
- [SeNT eReferrals Video Tutorials - BPAC](#)

4. Emergency preparedness activities and guides

Emergency Response Planning Tool

The Emergency Response Planning Tool (ERPT) is a cloud based, practical online tool that assists general practices to better prepare for, respond to and recover from the impacts of emergencies and pandemics.

It guides users through a series of planning templates where critical information about the practice can be entered and saved. The information is used to create a tailored emergency response plan, which is then saved and stored in the cloud, but can be printed as a hard copy resource at any time.

The ERPT is updated with new modules as new risks, or necessary changes to business practices, are identified. Subscribers to the ERPT can access and complete their COVID Safety Plan within the tool, as well as formulate their cyber incident response plan.

There is an annual subscription to ERPT, however some PHNs and state health departments are funding access to the ERPT for general practices. For more information contact Murray PHN's Quality Improvement Consultants at: gpsupport@murrayphn.org.au

RACGP resources

- The Summer toolkit can help with emergency preparedness and management, including caring for vulnerable populations and management and wellbeing of staff: [Summer Planning Toolkit](#)
- A collection of guides and resources for the management, prevention, preparation, response and recovery of emergencies and pandemics in general practice: [Emergencies and pandemics webpage](#)

Mental health resources

Phoenix Australia's Hub is designed for workers, including GPs and allied health practitioners, who are supporting disaster-impacted individuals and communities and contains information, resources and training courses:

- [Disaster Mental Health Hub](#).

5. Acknowledgements

In addition to the above resources, Murray PHN would like to acknowledge the following organisations, whose resources have informed this toolkit:

- Western Alliance Primary Health Alliance's [Digital Health Toolkit](#) (December 2021).
- Australian Digital Health Agency's [resources for health professionals](#)

6. Contact us

If you're interested in learning more, need advice or are looking to integrate new technology, contact Murray PHN's Digital Health team: digitalhealth@murrayphn.org.au or visit: murrayphn.org.au/digitalhealth/