



EMERGENCY Exercise Toolkit

FOR PRIMARY CARE PROVIDERS

Message from the CEO

Primary care services are central to the health and wellbeing of our communities. During emergencies and disruptive events, general practices, pharmacies, allied health providers, Aboriginal Community Controlled Health Organisations, aged care services, mental health providers, and community health services play a vital role in maintaining access to care.

In recent years, we have seen how events such as bushfires, floods, infectious disease outbreaks, extreme heat, and service disruptions can impact both providers and the communities they serve. Strengthening preparedness across the primary care sector is therefore an important priority for Murray PHN.

This Scenario Exercise Toolkit has been developed to support practical, structured preparedness conversations within primary care organisations. It is designed to be accessible, flexible, and suitable for teams of all sizes. The focus is on building confidence, clarifying roles and responsibilities, strengthening communication pathways, and identifying realistic improvement actions.

Preparedness is not about compliance. It is about capability, confidence and resilience.

I encourage providers across the Murray PHN region to use this toolkit as part of their ongoing commitment to safe, continuous, and high-quality care for our communities.

Matt Jones
Chief Executive Officer
Murray PHN



This toolkit has been developed by Murray PHN in partnership with Strategic Disaster Solutions to support practical, scalable use across primary care settings and may be adapted for broader sector application. © Murray PHN 2026

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SECTION ONE

INTRODUCTION TO THE TOOLKIT

The purpose of this toolkit

This toolkit provides practical, ready-to-use discussion-based exercises to help primary care providers strengthen emergency preparedness and service continuity. It is designed to be accessible, flexible and scalable across a range of health and community service settings.

It provides a suite of practical, discussion-based exercises that enable teams to explore how they would respond to a range of realistic scenarios and to identify simple, achievable improvements to organisational readiness.

No prior emergency management experience is required. The exercises are designed to be scalable, structured conversations that can be facilitated internally and adapted to suit the size and context of your organisation.

These exercises are not compliance activities or formal assessments. They are structured opportunities to safely explore “what would we do if...” before a real event occurs, helping your team strengthen readiness in a supportive and constructive environment.

The toolkit aims to:

- ✓ build confidence in emergency preparedness and response
- ✓ clarify roles and responsibilities within your organisation
- ✓ explore decision-making under uncertainty
- ✓ strengthen communication and coordination pathways
- ✓ support continuity of essential health services
- ✓ identify practical improvement actions.



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Who is it for?

This toolkit is suitable for a broad range of primary care and community health providers, including:

- general practices (GPs)
- pharmacies
- allied health providers
- aged care services
- Aboriginal Community Controlled Health Organisations (ACCHOs)
- mental health services
- community health services.

The materials are beginner-friendly and assume no prior emergency management experience.



How to use this toolkit

The toolkit is designed to be flexible and easy to use. Organisations can select a scenario relevant to their local risk profile and run a facilitated discussion exercise with their team.

Each scenario includes:

1. A clear scenario narrative
2. Structured discussion prompts
3. Escalating injects to introduce complexity
4. Facilitator guidance
5. Debrief questions
6. An improvement action log.



Exercises can be delivered in these formats:

60 minutes

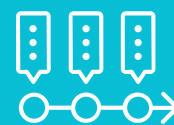
Brief awareness session

90 minutes

Standard tabletop exercise

120 minutes

Extended session with deeper discussion.



THE TOOLKIT PROVIDES STEP-BY-STEP GUIDANCE, SCRIPTS, AND PROMPTS TO SUPPORT CONFIDENT DELIVERY

Facilitators do not need to be emergency management specialists

Trauma-informed approach - Psychological safety statement

Creating a safe and supportive environment is essential for effective learning. These exercises are designed to focus on systems and processes rather than individual performance.

Facilitators should emphasise that:

- there are no right or wrong answers
- participation is encouraged but voluntary
- the purpose is improvement, not evaluation
- discussions should remain respectful and constructive.

Some participants may have lived experience of emergencies or critical incidents. A trauma-informed approach recognises that:

- real events may have impacted staff personally or professionally
- strong emotions may arise during discussion
- people respond differently to stress and uncertainty.

Discussions should avoid identifying individuals, specific services or sensitive operational details, and remain focused on system-level learning and improvement.

Facilitators should:

- acknowledge recent or significant local events sensitively
- avoid graphic detail or unnecessary re-enactment
- focus on future preparedness rather than past decisions
- allow participants to pause or step out if needed.

The aim is to build confidence and capability in a psychologically safe and forward-looking environment.

Overview of scenarios



To ensure consistency and ease of use, all scenarios within this toolkit follow a standard structure. This enables facilitators to quickly familiarise themselves with the format and learning outcomes and confidently deliver exercises and capture improvement actions across different hazard types.

Each scenario is designed to be discussion-based, scalable and adaptable to a range of primary care and community health settings. Every scenario can be tailored to local conditions and organisational context using the adaptation guidance provided in this toolkit – refer [Appendix C](#).

Alignment with emergency management principles

This toolkit aligns with the Prevention, Preparedness, Response and Recovery (PPRR) model and supports primary care organisations to:



Prepare for emergencies through planning and training



Respond effectively to disruptive events








Recover and restore services while supporting staff and communities



Identify opportunities for prevention and resilience building.

Expected outcomes

By using this toolkit, organisations can expect to:

-  increase staff awareness and confidence in emergency situations
-  identify gaps in plans, processes, and resources
-  strengthen internal and external communication pathways
-  enhance coordination with Murray PHN and partner agencies
-  develop actionable improvement plans.

SECTION TWO

GETTING READY TO RUN YOUR SESSION

Preparation checklist

Before delivering your emergency preparedness exercise session, ensure these steps are completed:

Step	Action	Details
Nominate a facilitator	Select an appropriate person to lead the session	Confirm availability and responsibilities
Select a scenario	Choose a scenario relevant to your organisation and local risk profile	Loss of power Heatwave Bushfire Flood Infectious disease event IT / cyber disruption Aggressive or violent behaviour incident
Confirm session details	Finalise the session structure	Duration: 60, 90 or 120 minutes Format: In-person or virtual Participants: 6-12 recommended
Invite participants	Ensure a mix of roles are represented	Service manager, coordinator or operational lead Clinical or service delivery representative (e.g. GP, nurse, pharmacist, allied health practitioner, aged care staff member) Administrative or client-facing staff member IT, systems or infrastructure representative (if applicable) Other relevant team members involved in service delivery or governance.
Prepare materials	Gather materials required to run the session	Scenario narrative and injects (printed or digital) Facilitator Guide Improvement Action Log template Whiteboard, flipchart or shared digital workspace Attendance sheet (optional)
Facilitator to familiarise themselves with the scenario	Facilitator prepares to confidently guide the discussion	Review scenario narrative and injects Identify key discussion prompts Consider how the scenario applies to your organisation Prepare to guide discussion and manage time

Suggested session structure

The toolkit can be delivered in 60, 90 or 120-minute formats depending on your organisation's availability and desired depth of discussion.



60-minute session – awareness focus

Mins	Activity
5	Welcome and introduction
15	Scenario introduction and Round 1 discussion
15	Inject 1 and discussion
10	Inject 2 and discussion
10	Debrief
5	Identify improvement actions



90-minute session – recommended

Mins	Activity
10	Welcome and introduction
20	Scenario introduction and Round 1 discussion
15	Inject 1 and discussion
15	Inject 2 and discussion
20	Structured debrief
10	Identify improvement actions



120-minute session – extended

This format allows additional time for:

- deeper discussion
- optional inject 3 – ongoing service disruptions, staff wellbeing considerations and/or recovery and restoration of services
- detailed action planning
- broader stakeholder engagement
- exploration of escalation and recovery considerations.



Quick start option – no excuses preparedness

If your organisation is short on time, preparedness can still begin with a short, structured conversation.



Quick start a conversation

A 10–15 minute discussion during a regular team meeting can meaningfully strengthen awareness and surface improvement opportunities.

To run a quick start conversation:

1. Elect one scenario relevant to your current risk profile
2. Read the opening narrative only
3. Ask “what would we do first?”
4. Introduce one simple complication (e.g. loss of power, staff shortage, aggressive client, system outage)
5. Ask “what changes now?”
6. Capture two or three improvement actions.

“What if?” prompts

Alternatively, use simple “what if?” prompts:

What if the power went out right now?

What if our client record system became unavailable?

What if we experienced an aggressive or violent incident?

What if we lost 30 per cent of our staff unexpectedly?

Preparedness does not require perfection or lengthy workshops. Consistent short discussions can build readiness just as effectively as infrequent large exercises.

When capacity allows, organisations can progress to full scenario exercises.

SECTION THREE

RUNNING THE SESSION

Opening script

Facilitators may use the following script to begin the session:

Thank you for participating in today's emergency preparedness exercise. This session is an opportunity to explore how our organisation would respond to a disruptive event. It is not a test, and there are no right or wrong answers. The purpose is to discuss what we would do, identify what works well and highlight areas where we can improve.

We recognise that scenarios like this may reflect events that have occurred in our region. Today's discussion is focused on future readiness in a constructive and forward-looking way.

Please feel free to share your thoughts openly and respectfully. Our focus is on systems and processes rather than individual performance.



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Running the exercise – steps and injects

Step	Facilitator actions	Suggested discussion questions
Step 1 – Present the scenario	<ul style="list-style-type: none"> • Read the opening narrative aloud • Allow participants a few moments to absorb the situation • Initiate discussion using prompts • Encourage practical, realistic responses 	<ul style="list-style-type: none"> • <i>What are your immediate priorities?</i> • <i>Who would take the lead in this situation?</i> • <i>What information do you need to make decisions?</i> • <i>How would you communicate with staff and patients / clients?</i> • <i>What existing plans, procedures or contact lists would you reference at this stage?</i>
Step 2 – Introduce Inject 1	<ul style="list-style-type: none"> • Present the first inject to escalate the scenario • Encourage participants to reassess priorities and actions • Guide discussion toward emerging risks and coordination needs 	<ul style="list-style-type: none"> • <i>How does this change your response?</i> • <i>What new risks have emerged?</i> • <i>Who needs to be informed?</i> • <i>Are additional resources required?</i> • <i>Do you formally activate any emergency or business continuity documentation now? If so, which?</i>
Step 3 – Introduce Inject 2	<ul style="list-style-type: none"> • Present the second inject to introduce further complexity • Encourage deeper discussion around escalation and service continuity • Explore coordination and decision-making under pressure 	<ul style="list-style-type: none"> • <i>What additional pressures does this create?</i> • <i>How does your documented escalation process guide your decisions at this stage?</i> • <i>At what point would you escalate externally?</i> • <i>How would you maintain essential services? What must continue and what might be stopped?</i> • <i>What support might you need from Murray PHN or other agencies?</i>
Step 4 – Optional Inject 3 (extended sessions)	<ul style="list-style-type: none"> • Use for prolonged impact or recovery considerations • Explore sustainability, fatigue and longer-term planning • Guide discussion toward recovery and lessons learned 	<ul style="list-style-type: none"> • <i>How would you sustain operations over time?</i> • <i>What workforce or wellbeing considerations arise?</i> • <i>What would recovery look like for your organisation?</i>








Managing group dynamics

Facilitators play an important role in creating a respectful, inclusive and productive discussion environment.

Situation	Facilitator approach	Helpful prompts / phrases
Encouraging participation	<ul style="list-style-type: none"> • Invite quieter participants to share perspectives • Acknowledge contributions positively • Use open-ended questions • Create space for different roles to speak • Offer participants the option to provide written input (e.g. sticky notes or shared digital comments) 	<ul style="list-style-type: none"> • <i>We haven't heard from everyone yet — would anyone like to add to that?</i> • <i>How might this look from an administrative perspective?</i> • <i>Does anyone have a different view?</i>
Managing dominant participants	<ul style="list-style-type: none"> • Politely redirect the conversation • Invite alternative viewpoints • Reinforce time limits if needed 	<ul style="list-style-type: none"> • <i>Thank you — let's hear from someone who hasn't spoken yet.</i> • <i>How would this look from a different role?</i> • <i>We'll pause there so we can capture other perspectives.</i>
If discussion slows or becomes unclear	<ul style="list-style-type: none"> • Re-focus on assumptions and decision-making • Prompt consideration of escalation or worsening conditions • Encourage practical thinking 	<ul style="list-style-type: none"> • <i>What assumptions are we making?</i> • <i>What information would we need before acting?</i> • <i>Who is responsible for that decision?"</i> • <i>How would we communicate this to patients/clients?</i> • <i>What would happen if this situation worsened?</i> • <i>What if a key staff member was unavailable?</i>

Common primary care challenges

Facilitators may observe recurring challenges during discussion. These are normal and provide valuable opportunities for organisational improvement.

Common theme	Typical impact in primary care
 Staff shortages	Reduced capacity including limited workforce due to part time staffing, fatigue, competing clinical priorities
 Competing priorities	Difficulty balancing emergency response with routine care
 Reliance on IT systems	Disruption to clinical records, telehealth, prescribing and communication
 Role ambiguity	Uncertainty about who leads or makes key decisions
 Communication overload	High volume of updates causing confusion or missed information
 Patient surge and vulnerability	Increased demand, particularly among high-risk or vulnerable patients
 External coordination challenges	Unclear escalation pathways or difficulty engaging external agencies

SECTION FOUR

DEBRIEF AND ACTION PLANNING

Structured debrief

Following the final inject, guide participants through a structured reflection focused on learning and improvement.

Reflection area	Suggested questions
What worked well?	<ul style="list-style-type: none">• Were roles and responsibilities clear?• Were communication pathways effective?• Did decision-making processes support timely action?
What was challenging?	<ul style="list-style-type: none">• Were there uncertainties about escalation?• Were there gaps in information, authority, or resources?• Were any processes unclear?• What information would you have needed at the time?
What could be improved?	<ul style="list-style-type: none">• Policies or procedures• Contact lists• Communication processes or strategies• Staff training or awareness• Resource availability



Capturing improvement actions

Use the Improvement Action Log ([Appendix B](#)) to document agreed actions clearly and practically. For each action, record the following:

Action elements and guiding questions

- ✓ **Issue identified** - What needs to change or be strengthened?
- ✓ **Recommended action** - What specific action will address the issue?
- ✓ **Priority level** - Is this high, medium or low priority?
- ✓ **Action type (optional)** - Is this an immediate fix, policy update, training need, or external coordination issue?
- ✓ **Responsible person/role** - Who will take ownership of this action?
- ✓ **Indicative timeframe** - When should this realistically be completed?

Closing the exercise

Conclude the exercise by thanking participants, summarising key themes and confirming next steps.

Suggested closing statement

Thank you for your engagement and valuable insights today. This discussion has highlighted both strengths and opportunities to strengthen our preparedness. The purpose of this session is continuous improvement — even small refinements can significantly enhance our ability to respond effectively to future emergencies.

Summarise key themes

Briefly highlight:

- key strengths observed
- two or three priority improvement themes identified
- any notable discussion points or insights.

Confirm next steps

Outline how actions will be progressed:

- finalise and distribute the Improvement Action Log
- confirm ownership and timeframes for agreed actions
- share relevant learnings with appropriate staff or stakeholders
- incorporate improvements into organisational plans, procedures or training as required.



CLICK ON THE ICONS ABOVE TO GO TO EACH SCENARIO



SCENARIO 1: Loss of power - utility failure

Scenario overview

Hazard	Loss of power/utility failure
Scale	Organisation-level, with possible regional impact
Duration	Immediate onset, uncertain restoration time

Focus areas:

- loss of electrical supply
- disruption to digital and communication systems
- service continuity
- clinical and operational risk management
- escalation and reporting obligations
- business continuity arrangements.

This scenario explores how your organisation would operate if electrical power became unavailable during normal service delivery.

Opening narrative (Round 1)

It is 9.15am on a weekday morning. Without warning, your facility experiences a complete loss of electrical power. Lights, computers, refrigeration, digital systems, and air conditioning shut down. Attempts to access online platforms and internal systems fail. Telephone systems are intermittent. Initial checks suggest the outage is affecting multiple buildings in the area. Several clients are on site. Services are mid-delivery. There is no confirmed restoration timeframe. Operations are continuing, but uncertainty is increasing.

Discussion prompts

- What is your immediate first action?
- Who takes the lead in managing this situation?
- How do you ensure the safety of individuals currently on site?
- Do you continue delivering services?
- How do you manage appointments, dispensing, visits, or service delivery without power?
- How do you document interactions if systems remain unavailable?

Encourage practical, step-by-step thinking.



SCENARIO 1: Loss of power - utility failure

Inject 1 – Escalation

By 10.30am:

- the outage is confirmed to be widespread across the region
- estimated restoration time is unknown
- mobile networks are becoming congested
- internal temperatures are rising
- an individual presents requiring urgent medication or time-sensitive care.

Discussion prompts – Inject 1

- Does this change your understanding of the situation?
- Which services must continue?
- Do you isolate any equipment or systems?
- How do you communicate with staff and clients?
- What information do you provide your team?
- What escalation pathways or reporting obligations apply?

Encourage discussion about safety thresholds, communication and escalation.

Inject 2 – Operational pressure

Later that day:

- backup batteries for critical equipment are running low
- electronic prescribing and digital records remain unavailable
- media reports suggest the outage may continue for several more hours
- temperature-sensitive medications or supplies may be compromised
- community members are seeking advice about service availability.

Discussion prompts – Inject 2

- How do you safely continue essential services?
- What manual fallback procedures exist?
- At what point do you modify or cancel non-urgent services?
- Who verifies the integrity of temperature-sensitive medications or supplies?
- Who manages communication with the community?
- What documentation or regulatory reporting may be required?

This phase surfaces infrastructure dependency and governance clarity.

Optional Inject 3 – Prolonged outage

The following day:

- systems remain offline in some locations
- digital systems are slow to recover
- several scheduled services were missed
- staff fatigue and frustration are increasing
- clients are concerned about continuity of care.

Discussion prompts – Recovery

- What is your threshold for temporarily closing or modifying services?
- How do you prioritise vulnerable or high-risk cohorts?
- What external support would you request?
- What improvements would reduce impact next time?



SCENARIO 1: Loss of power - utility failure

Learning objectives

This scenario supports exploration of:

- infrastructure dependency
- manual fallback procedures
- escalation and notification clarity
- communication during service disruption
- temperature-sensitive supply management
- continuity planning.

Facilitator notes

Common issues likely to emerge:

- no clearly defined incident lead
- unclear escalation pathway
- limited manual backup processes
- heavy reliance on digital systems
- informal communication processes
- inconsistent decision-making thresholds.

Reassure participants:

These themes are common and provide valuable improvement insights.

Tone guidance

- Power outages can feel sudden and disruptive.
- Keep discussion focused on:
 - operational continuity
 - decision-making clarity
 - leadership and communication
 - practical next steps.

Avoid technical debate about infrastructure causes.

Why this scenario matters

- Requires no physical disaster trigger
- Applies to all provider types
- Tests governance and leadership
- Highlights reliance on utilities and digital systems
- Reflects a realistic and recurring sector risk.





SCENARIO 2:

Heatwave - prolonged extreme heat

Scenario overview

Hazard	Heatwave/extreme weather
Scale	Regional, prolonged event
Duration	Escalating over several days

Focus areas:

- staff wellbeing
- increased service demand
- infrastructure strain
- vulnerable population support
- escalation and coordination.

This scenario explores how your organisation would operate during an extended heatwave affecting workforce capacity, infrastructure resilience and community health needs.

Opening narrative (Round 1)

It is 9.00am on a weekday in mid-summer. The region is experiencing an extended heatwave, with temperatures exceeding 40°C for three consecutive days. Overnight temperatures have remained high, offering little relief. Public health warnings advise vulnerable individuals to remain hydrated and avoid exposure to extreme heat.

Your organisation is noticing:

- *increased demand for advice and urgent care*
- *staff fatigue due to extreme conditions*
- *increased use of air-conditioning systems*
- *community concern about heat-related illness.*

Operations are continuing as normal, but pressure is building.

Discussion prompts

- What are your immediate priorities?
- Who monitors weather warnings and public health advice?
- Who takes the lead in decision-making?
- Are there vulnerable individuals you should proactively consider?
- Do you formally activate any internal plan at this stage?

Encourage practical, step-by-step thinking.



SCENARIO 2:

Heatwave - prolonged extreme heat

Inject 1 – Escalation

By 12.00pm:

- temperatures reach 43°C
- the building's cooling system begins to struggle
- two staff members report feeling unwell due to heat
- demand for urgent services continues to increase
- a local service requests support for vulnerable individuals.

Discussion prompts – Inject 1

- Does this change your operational decision?
- How do you balance staff wellbeing with service continuity?
- Which services must continue?
- What contingency exists if cooling systems fail?
- Who needs to be informed externally?

Encourage discussion around workforce safety and escalation thresholds.

Inject 2 – Increased complexity

Later that afternoon:

- the electricity network operator warns of potential rolling power outages
- refrigeration units storing temperature-sensitive supplies are at risk
- digital systems become intermittently unstable
- staff fatigue is impacting decision-making
- media report increasing heat-related hospital admissions.

Discussion prompts – Inject 2

- How do you safely continue essential services?
- What is your plan if power is lost?
- How do you protect temperature-sensitive supplies?
- At what point do you modify or reduce services?
- Who communicates operational changes to the community?

This inject should surface infrastructure dependency and governance clarity.

Optional Inject 3 – prolonged impact / recovery

Two days later:

- the heatwave begins to subside
- several vulnerable individuals have experienced health deterioration
- staff report exhaustion
- community expectations remain high
- there is opportunity to review preparedness.

Discussion prompts – Recovery

- How do you support staff recovery?
- How do you define and identify high-risk individuals in your context? (e.g. Aboriginal Elders, older people, people experiencing homelessness, culturally and linguistically diverse communities, refugees and asylum seekers, people unfamiliar with the health system, or those with limited health literacy)
- What improvements would reduce impact next time?
- What coordination is required with external agencies?



SCENARIO 2:

Heatwave - prolonged extreme heat

Learning objectives

This scenario supports exploration of:

- workforce resilience
- infrastructure dependency (cooling and power)
- escalation and activation clarity
- vulnerable population identification
- communication under prolonged pressure
- continuity planning during environmental stress.

Facilitator notes

Common issues likely to emerge:

- no clear activation trigger
- informal escalation processes
- limited staff contingency planning
- dependence on cooling and electricity
- difficulty identifying vulnerable cohorts
- reactive rather than proactive outreach.

Tone guidance

Heatwaves are often underestimated:

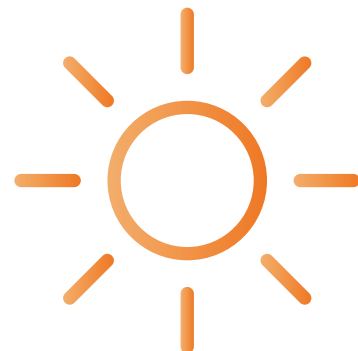
- keep discussion practical
- avoid alarmist language
- emphasise staff wellbeing
- focus on realistic decision-making
- reinforce psychological safety.

Reassure participants:

These themes are common and provide valuable improvement insights.

Why this scenario matters

- Requires no physical disaster event
- Affects every provider type
- Tests infrastructure resilience
- Surfaces workforce vulnerability
- Encourages proactive identification of vulnerable populations
- Naturally links to power disruption and continuity planning.





SCENARIO 3: Bushfire escalation

Scenario overview

Hazard	Bushfire
Scale	Regional escalation
Duration	Rapid onset over 24 hours

Focus areas:

- staff safety
- service continuity
- communication pathways
- escalation awareness
- support for vulnerable clients or patients.

This scenario explores how your organisation would manage operations during a rapidly escalating bushfire threat in your region.

Opening narrative (Round 1)

It is mid-January during an extended heatwave. Temperatures have exceeded 40°C for three consecutive days. Power demand is high and the community is fatigued. The Fire Danger Rating for your region has been upgraded to Catastrophic. Emergency services are advising residents to activate bushfire survival plans. Smoke is visible in nearby areas, and several local schools have closed. Clients are contacting your organisation to reschedule appointments or seek advice due to evacuation concerns. Staff are beginning to discuss their own family preparedness. Your organisation is currently open and operating as normal.

Discussion prompts

- Who monitors official emergency warnings?
- At what point would you consider modifying or closing services?
- Who has authority to make that decision?
- How would you communicate with staff?
- How would you communicate with clients or patients?
- Are any staff or service users at heightened personal risk?

Encourage discussion around decision-making authority and early escalation.



SCENARIO 3: Bushfire escalation

Inject 1 – Escalation

By early afternoon:

- an uncontrolled fire is 15km from town
- road closures are in place
- smoke is affecting air quality
- a staff member requests to leave due to family safety concerns
- emergency services demand is increasing
- community anxiety is rising.

Discussion prompts – Inject 1

- Does this change your operational decision?
- How do you balance staff safety with service continuity?
- If staffing or supply constraints emerge, how do you prioritise essential services?
- How do you communicate urgent updates to staff and clients?
- What advice or support is provided to vulnerable clients?
- Are any medications, vaccines, oxygen, PPE or other consumables at risk if deliveries are disrupted?
- Who monitors stock levels and supply continuity, and are contingency suppliers identified?

Encourage realistic, localised thinking.

Inject 2 – Immediate threat

Later that evening:

- an emergency warning is issued for part of the town.
- evacuation centres are opening.
- power supply becomes unstable.
- internet connectivity is intermittent.
- social media rumours suggest key local health services may close (unconfirmed).

Discussion prompts – Inject 2

- Do you close or modify operations? How is this communicated?
- How are urgent services or medications managed?
- What if digital systems are unavailable?
- When do you escalate externally?
- Who is authorised to speak publicly?

Allow deeper exploration of authority, contingency planning and coordination.

Optional Inject 3 – Recovery phase (optional)

Two days later:

- some staff are personally affected by property loss
- several vulnerable clients have been displaced
- access to medications or essential services is disrupted
- community mental health concerns are emerging.

Discussion prompts – Recovery

- How do you support staff wellbeing?
- How do you identify high-risk clients or service users?
- What coordination might be required with other providers?
- What support would you expect from PHN or health authorities?

This moves discussion into recovery — often neglected.



SCENARIO 3: Bushfire escalation

Optional variation: extreme heat without fire

Instead of fire escalation, consider:

- air-conditioning failure
- increased presentations of dehydration or heat-related illness
- medication or temperature-sensitive supply concerns
- power grid warnings
- staff fatigue.

Discussion prompts – Recovery

- How do you manage temperature-sensitive medications or equipment?
- What if power fails but there is no fire?
- Do you proactively contact vulnerable clients?
- Who monitors environmental risk conditions?

Learning objectives

This scenario supports exploration of:

- closure authority and escalation clarity
- staff contingency planning
- communication under high stress
- medication and digital dependency
- identification of vulnerable cohorts
- transition from response to recovery.

Facilitator notes

Common issues likely to emerge:

- no clear decision-maker
- informal communication processes
- over-reliance on one staff member
- limited backup power planning
- assumptions about hospital or external capability
- no clear identification of vulnerable clients.

Tone guidance

Because bushfire can be traumatic:

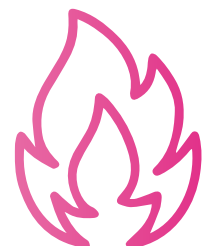
- acknowledge recent experiences sensitively
- keep discussion practical
- avoid graphic detail
- allow participants to pause if needed.
- reinforce psychological safety.

Reassure participants:

These themes are common and provide valuable improvement opportunities.

Why this scenario matters

- Reflects a high-impact, recurring regional hazard
- Tests closure authority and escalation clarity
- Surfaces staff safety and wellbeing considerations
- Highlights reliance on infrastructure and access routes
- Encourages proactive support for vulnerable populations
- Explores coordination with emergency services and community partners.





SCENARIO 4:

Flood – access and service disruption

Scenario overview

Hazard	Flood/severe weather
Scale	Local to regional impact
Duration	Rapid escalation over 24–72 hours

Focus areas:

- access constraints
- staff safety and availability
- service continuity
- communication pathways
- escalation and coordination
- support for vulnerable populations.

This scenario explores how your organisation would operate during significant flooding affecting transport, infrastructure, and access to essential services.

Opening narrative (Round 1)

It is 8.30am on a weekday following several days of heavy rainfall. River levels are rising rapidly. A Flood Watch has been issued for the region, with warnings that some areas may become inundated within the next 24 hours. Your organisation is open and operating as normal, however:

- *several staff report difficulty travelling due to road closures*
- *community members are cancelling or rescheduling appointments*
- *transport services are disrupted*
- *there is growing concern among elderly, isolated, and vulnerable individuals*
- *there is uncertainty about how long operations can continue if conditions worsen.*

Discussion prompts

- What is your immediate first action?
- Who is responsible for monitoring official updates?
- Who would take the lead in decision-making?
- Do you formally activate any internal plan at this stage?
- How would you communicate with staff?
- How would you communicate service changes to the community?

Encourage practical, step-by-step thinking.



SCENARIO 4:

Flood – access and service disruption

Inject 1 – Escalation

By 11:30am:

- the flood watch is upgraded to a flood warning
- major roads into town are closed
- public transport services are suspended
- internet connectivity becomes intermittent
- emergency services advise limiting non-essential travel
- another local health or community service requests coordination support.

Discussion prompts – Inject 1

- Does this change your understanding of the situation?
- At what point would you formally activate your emergency or business continuity plan?
- How do you manage staffing shortages?
- Which services must continue, and which can be modified?
- Who do you notify externally?
- What information do you provide staff?

Encourage discussion about activation thresholds and escalation clarity.

Inject 2 – Operational pressure

Later that afternoon:

- floodwaters enter parts of town
- access to your facility becomes restricted
- power supply becomes unstable
- digital systems are intermittently unavailable
- some vulnerable individuals cannot access essential services
- staff express concern about their own homes and families
- media reports highlight widespread regional disruption.

Discussion prompts – Inject 2

- How do you safely continue essential services?
- Do you partially close, fully close, or modify operations?
- How do you prioritise high-risk individuals?
- How do you manage reduced staff capacity?
- At what point do you escalate externally?
- Who communicates your operational status publicly?

This inject should surface governance, continuity planning, and coordination challenges.

Optional Inject 3 – Early recovery

Three days later:

- floodwaters begin to recede
- some staff and community members have experienced property damage
- demand increases for mental health and chronic care services
- supplies and essential stock require replenishment
- there is opportunity to review organisational preparedness.

Discussion prompts – Recovery

- What is your threshold for fully restoring services?
- How do you support affected staff?
- How do you identify and follow up with vulnerable individuals?
- What support would you request from Murray PHN or other agencies?
- What improvements would reduce impact next time?

This moves discussion into recovery - often neglected.



SCENARIO 4:

Flood – access and service disruption

Learning objectives

This scenario supports exploration of:

- access disruption and continuity planning
- escalation and activation clarity
- communication under infrastructure stress
- workforce resilience
- vulnerable population identification
- transition from response to recovery.

Facilitator notes

Common issues likely to emerge:

- no clear activation trigger
- informal communication processes
- over-reliance on key individuals
- limited staff contingency planning
- unclear external reporting pathways
- difficulty identifying vulnerable cohorts.

Reassure participants:

These themes are common and provide valuable improvement insights.

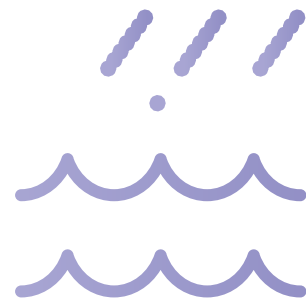
Tone guidance

Flood events may feel familiar or recent to participants:

- maintain psychological safety
- avoid referencing specific traumatic events
- keep discussion practical and forward-focused
- emphasise learning over evaluation.

Why this scenario matters

- Affects any provider type
- Tests access and infrastructure resilience
- Surfaces governance and activation logic
- Explores workforce vulnerability
- Encourages coordination across services
- Moves naturally from response into recovery





SCENARIO 5: Infectious disease surge – local outbreak

Scenario overview

Hazard	Infectious disease event
Scale	Localised but escalating
Duration	Several days to weeks

Focus areas:

- workforce capacity
- service demand and prioritisation
- infection prevention and control
- communication pathways
- escalation and reporting obligations
- business continuity arrangements.

This scenario explores how your organisation would operate during a sudden surge in cases of a contagious respiratory illness circulating in the community.

Opening narrative (Round 1)

It is early winter. Local public health authorities have issued an alert regarding a rapidly spreading respiratory illness in the region. Case numbers are increasing, and media coverage is growing. Your organisation is experiencing:

- *increased calls requesting advice or appointments*
- *higher volumes of symptomatic individuals seeking services*
- *staff expressing concern about potential exposure*
- *questions from the community about vaccination, testing or infection control measures.*

There are currently no formal restrictions, but pressure is building. Operations are continuing, but demand is increasing rapidly.

Discussion prompts

- What is your immediate first action?
- Who takes the lead in managing this situation?
- Who monitors official public health updates?
- How do you triage symptomatic individuals?
- Do you modify scheduling, workflows, or service delivery?
- What infection control measures are currently in place?

Encourage practical, operational thinking.



SCENARIO 5:

Infectious disease surge – local outbreak

Inject 1 – Escalation

By the end of the week:

- two staff members test positive and must isolate
- service demand has doubled
- PPE supplies are lower than usual
- some individuals refuse alternative service delivery options
- misinformation is circulating on social media.

Discussion prompts – Inject 1

- How do you maintain service continuity with reduced staff?
- Do you modify service models or operating hours?
- How are PPE supplies monitored and replenished?
- How do you prioritise high-risk cohorts?
- What external notifications are required?
- When do you formally activate your emergency or business continuity plan?

Encourage discussion around workforce resilience and escalation clarity.

Inject 2 – Operational pressure

Two weeks later:

- local hospitals report high occupancy and request support from primary care providers
- public health authorities request regular reporting of service capacity or case numbers
- vulnerable individuals are delaying care due to fear of exposure
- staff fatigue and burnout are evident
- media enquiries are directed to local health services.

Discussion prompts – Inject 2

- How do you safely continue essential services?
- What services can be postponed or modified?
- Who manages reporting obligations?
- At what point do you request external support?
- How do you address staff fatigue and wellbeing?
- Who manages communication with media or the community?

This phase surfaces governance, compliance, and sustained operational pressure.

Optional Inject 3 – prolonged impact

One month later:

- case numbers stabilise but remain elevated
- updated public health guidance changes isolation or infection control requirements
- workforce capacity remains reduced
- community expectations remain high.

Discussion prompts – Recovery

- How do you transition from surge to sustained operations?
- Who is responsible for updating internal processes following new guidance?
- How do you support staff recovery?
- What improvements would reduce impact next time?



SCENARIO 5: Infectious disease surge – local outbreak

Learning objectives

This scenario supports exploration of:

- workforce contingency planning
- triage and prioritisation processes
- infection prevention and control awareness
- escalation and reporting clarity
- communication under uncertainty
- sustained operational resilience.

Facilitator notes

Common issues likely to emerge:

- reliance on key clinical or operational staff
- limited cross-training
- informal triage or escalation processes
- communication overload
- staff burnout risk
- unclear reporting obligations.

Reassure participants:

These pressures are common during infectious disease surges and provide valuable improvement insights.

Tone guidance

Many participants have lived experience of recent pandemics. Keep discussion focused on:

- forward-looking improvement
- operational clarity
- workforce sustainability
- practical next steps.

Avoid revisiting past pandemic decisions or debates.

Why this scenario matters

- Applies to all provider types
- Tests workforce resilience
- Surfaces infection control maturity
- Highlights escalation and reporting clarity
- Reflects an ongoing sector-wide risk.





SCENARIO 6:

Cyber incident – loss of clinical systems

Scenario overview

Hazard	Cyber/IT disruption
Scale	Organisation-level, with possible regional impact
Duration	Immediate onset, uncertain recovery time

Focus areas:

- loss of core digital systems
- communication pathways
- service continuity
- clinical and operational risk management
- escalation and reporting obligations
- business continuity arrangements.

This scenario explores how your organisation would operate if key digital systems became unavailable due to a suspected cyber incident.

Opening narrative (Round 1)

It is 10.15am on a busy weekday morning. Staff report that core digital systems are inaccessible. A message appears indicating files are encrypted and unavailable. Attempts to access shared drives and internal platforms also fail. Teams are unable to access client records, service schedules, internal documents, or communication systems. IT support has been contacted but is not immediately available. Operations are continuing, but uncertainty is increasing.

Discussion prompts

- What is your immediate first action?
- Who takes the lead in managing this situation?
- How do you confirm whether this is a technical fault or a cyber incident?
- Do you continue delivering services?
- How do you manage scheduled appointments, dispensing, visits, or service delivery?
- How do you document interactions if systems remain unavailable?

Encourage practical, step-by-step thinking.



SCENARIO 6:

Cyber incident – loss of clinical systems

Inject 1 – Escalation

By 11:30am:

- a message appears demanding payment to restore access
- media reports suggest multiple healthcare providers in the region are affected
- phone lines are experiencing high call volumes
- staff are unsure whether emails and devices are safe to use.

Discussion prompts – Inject 1

- Does this change your understanding of the situation?
- Who do you notify internally and externally?
- Do you isolate devices or systems?
- How do you communicate with staff and clients?
- What information do you provide your team?
- What reporting obligations might apply?

Encourage discussion about containment, communication and escalation.

Inject 2 – Operational pressure

Later that day:

- essential services require access to historical information
- external referral or supply systems are inaccessible
- incoming results, orders, or documentation cannot be retrieved
- social media rumours suggest client or patient data may be compromised.

Discussion prompts – Inject 2

- How do you safely continue essential services?
- What manual fallback procedures exist?
- At what point do you modify or cancel non-urgent services?
- Who manages communication regarding potential data breach?
- What documentation or regulatory reporting may be required?

This phase surfaces clinical risk, governance, and compliance considerations.

Optional Inject 3 – prolonged impact

The following day:

- systems remain offline
- data restoration may take several days
- staff fatigue and frustration are increasing
- clients are concerned about privacy and service access.

Discussion prompts – Recovery

- What is your threshold for temporarily closing or modifying services?
- How do you prioritise vulnerable or high-risk cohorts?
- What external support would you request?
- What improvements would reduce impact next time?



SCENARIO 6:

Cyber incident – loss of clinical systems

Learning objectives

This scenario supports exploration of:

- digital system dependency
- manual fallback procedures
- escalation and notification clarity
- communication under uncertainty
- data security awareness
- continuity planning.

Facilitator notes

Common issues likely to emerge:

- no clearly defined incident lead
- unclear IT escalation pathway
- limited manual backup processes
- uncertainty around reporting obligations
- fear-driven or inconsistent decision-making
- informal or fragmented communication processes.

Reassure participants:

These themes are common and provide valuable improvement insights.

Tone guidance

Cyber incidents can feel technical and intimidating. Keep discussion focused on:

- operational continuity
- decision-making clarity
- leadership and communication
- practical next steps.

Avoid deep technical troubleshooting.

Why this scenario matters

- Requires no physical hazard
- Is relevant to all provider types
- Tests governance and leadership
- Highlights reliance on digital systems
- Reflects a growing sector-wide risk.





SCENARIO 7:

Critical incident – Aggressive or violent behaviour in a primary care setting

Scenario overview

Hazard	Workplace aggression/critical incident
Setting	Primary care service (e.g. general practice, pharmacy, community health service, allied health clinic, ACCHO)
Scale	Organisation-level, potential community impact
Duration	Immediate onset with short-to-medium recovery period

Focus areas:

- immediate staff and client safety
- escalation and emergency response activation
- communication pathways
- leadership and governance response
- staff wellbeing and recovery
- reputational considerations.

This scenario explores how your organisation would respond if an individual attending your service became aggressive or violent, creating a critical safety incident within your facility.

Opening narrative (Round 1)

It is 11.20am on a weekday. Your service is operating at normal capacity. Staff are engaged in routine consultations, dispensing, outreach coordination, or administrative tasks. Several clients are present in waiting or service areas. A person attending the service becomes verbally aggressive following a dispute regarding wait times, medication access, appointment availability, or service eligibility. The situation escalates quickly. Staff report raised voices, threatening language, and increasing agitation. Other clients appear distressed. The situation is tense but not yet physical.

Discussion prompts

- What is your immediate first action?
- Who takes the lead in managing this situation?
- What steps are taken to ensure safety of staff and clients?
- Do you have a clear internal procedure for managing aggressive behaviour?
- At what point would you contact emergency services?
- How do you document the incident?

Encourage practical, step-by-step thinking focused on safety.



SCENARIO 7:

Critical incident – Aggressive or violent behaviour in a primary care setting

Inject 1 – Escalation

Within minutes:

- the individual throws an object or physically damages property.
- a staff member sustains a minor injury
- clients attempt to leave the premises
- staff are unsure whether to initiate lockdown, evacuation, or other protective actions
- emergency services have been contacted but have not yet arrived.

The incident is now physical.

Discussion prompts – Inject 1

- Who decides between lockdown and evacuation?
- What triggers each option?
- How are clients and staff protected during that decision?
- Who coordinates with emergency services?
- Does this trigger activation of your Emergency Management of Business Continuity Plan?

This phase surfaces activation logic and governance clarity.

Inject 2 – Immediate aftermath

Emergency services attend and remove the individual, however:

- several staff are visibly distressed
- some clients witnessed the incident
- social media posts begin circulating about “an incident at a local health service”
- media enquiries are received
- staff question whether they feel safe returning to work
- damage to part of the premises limits access to certain consultation rooms or service areas.

This phase shifts focus to governance, recovery, and wellbeing.

Discussion prompts – Inject 2

- If part of the building is unusable, do you close, modify or relocate operations — and who makes that decision?
- What alternative service delivery options are available (e.g. telehealth, reduced operations)?
- Does this trigger activation of your Business Continuity Plan?
- How do you communicate operational changes to staff, clients and the community - and who leads that communication?
- What reporting obligations apply (regulators, insurers, incident reporting)?
- What immediate and ongoing supports are activated for affected staff?

Optional Inject 3 – Ongoing impact

One week later:

- staff morale remains low
- one staff member has taken leave due to psychological impact
- clients express concerns about safety
- there is discussion about physical security measures or environmental design changes.

Discussion prompts – Recovery

- What longer-term improvements are required?
- Do you review security procedures?
- Is additional staff training required?
- How do you support ongoing psychological safety?
- What support might you seek from Murray PHN or sector partners?



SCENARIO 7:

Critical incident – Aggressive or violent behaviour in a primary care setting

Learning objectives

This scenario supports exploration of:

- immediate safety decision-making
- activation thresholds and escalation pathways
- clear leadership during critical incidents
- communication within and beyond the organisation
- staff wellbeing and psychological safety
- recovery and continuous improvement.

Facilitator notes

Common issues likely to emerge:

- no clearly identified incident lead
- uncertainty around lockdown or evacuation authority
- informal communication processes
- limited documentation procedures
- unclear media handling protocols
- minimal structured staff wellbeing follow-up.

Reassure participants:

workplace aggression incidents are confronting and emotionally charged. The purpose of this scenario is to strengthen preparedness and confidence, not to critique past experiences.

Tone guidance

This scenario should be delivered in a trauma-informed manner:

- use neutral language
- avoid graphic detail
- acknowledge that some participants may have lived experience
- emphasise learning, not critique.

Likely themes:

- uncertainty around who leads
- lack of clarity on lockdown authority
- informal communication processes
- limited structured staff wellbeing follow-up.

Why this scenario is valuable

- Workplace aggression is an increasing risk across primary care settings
- Tests governance and activation clarity
- Reinforces staff safety responsibilities
- Highlights psychological safety and wellbeing considerations
- Strengthens recovery and improvement planning.



APPENDICES

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APPENDIX A

FACILITATOR TIPS – CHEAT SHEET

Tip	Guidance
Keep it practical	<ul style="list-style-type: none">• Focus on realistic decisions and achievable actions within existing structures. Avoid over-complicating the scenario.
Maintain psychological safety	<ul style="list-style-type: none">• Reinforce that the session is about learning and improvement, not evaluation or individual performance.
Be flexible	<ul style="list-style-type: none">• Adjust timing and depth of discussion based on the group's engagement and experience.
Stay neutral	<ul style="list-style-type: none">• Guide the conversation without directing outcomes. Allow participants to reach their own conclusions.
Encourage reflection	<ul style="list-style-type: none">• Allow space for thoughtful responses. Silence can support deeper thinking.
Manage time	<ul style="list-style-type: none">• Keep discussion moving while ensuring key themes are explored.

APPENDIX B

IMPROVEMENT ACTION LOG

The improvement action log is designed to capture key insights and practical actions identified during the exercise debrief. It supports organisations to prioritise improvements, assign responsibility and track progress over time, ensuring that lessons learned lead to tangible enhancements in emergency preparedness.

Instructions for use

- **Capture actions during the debrief**
Record improvement opportunities as they are identified by participants.
- **Prioritise actions**
Assign a priority level based on urgency and impact:
 - **High:** Immediate action required to address significant risk
 - **Medium:** Important improvement to be addressed in the short to medium term
 - **Low:** Enhancement that can be implemented over time
- **Assign responsibility**
Nominate a responsible person or role to lead each action.
- **Set timeframes**
Establish realistic completion dates to support accountability.
- **Monitor progress**
Review and update the log periodically to ensure actions are completed.

APPENDIX C

ADAPTING AND EXTENDING SCENARIOS (OPTIONAL)

The scenarios in this toolkit are intentionally designed to be flexible. While each scenario provides a structured narrative and discussion prompts, facilitators may tailor details to reflect local context, organisational structure, and participant experience. Adaptation enhances relevance and engagement. However, the core objectives of each scenario should remain intact.

Adapting to local hazard profile

Before delivering a scenario, consider:

- what hazards are most common in your region?
- are there seasonal risks (e.g. bushfire, heatwave, flood)?
- have there been recent events that may influence discussion?

Facilitators may adjust:

- location references
- timing (e.g. summer vs winter conditions)
- severity level
- community impact assumptions.

For example:

- a bushfire scenario may incorporate concurrent heatwave conditions
- a severe weather scenario may emphasise flooding rather than wind damage
- an infectious disease scenario may reflect regional workforce limitations or vaccination coverage.
- These adjustments improve realism without changing the overall structure of the exercise.

Adapting to organisational context

Scenarios may be tailored to suit different provider types. For example:

- in a pharmacy setting, emphasise medication access, supply chain continuity and dispensing capacity
- in a general practice, focus on triage, clinical prioritisation and patient communication

- in a mixed-provider workshop, explore coordination between services and referral pathways.

Language and discussion prompts may also be adjusted to reflect:

- clinical roles
- administrative responsibilities
- IT systems used locally
- governance structures within the organisation.

The aim is to ensure participants see their own environment reflected in the discussion.

Adjusting scale and complexity

Scenarios can be delivered at different levels of intensity depending on group experience.

For smaller practices or beginner groups:

- use one or two injects only
- allow additional discussion time
- keep external agency complexity limited
- provide clearer assumptions to guide conversation.

For larger organisations or more experienced groups:

- introduce additional escalation injects
- add inter-site coordination challenges
- include media or public messaging considerations
- introduce conflicting information or time pressure.

The objective is constructive exploration, not stress-testing participants.

Cultural safety and sensitivity

Facilitators should be mindful of community context and lived experience.

If the region has recently experienced a significant event:

- acknowledge this respectfully at the beginning of the session
- facilitators should reinforce confidentiality expectations at the start of the session. Discussions should avoid naming individual staff members, patients or specific identifiable details of past incidents. Where previous local events are referenced, conversation should remain focused on systems, processes and future readiness rather than revisiting individual actions or confidential information
- avoid graphic or highly specific references
- focus discussion on strengthening future readiness rather than revisiting past decisions.

Where relevant, facilitators should consider:

- the needs of Aboriginal Community Controlled Health Organisations (ACCHOs)
- vulnerable population groups
- access barriers for culturally and linguistically diverse communities
- health equity considerations during service disruption.
- Maintaining psychological safety remains essential in all adaptations.

Adapting delivery format

Scenarios may be delivered in:

- in-person team sessions
- virtual meetings
- multi-provider workshops
- cross-sector forums.

Facilitators may adjust:

- group size
- breakout structure
- use of digital whiteboards or collaborative tools
- time allocated to debrief and action planning.

Regardless of format, ensure:

- clear facilitation
- balanced participation
- structured debrief
- documentation of improvement actions.

Linking to existing plans

To increase practical value, facilitators may invite participants to reference existing documentation during discussion, such as:

- emergency response procedures
- business continuity plans
- contact lists
- IT contingency plans
- cold chain management procedures.

This strengthens alignment between discussion and operational readiness.

Increasing maturity over time

Organisations that deliver multiple exercises may gradually increase complexity.

Over time, facilitators may:

- reduce prompts and allow more autonomous discussion
- introduce simultaneous injects
- add recovery-focused discussions
- explore inter-agency coordination in more depth.

The toolkit is designed to support a progression from awareness to confidence and capability.

Facilitators who are unsure how much to adapt are encouraged to begin with the scenario as written. Additional complexity can be introduced in future sessions.

A final note

Not every exercise needs to be complex. Simple, well-facilitated discussions often produce the most valuable insights. Focus on clarity, practicality, and realistic improvement actions. Over time, complexity can be introduced as organisational confidence grows.

APPENDIX D

FURTHER SUPPORT AND RESOURCES

Primary care organisations do not need to manage emergency preparedness alone. These resources may assist organisations in strengthening readiness, continuity planning, and coordination during disruptive events.

National and state guidance

- **Australian Institute for Disaster Resilience**
Managing Exercise Handbook and national emergency management guidance.
- **Australian Government Department of Health, Disability and Ageing**
Health Sector Emergency Management Plans
- **Emergency Management Victoria**
State Emergency Management Plan (SEMP)
- **Australian Warning System (AWS)**
Information on warning levels and public messaging.

Facilitators may refer participants to these resources when discussing escalation pathways or coordination with external agencies.

Sector-specific resources

- **Royal Australian College of General Practitioners (RACGP)**
Resources on practice preparedness and continuity planning.
- **Pharmaceutical Society of Australia (PSA)**
Guidance on pharmacy continuity and emergency considerations.
- **Pharmacy Guild of Australia**
Emergency preparedness resources for pharmacies
- **Australian Primary Health Care Nurses Association (APNA)**
Workforce support and practice resources.
- **National Aboriginal Community Controlled Health Organisation (NACCHO)**
Culturally appropriate health service preparedness resources.

- **Ethnic Communities Council of Victoria (ECCV)**
Culturally and Linguistically Diverse emergency response initiatives including the Multicultural Emergency Management Partnership and Multicultural Regional Emergency Preparedness & Response Program.
- **Ageing Australia**
Emergency preparedness planning resources for residential aged care providers.
- **Australian Government Department of Health, Disability and Ageing**
Preparing for an emergency event – Residential aged care guidance.

These materials may assist organisations in strengthening internal arrangements following an exercise.

Business continuity and risk management

Organisations may wish to review or develop:

- business continuity plans
- critical function identification
- contact and escalation lists
- IT contingency arrangements
- cold chain management procedures
- workforce surge planning.

Future exercises can incorporate business continuity elements as organisational maturity increases.

Trauma-Informed Practice and Workforce Support

- **Phoenix Australia – Centre for Posttraumatic Mental Health**
Guidance on trauma-informed organisational practice and workplace support.
- **Blue Knot Foundation**
Resources on trauma awareness and trauma-informed approaches for workplaces and services.
- **Beyond Blue – Workplace Mental Health Resources**
Practical tools for supporting staff wellbeing during and after high-stress events.
- **Victorian Department of Health – Supporting staff after OVA**
Resource guide for managers working in Victorian health Services
- **WorkSafe Victoria – Aggression or Violence**
Resources for employers and employees for aggression and violence in the workplace.

Emergency and disruption events can affect staff wellbeing. Staff wellbeing is a core component of sustainable emergency preparedness and organisational resilience. Organisations may consider:

- Employee assistance programs (EAP)
- peer support arrangements
- flexible rostering during surge periods
- debrief and reflective practice opportunities.

Murray PHN support

- Guidance on emergency preparedness initiatives
- Coordination support during regional disruption
- Links to relevant sector partners

Murray PHN resources

- [Emergency preparedness for primary care - Murray PHN](#)
- [Supporting primary care in emergencies flyer - Murray PHN](#)
- [Emergency response and business continuity plan template - Murray PHN](#)
- [Emergency preparedness resources - Murray PHN](#)

Providers are encouraged to contact Murray PHN for further information regarding sector-wide preparedness activities.

APPENDIX E

GLOSSARY OF TERMS

Term	Plain language definition
Activation	The formal decision to put your Emergency Management Plan into action and coordinate your response.
Activation Triggers	Specific events or warning signs that prompt you to consider activating your plan.
Activation Thresholds	The points at which you move from normal operations to a heightened response (e.g. monitoring closely, coordinating formally, or standing up a response team).
Business Continuity Plan	A plan focused on maintaining or restoring essential services during disruptions. In smaller organisations, this may also cover emergency response arrangements.
Closure Authority	The person or role authorised to decide whether services are closed, relocated or modified.
Debrief	A structured and supportive discussion held after an exercise or incident to reflect on what worked well, what was challenging, and what could be improved. The focus is on learning and strengthening systems — not individual performance.
Emergency Management Plan	A documented plan outlining how your organisation coordinates its response to external emergencies that significantly impact operations or community safety. Larger organisations may maintain a separate EMP in addition to their Business Continuity Plan.
Escalation	Increasing your level of response as a situation becomes more serious or complex.
Evacuation	Moving staff and clients away from the building or hazard area to a safer location.
Fire Danger Rating (AFDRS)	The Australian Fire Danger Rating System categorises fire risk as Moderate, High, Extreme or Catastrophic. Current ratings are available via www.emergency.vic.gov.au .
Lockdown	Keeping staff and clients inside the building and securing rooms to reduce exposure to an immediate threat.
Manual Fallback Procedures	Processes used when digital systems (e.g. prescribing, client records, internet) are unavailable.