

EMERGENCY RESPONSE AND BUSINESS CONTINUITY PLAN

PHARMACY NAME

**** *DATE PREPARED* ****

OUR COMMITMENT

The management of this pharmacy is committed to ensuring the health and safety of our customers, patients, visitors and staff in an emergency. This could be, for example, a fire, flood, storm or earthquake affecting just this pharmacy, or the wider community, or a nation-wide influenza pandemic.

Our Emergency Plan links to DHB, PHO, LEG and local Civil Defence plans to ensure that we are an effective part of the local health response. We will ensure staff are appropriately trained to fulfil their responsibilities under this plan.

Should an emergency or other incident occur that disrupts the services provided by this pharmacy, this plan:

- addresses the most likely hazards that could affect the routine operation of our pharmacy
- provides a framework to coordinate our pharmacy's response to the emergency
- identifies the essential services, resources, facilities and alternative arrangements required to continue providing the best possible service
- guides the restoration of normal services
- when completed, meets the requirements of relevant sections of the Health & Safety in Employment and Civil Defence Emergency Management legislation, section G5.5 of the Community Pharmacy Services Agreement and Standard 4.4 of the Health & Disability Services Pharmacy Services Standard NZS 8134.7

Access to this plan:

An up-to-date paper copy of the completed plan will be kept with our pharmacy SOP (Standard Operating Procedures) folder and with our emergency kit, and off-site at An electronic copy will be held off-site and on an accessible USB flashdrive kept with the pharmacy keys.

This is a template that contains ideas that can be used to prepare the plan for your pharmacy

AUTHORITY TO ACT

The Charge Pharmacist or Manager will act as the initial Incident Manager and Single Point of Contact for our response. As other senior staff arrive this role may be delegated.

The Incident Manager is authorised to:

- activate this Emergency Response Plan
- communicate with our LEG (Local Emergency Group) / PHO / DHB to:
 - advise of activation
 - provide situation reports
 - request resources
- apply the Emergency Response actions detailed in this document.

**This Emergency Response Plan for *PHARMACY NAME*
of *STREET ADDRESS and TOWN***

is approved by:

Name:

Position:

Signature:

Date:

Plan Review Date:

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This document supports disaster planning, emergency management and business continuity for our pharmacy. It aims:

- to ensure the safety of staff and customers
- to maintain the supply of dispensed medicines to patients
- to speedily restore the pharmacy as a business

following a disaster or other emergency.

The Four Rs of Emergency Management Planning are:

REDUCTION – recognition of hazards and risks, and their mitigation to avoid or minimise their impact

READINESS – planning, establishing response systems, training and maintaining readiness to respond

RESPONSE – mobilising and activating the Emergency Plan

RECOVERY – actions to recover and return to business as usual, and to review the Plan.

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Section A. MANAGING RISK FOR BUSINESS CONTINUITY

(Identifying and Managing Risks to your Business)

Our pharmacy aims to provide an ongoing service to our community in an unplanned emergency event. This Emergency Response and Business Continuity plan addresses the events likely to affect our pharmacy and the impact these could have.

The plan includes:

- building damage
- failure of electricity, gas, water, sewage and telecommunications services
- computer network failure
- supply shortages
- staff shortages

Examples of potential risks to this pharmacy and a record of what could be done to mitigate them is provided in the Environmental, Facility and Business Risks and Hazards sections in Appendix 1 and the responses for this pharmacy are documented below. They also provide a basis for the business continuity plan in Section D.

In addition specific responses are provided for:

- an earthquake
- a fire
- geographic isolation
- a pandemic
- a mass casualty incident
- a tsunami (if applicable)
- others to consider are extreme weather, snow, flood, volcanic eruption and ashfall, land subsidence, transportation crash, hazardous substance spill, industrial explosion, civil unrest, public health emergency, failure of electricity, telephone, water or sewerage, break-in, armed holdup or threat to personal safety.

RISK IDENTIFICATION & REDUCTION STRATEGIES (refer to Appendix 1 for some examples)

Risk / Hazard	Likelihood	Consequence / Impact	Prevention or Mitigation Strategy
Environmental Risks			
Facility Risks			
Business Risks			
Other Risks			

Section B. Readiness Resources

STAFF CONTACT LIST

NAME	POSITION	ADDRESS	HOME or PERSONAL E-MAIL	HOME PHONE	MOBILE PHONE

Senior staff to request from all staff approval to keep a record of staff mobile numbers on their mobile phones.

Review and update monthly.

STAFF “ICE” CONTACTS – in case of an emergency affecting a staff member

STAFF MEMBER NAME	ICE CONTACT NAME AND RELATIONSHIP	ICE ADDRESS	ICE E-MAIL	ICE HOME PHONE	ICE MOBILE PHONE

BUSINESS CONTACTS LIST

Utility	Company	Contact person	Phone	Mobile phone	E-mail	Account number
Accounts / Accountant						
Air conditioning						
Alarm monitoring						
Bank						
Builder						
Building engineer						
Cleaner						
Computer hardware & maintenance						
Computer software						
Computer data back-up						
Delivery courier						
EFTPOS						
Electrician						
Electricity provider - retailer						
Electricity provider - distribution network						
Gas provider – retailer						
Gas distribution network provider						

Utility	Company	Contact person	Phone	Mobile phone	E-mail	Account number
Insurance company						
Internet and e-mail provider						
Label supplier / printer						
Landlord						
Lawyer						
Payroll services						
Pharmaceutical suppliers/wholesaler						
Plumber						
Residential Care facilities serviced						
Security service						
Telephone, fax and internet services						
Telephone – mobile phone services						
Waste, domestic						
Waste, pharmaceutical						
Water supplier						
Window glazier						
WINZ						

See also Emergency Response Support Agencies on page X

LOCATION OF EMERGENCY SWITCHES

Electricity mains switch and fuse box	
Gas main shut off valve Only turn off if you suspect a leak or are instructed to do so by authorities	
Water main shut off tap (toby) & hot water valve	
Telephone wall socket and analogue cord phone	

FLOOR PLAN

Sketch a floor plan of the pharmacy that identifies the evacuation routes and assembly area, the location of utility shut off switches, fire extinguishers, first aid supplies and emergency equipment.

RELOCATION SITES

Assess possible alternative premises.

- Is there sufficient security to ensure all medicines remain secure?
- Are all work surfaces and storage areas clean and constructed of impervious and washable materials?
- Are the premises lit and heated/cooled appropriately?
- Are there accessible toilets and hand washing facilities?
- Is the dispensary of a size and layout that allows for efficient workflow and direct staff supervision?
- Document other the essential features you require of an alternative site:

Temporary premises at:		Address	Pre-arranged MOU	Contact details
	1			
2				

If you do have to relocate you must apply to the Medicines Control section of the Ministry of Health for a new Licence to Operate a Pharmacy and comply with the requirements of an initial licensing audit.

ASSET REGISTER

A list of items you may have to replace or claim insurance for:

Item	Description and product number	Serial number	Photograph reference	Date purchased	Purchase cost

Date
Checked

EMERGENCY RESPONSE RESOURCE PACK

Effective torches & batteries (if not self-powered) and/or light sticks. Store close to the floor where you can find them in the dark

A first aid kit that includes sufficient wound dressing packs, bandages, slings, emergency blanket etc

Drinking water for 3 days. Three litres per person per day. Will you need more water for dispensing purposes?

Water purifying tablets or bleach (not containing surfactant or fragrance) 2.5ml / litre of water

Food for 3 days. Include "comfort food" e.g. muesli bars and chocolate!

A battery powered radio and batteries (if not self-powered). Analogue telephone. In-car chargers for mobile phones

Strong plastic bags with ties to use as an emergency toilet. Toilet paper

Hand sanitiser

Portable gas cooker, fuel and waterproof matches or lighter. Cooking pot or billy

A camera or phone camera to record damage for insurance purposes

Protective gloves for handling rubble and broken glass. Dust masks and goggles

Tools maybe e.g. hammer, large nails, tarpaulin, screwdriver, spanner, bucket, crowbar, hacksaw, rope, duct tape

Walking shoes and coats for staff who may have to walk home

A small stash of low denomination cash

Spirit based fat-tipped felt pens, strong paper or cardboard and adhesive tape

Thermometer, masks and gloves for pandemic response

Situation Report blank forms pre-populated with pharmacy details 10x

Other items:

Check contents every 6 months. If any items are not kept with the pack, then document where they will be found

RESPONSIBILITIES OF THE PHARMACY MANAGER TO PREPARE FOR AN EMERGENCY

- Ensure that you and your staff are trained in emergency procedures and all are aware of their responsibilities
- Regularly check contents of the emergency response resource pack
- Regularly review and update current staff, business and emergency contacts
- Regularly review and update the asset register and record of the location of back-up emergency equipment
- Ensure all staff likely to act as Charge Pharmacist are aware of this Emergency Response and Business Continuity Plan and understand their responsibilities as the initial Incident Manager should any emergency occur
- Review annually the risks identified in Section A and the prevention or mitigation strategies proposed
- Review the availability of possible alternative locations annually, or earlier if changes to building management or usage occur
- Test, review and update the pharmacy Emergency Response and Business Continuity Plan annually
- Ensure staff participate in a minimum of one emergency management exercise per year (a table top exercise, a simulated or an actual event)
- Document the outcomes of these exercises, the improvements identified and the plan to achieve them.

STAFF TRAINING, EDUCATION AND EXERCISES

This section should:

- Outline how staff are orientated to emergency management procedures at the start of employment;
- Outline the programme for regular (annual) updates and refreshers
- Identify the programme for exercising all, or aspects of, the plan on an annual basis;

STAFF TRAINING TEMPLATE

Training	Activity	When
Staff induction	<ul style="list-style-type: none"> ▪ Orientate / educate staff in emergency preparedness, the procedures of the emergency response plan and where to find the plan ▪ Orientate / educate staff in Personal Protective Equipment (PPE) and emergency resources held on-site ▪ Orientate staff to the location of electricity, gas and water main switches 	On commencing employment
Staff training	<ul style="list-style-type: none"> ▪ First aid ▪ Identification of hazards ▪ Evacuation exercise ▪ Natural hazards ▪ Regular refresher training and updates of the emergency plan ▪ Attend workshops on emergency planning 	
Staff participation in emergency exercises – table top, simulated, or actual	<ul style="list-style-type: none"> ▪ Document outcomes and improvements required, and plan to achieve these 	
Review & update the pharmacy emergency response and business continuity plan	<ul style="list-style-type: none"> ▪ Review the plan, particularly the risks identified in Section A ▪ Are the prevention or mitigation strategies still relevant and effective? Are there new risks? ▪ Determine review date: ▪ Determine person responsible of the review: 	At least annually

Section C. RESPONSE RESOURCES

GENERAL EMERGENCY RESPONSE CHECKLIST

Take all necessary actions to maintain safety and protect patients, customers, staff and visitors

Record -

DATE:

TIME:

PERSON ACTIVATING THE RESPONSE:

- Phone 111 to call an emergency service.
- Assess situation and decide course of action.

If required:

- Evacuate the building.
- Activate the Emergency Response Plan in Section C.
- Assess the availability of staff, equipment and resources to determine if you can continue to provide a service. Activate business continuity strategies.
- In a community emergency, if possible provide support to the community response.

Following the immediate response:

- Conduct a damage assessment of the building, including supplies and utilities.
- Send situation reports to relevant co-ordinating organisations, eg LEG (Local Emergency Group), PHO, and if requested to DHB and Civil Defence. If necessary send with a runner or cyclist.
- Monitor the initial and ongoing welfare of staff.

EVACUATION PLAN TEMPLATE

**If an emergency occurs where for safety reasons evacuation is necessary,
or when the building alarm sounds:**

If possible turn off ignition sources such as electrical and gas appliances with heating elements.

Leave pharmacy by exits

and move to Fire assembly area

or to Earthquake assembly area

The Charge Pharmacist or Manager will act as the initial Incident Manager and take control.

Check for missing people.

If it is safe and appropriate, bring personal phone, wallet, keys, emergency laptop, paper or electronic copy of the Emergency Response and Business Continuity Plan, and lock the CD safe and pharmacy.

ACTION LIST FOR PERSON ACTIVATING THE EMERGENCY RESPONSE PLAN

	Activity	Person Responsible	Action Complete Comment	Sign and Time / Date
1.	Assess safety of all persons			
2.	Assist staff, customers and others in the building			
3.	If practicable encourage staff to check their family (preferably by text rather than phone)			
4.	Check operational status of building and essential equipment, supplies and utilities such as power, water and sewage			
5.	Photograph and document damage for later insurance claim			
6.	Assess if pharmacy can continue to function			
7.	Decide if pharmacy needs to relocate and if so initiate the Relocation Plan			
8.	Endeavour to secure the pharmacy and its contents from theft and further damage.			
9.	Protect prescription and clinical records and other personal data			
10.	Set up infection control measures			
11.	Commence an incident log documenting the situation and recording issues and actions			

	Activity	Person Responsible	Action Complete Comment	Sign and Time / Date
12.	Begin clean-up			
13.	Review operation of pharmacy and identify immediate needs			
14.	Contact residential care facilities serviced			
15.	Assess staff requirements and call back staff if required. Some may be at home looking after family or property			
16.	Notify owner(s), manager (if off duty) and (if the emergency affects just the pharmacy) the DHB and local pharmacies, GPs, suppliers and other service providers			
17.	Prepare and send a Situation Report of your operational status to Emergency Operations Centre or LEG (Local Emergency Group) or the next command level above			
18.	If a community emergency, liaise with Civil Defence and emergency services			
19.	Update staff as information comes available from the Emergency Operations Centre			
20.	Ensure PHARMAC have your current contact details and check PHARMAC website regularly for emergency dispensing procedures, funding, claiming and temporary law changes			
21.	Keep in contact with DHB, Pharmaceutical Society, Pharmacy Guild and Ministry of Health. Ensure they have your current contact details			

	Activity	Person Responsible	Action Complete Comment	Sign and Time / Date
22.	Notify insurance company / EQC and make initial claim			
23.	Document damage stabilisation and reinstatement costs for insurance claim			
24.	Quarantine damaged medicines and stock until they can be safely destroyed			
25.	Support, rest and rotate staff			
26.	Send regular situation reports to your LEG (Local Emergency Group), PHO or DHB Emergency Operations Centre			
27.	Keep staff and patients / customers / residential care facilities informed of decisions, plans and progress			
28.	Join with community debriefs if appropriate			
29.	Add additional activities here that are specific to your pharmacy			

INCIDENT LOG

To document the situation and record issues and actions

Date	Time	Situation / Issue	Decision / Action	Name

SITUATION REPORT

FROM: Name of pharmacy:
Street address of pharmacy:
Phone: Fax: Mobile phone:
Name of person preparing report or name of contact person:

AT: Date and time of report:

WHAT: What is happening and what has changed since the last report:

WHAT: What you can do and can't do:

WHAT: What help you need:

continue over page if necessary

SUMMARY: circle traffic light RED (major issues to service) AMBER (serious issues) GREEN (minor or no issues)

Pre-populate pharmacy details. Have at least 10 blank forms printed and available.

Handwrite information and send daily, or more frequently if requested, to your LEG, PHO or DHB Emergency Operations Centre.

EMERGENCY RESPONSE SUPPORT AGENCIES

Support Agency	Street Address	Phone	Fax	E-mail	Website
Alcohol and Drug Service re methadone prescribing					
City Council / Regional Council Emergency Management					
Civil Defence					
Computer back-up restorer					
Community Laboratory re clozapine monitoring					
DHB Pharmacy Portfolio Manager					
Electricity generator hire					
Electricity provider - retailer					
Electricity - distribution network provider					
Emergency – Fire, Ambulance, Police		111			
EOC (Emergency Operations Centre) for Primary Care					
Gas provider - retailer					
Gas distribution network provider					
GPs local					
Hospital					
Hospital pharmacy					
Landlord					

Support Agency	Street Address	Phone	Fax	E-mail	Website
LEG (Local Emergency Group) Co-ordinator					
MoH Medicines Control – Pharmacy Licensing Authority	1-3 The Terrace, Wellington	04 496-2579	04 496-2229	medicinescontrol@moh.govt.nz	www.health.govt.nz/our-work/regulation-health-and-disability-system/medicines-control
MoH Sector Services – Pharmacy claims & payments	179 St Hill Street, Whanganui	0800 458 448 option 5	06 349-1981	customerservice@moh.govt.nz	www.health.govt.nz
Pharmac	40 Mercer St, Wellington	0800 660-050	04 460-4995	enquiry@pharmac.govt.nz	www.pharmac.govt.nz
Pharmacies local					
Pharmaceutical Society	Level 10 Grand Arcade Tower 16 Willis St, Wellington	04 802-0030	04 382-9297	p.society@psnz.org.nz	www.psnz.org.nz
Pharmaceutical wholesalers					
Pharmacy Council	Level 5 FX House, 138 The Terrace, Wellington	04 495-0330	04 495-0331	enquiries@pharmacycouncil.org.nz	www.pharmacycouncil.org.nz
Pharmacy Guild	124 Dixon St, Wellington	04 802-8200	04 384-8085	enquiries@pgnz.org.nz	www.pgnz.org.nz
PHO					
Portaloo hire					
Public Health Service					
Red Cross welfare					
Structural engineer for building assessment					
Telephone, fax & internet providers					
Others:					

See also Business Contacts on page X

RETRIEVAL LIST OF ESSENTIAL ITEMS

If building is damaged and access restricted or prohibited but authorities give you permission to enter to retrieve essential equipment and resources, list the key items to get.

Consider personal possessions, computer (or hard drive or backup), CD Register and CD prescriptions, prescription repeat file, pharmacy labels, financial records,

Essential Items to Retrieve

Section D. RECOVERY

Recovery Planning

Recovery planning is intended to speedily restore business-as-usual during and following an emergency event. A prompt and efficient recovery will have a positive impact on the business.

Staff may not recognise the impact an incident has had on them and should be aware that issues may emerge at any time during or following the event. Long term effects are substantially reduced if support is given early.

It is recommended that all staff involved in an emergency incident should participate in a debriefing session to defuse anxieties etc. This may be in a group or individually and be provided by Employee Assistance Programmes through the Pharmacy Defence Association (phone 0800 PDAHELP), or another support service.

A general recovery plan prepared before an incident can be adapted during the event much more efficiently than trying to start from scratch while the team is trying to respond to the incident.

Business Continuity Plan for This Pharmacy

Business continuity planning is an extension of service continuity planning. Recovery actions can begin as soon as the incident is under control and where possible should be led by a senior person.

What are the core functions of your pharmacy?

List the services or activities your pharmacy provides:

Are any of these deferrable in a major emergency?

In what order should you reinstate the important functions following the incident?

What activities, utilities, equipment, supplies etc are the most critical to ensure that you continue to provide services in an emergency and return to your normal service as soon as possible?

Remember that your pharmacy is a business. However important its dispensing and clinical activities are, if the business fails so does the pharmacy.

Think of your business continuity response in terms of:

People The event may affect you or your staff and some may be unable to work, or get to work; other people on whom you rely may not be able to support you, there may be a significant number of casualties and your patients / client base may leave the area.

Processes An IT or communications fault could disrupt your dispensing and claiming systems

Premises Your buildings, facilities and equipment may be damaged or ruined

Providers There may be disruption to essential utilities, supplies or services.

Assess the impact of these disruptions. How long can you manage without those people, processes, premises and providers?

Incorporate in your responses the risk identification and reduction strategies you listed in Section A.

Assess the impact of key risks to your business recovery. How can they be prevented, and if they do occur detail what you should do to get the business up and running again. Consider also alternatives and what you will have to do to make them work.

Risk	Detailed impact of this risk on your pharmacy	Detailed response or contingency plan	Priority
Building damage			
Power failure affect on lighting, heating and refrigeration			
Loss of water, gas, sewage			
Computer failure			
Communications failure			
Difficulty restocking meds			
Staff unable to work or leave area			
Infectious disease outbreak			
Patients leave the area			
Doctors leave the area			
Other risks – see business contacts:			

Consider new opportunities that the emergency may bring to the business.

Consider risk management strategies. What can be done now to minimise the consequences of adverse events when they occur? Can the risk be removed or reduced?

Relocation Plan

Relocation is a complex undertaking which has risks of its own! It may be short term, but if the main premises are damaged then expect the relocation to be for weeks if not months.

Premises: It is best to have had potential venues pre-determined and memorandums of understanding in place with the buildings' owners / occupants, see Appendix 2. How will the cost of rent and services be apportioned? Contact Medicines Control to apply for and obtain a licence to operate a pharmacy at the new location. You will also have to comply with the requirements of an initial licensing audit, with some flexibility possible if a national or local state of emergency is declared. If co-locating with another pharmacy note that two pharmacies cannot be licensed at one site and this should be considered as a short term solution only. Your DHB Pharmacy Portfolio Manager also needs to be advised of any change of premises or service.

Consider **people** – will there be sufficient space for all current staff or will you have to roster staff over extended hours? If co-located with another pharmacy consider additional staff stress with different personalities working together. What will be the chain of command?

What **processes** will need to be modified to fit the new environment to ensure safe practice? If co-located with another pharmacy; how will you operate different work systems, have effective stock control, who will own what stock, how will claiming and other income be divided or shared and what documentation will be necessary for GST and IRD tax purposes. Your pharmacy software supplier will be able to advise best practice for managing stock control in a co-located situation.

What help will you need from your utility **providers** e.g. telephone, fax, EFTPOS, internet connections? Consider setting up memorandums of understanding for priority assistance, see Appendix 2.

How will you inform your **suppliers, patients** and the **community** where to find you?

How will you manage the **physical relocation**? Truck or wheel barrows? What are the essential equipment and resources you need to take? Where will they go – prepare a draft layout in the new premises. In what order will they go – remember you will likely have to maintain continuity of service while the transition occurs. Can you dismantle shelving to use in the new premises? Shopfitters may be able to supply fittings suitable for a portable dispensary until permanent fittings can be made.

Obtain insurance cover in your new location, update your list of assets and document relocation costs.

Document and communicate the plan to staff and delegate key roles but maintain overall control so that all the arrangements link to your plan. Above all, be flexible!

Test and Review the Business Continuity Plan

Have a desk top exercise with key staff and walk through the plan. Will it work, what modifications are necessary, what deficiencies need to be addressed? Will your business survive?

Do individual staff know what to do? Do they understand and accept their roles in an emergency? Do they know where to find key information?

Review and update the plan annually – you never know when you will need it!

Section E APPENDICES

Appendix 1.0 RISKS AND MITIGATION STRATEGIES

Environmental risks and hazards

Hazard / Risk	Likelihood	Consequence / Impact	Prevention or Mitigation Suggestions
Located in flood prone area (due to river, sea or heavy rainfall)	Select: Low, Medium or High likelihood	May need to evacuate the building Could be isolated until flooding subsides	<ul style="list-style-type: none"> • Have access to sandbags etc to minimise water inflow • Decide what key equipment, files, medicines could be lifted above expected water level • Advise local Civil Defence of the risk and your emergency response plan • Have MOU with alternative location (see Appendix 2) • Have emergency supplies on-site and rotated prior to expiry dates • Have adequate insurance to cover building, rent, loss of stock and equipment, staff wages, relocation costs, interruption to business and loss of profit • Be aware of contamination and hygiene issues in the clean-up. Wash walls, shelves & floors with clean water & detergent, sweep to remove contaminated water & sediment. Rinse. Treat with 1 litre household bleach in 10 litres clean water. Leave on for ½ hour before rinsing off. Open windows during this treatment
Building structure affected by storm or other damage		Total or partial evacuation of building	<ul style="list-style-type: none"> • Have access to tarpaulins etc to protect key equipment, files, medicines • Decide if non-affected areas of the building will allow business as usual to be conducted • Have MOU with alternative location (see Appendix 2) • Plan for operating with reduced staff numbers • Have adequate insurance to cover building, rent, loss of stock and equipment, staff wages, relocation costs, interruption to business and loss of profit
Earthquake		Total or partial evacuation of building Staff and customers injured by falling furniture and equipment	<ul style="list-style-type: none"> • Have an engineering earthquake assessment done on the building to determine if the pharmacy is in a building that comes within the definition of an "earthquake-prone building" in the Building Act (ie less than 33% of the standard for a new building) • Have an evacuation plan and practice it regularly. Ensure evacuation assembly area is in a large open area with no tall buildings, power lines or other hazards immediately adjacent • Fit seismic restraints to furniture, gondolas, heavy equipment, drawers & cupboard doors

Hazard / Risk	Likelihood	Consequence / Impact	Prevention or Mitigation Suggestions
		<p>Loss of access to computer server and network</p> <p>Staff unable to get to work place</p> <p>Ability to provide services impacted</p> <p>Security of medicines and patient information</p> <p>Possible mass casualty incident</p>	<ul style="list-style-type: none"> • Ensure shelving units are secured and items are prevented from falling e.g. with fishing line along edge of shelves. Put heavy and hazardous items on lower shelves • Have remote access to computer server and regular back-ups of data • Ensure more than one staff member is familiar with essential processes • Plan to suspend non urgent services and devote greater resources to those services still functioning • Have MOU with alternative location (see Appendix 2) • Consider combining with other pharmacies in close proximity or using staff from other pharmacies that may not be able to open • Have adequate insurance to cover building, rent, loss of stock and equipment, staff wages, relocation costs, interruption to business and loss of profit • Have an up-to-date Business Continuity Plan • Liaise with LEG, DHB & Civil Defence and participate in their training exercises • When it happens – drop, cover and hold!
<p>Geographic Isolation e.g. damage to roads and bridges from a severe weather event</p>		<p>Limited access for staff and clients to and from the pharmacy</p> <p>Continuity of supplies</p> <p>Isolated people will need their medication</p>	<ul style="list-style-type: none"> • Assist staff to get to pharmacy or to their home e.g. with 4 wheel drive vehicle. Ensure staff have suitable footwear and warm clothing at the pharmacy. Obtain assistance from staff of another pharmacy who are unable to get to their pharmacy but can get to yours • Share supplies and resources with a neighbouring pharmacy • Advise Civil Defence of patients likely to require assistance
<p>Tsunami – Distant Source:</p>		<p>A formal warning is possible 1-12 hours before</p>	<ul style="list-style-type: none"> • Plan evacuation if in risk zone
<p>Tsunami – Local Source:</p>		<p>Undersea earthquakes and/or landslides could generate a local tsunami arriving within minutes.</p> <p>Coastal areas from East Cape to Kaikoura are at greatest risk and could be hit by waves up to 10 metres high.</p>	<p>A tsunami generated in conjunction with a nearby large earthquake or undersea landslide may not provide sufficient time to implement official warning procedures.</p> <p>Persons in coastal areas who:</p> <ul style="list-style-type: none"> • experience a strong earthquake (hard to stand up); • experience weak earthquakes lasting for a minute or more; • or observe strange sea behaviour such as the sea level suddenly rising and falling, or hear the sea making loud and unusual noises; <p>should not wait for an official warning. Instead, let the natural signs be the warning and take immediate action to evacuate to predetermined tsunami safe zones, or go to high ground or go inland a safe distance.</p>

Hazard / Risk	Likelihood	Consequence / Impact	Prevention or Mitigation Suggestions
Volcanic activity		<i>Danger of lava or lahar flow Damage from ash fall Geographic isolation</i>	<i>Have a suitable evacuation plan Protect medicines and water supply from dust contamination See geographic isolation section above</i>
Land slip or subsidence			
Industrial spill or explosion			

Facility risks and hazards

Hazard / Risk	Likelihood	Consequence / Impact	Prevention or Mitigation Suggestions
Fire		<i>Total or partial evacuation of building May need to relocate Equipment and records destroyed</i>	<ul style="list-style-type: none"> • <i>Ensure adequate fire extinguishers are available, staff are aware of their location and trained in their use</i> • <i>MOU with an alternative location (see Appendix 2)</i> • <i>Ensure adequate insurance cover to replace building if owned by the pharmacy</i> • <i>Ensure adequate insurance cover to replace stock and equipment</i> • <i>Have adequate insurance to cover relocation costs, interruption of business, staff wages and loss of profit</i> • <i>Liaise with Fire Service and participate in training exercises</i>
Electricity outage		<i>Impact on lighting, refrigerator, hot water, heating, and security system Loss of PABX and portable telephones, fax, computer and printer</i>	<ul style="list-style-type: none"> • <i>First try resetting the circuit breakers on switch board</i> • <i>Pre-identify critical resources that require electricity</i> • <i>Consider installing an uninterruptible power supply</i> • <i>Have agreement with a hire company to have preference for generator hire. Determine size necessary and if appropriate pre-install a connection between generator and building wiring, or have access to extension cords and multi-boxes. Have instructions on how to operate generator. Have access to fuel for the generator & container to carry it in</i> • <i>Have torches and batteries readily accessible (in the dark!)</i> • <i>Relocate work areas closer to windows where possible</i> • <i>Because of potential damage to refrigerated medicines, prepare a list of those usually stocked that degrade significantly over a few days to become a safety/effectiveness risk</i>

Hazard / Risk	Likelihood	Consequence / Impact	Prevention or Mitigation Suggestions
		<p>No eftpos</p> <p>Unable to charge mobile phones</p>	<ul style="list-style-type: none"> • Have an analogue cord telephone available to plug in • Consider having a fully backed up laptop available, with software loaded to access/enter patients' details, and a spare charged battery • Have a supply of manual eftpos forms available and train staff in their use. Consider a mobile eftpos device • Have access to in-car chargers or wind-up chargers • Ensure exits and corridors are ways kept clear so as to prevent accidents/injury to customers and staff in the dark
Loss of water supply		<p>No drinking water</p> <p>No water for hand washing, toilets or cleaning</p>	<ul style="list-style-type: none"> • Store bottled water and refresh regularly –for drinking and dispensing purposes • Have access to a large water storage tank for dispensary and staff washing purposes • Activate water conservation measures and display appropriate signage for staff and customers • Have access to an adequate supply of hand sanitiser and instructions for use to display for customers and staff
Loss of sewage service		<p>Health and safety breaches</p>	<ul style="list-style-type: none"> • Consider relocation if warranted • Arrange use of neighbouring toilet facilities • Have access to a chemical toilet or supply of strong plastic bags to line non-operational toilets, ties, bleach and gloves

Business risks and hazards

Hazard / Risk	Likelihood	Consequence / Impact	Prevention or Mitigation Suggestions
Staff illness (eg due to injury or pandemic)		<p>Unable to provide care to required standard or to contracted level of service</p>	<ul style="list-style-type: none"> • Identify potential volunteers and service groups who might assist. Ensure their skill levels are appropriate to perform allocated tasks safely • Pre-determine vulnerable patients who may require alternative services • Involve DHB Pharmacy Portfolio Manager or PHO re contracted level of service
Unable to handle surge capacity		<p>Patients become agitated at delays and lack of service.</p> <p>Staff fatigue resulting in mistakes occurring</p>	<ul style="list-style-type: none"> • Extend opening hours if able to staff effectively, increase staff at peak times or stagger staff presence • Call back part time staff • Communicate to patients and staff the problem and your solutions • Ensure staff breaks are taken

Hazard / Risk	Likelihood	Consequence / Impact	Prevention or Mitigation Suggestions
Computer failure		<p>Unable to computer-dispense</p> <p>Unable to invoice or claim for dispensings</p> <p>Unable to access prescription, patient and financial records</p> <p>No access to internet</p>	<ul style="list-style-type: none"> • Surge protect computer electricity supply as a minimum precaution or have an uninterruptible power supply • Ensure back-up processes completed and checked regularly. How much information can you afford to lose? • Have a laptop available with shop & dispensing software, an extra (daily) backup, and important patient files with methadone, clozapine and weekly close control dispensing data. • Determine how long will it take to replace hardware and software, enter back up data, connect peripherals, and test • Train staff in manual documentation and dispensing methods • Have key information resources in hard copy if available
Loss of communication		<p>No internet, telephone, fax, eftpos, nor access to web based information</p>	<ul style="list-style-type: none"> • Ensure analogue style telephone is available to allow communications when power failure prevents portable phone from operating • May have to redirect phone number to a mobile phone • Ensure supply of manual eftpos forms available • Have key information resources in hard copy if available
Insufficient PPE		<p>Staff and customers exposed to infection</p>	<ul style="list-style-type: none"> • Maintain sufficient PPE (Personal Protective Equipment) for staff and customers use for 5-7 days • Arrange with DHB for access to and delivery of supplies in an emergency
Adverse media reports		<p>Lack of public confidence</p> <p>Reduced cash flow</p>	<ul style="list-style-type: none"> • Ensure release of information to media is controlled. If necessary contact PHO or DHB for guidance • Send regular updated situation reports to your LEG, PHO or DHB
Loss or incapacitation of business partner		<p>Increased workload</p> <p>Legal & financial issues requiring second signature</p> <p>New business partner to be sought or finance found for buying share of business, or business wound up or sold</p>	<ul style="list-style-type: none"> • Have adequate insurance cover for yourself and business partners • Have a predetermined exit strategy to cover loss or incapacity of a business partner

Considerations for a Mass Casualty Event

A mass casualty event could be either local, like a bus crash, or widespread, like an earthquake. Generally there is a relatively short period when casualties need acute treatment, however, casualties will seek care whenever and wherever it seems appropriate to them and this could be to pharmacies.

It is important to be clear about your role in these circumstances.

Are you going to attempt to provide First Aid? Do you have trained first aiders?
Maybe you could triage casualties, treat the minor injuries and forward others to the nearest GP or hospital?

Do you have sufficient wound dressings?

Do you have signs, maps etc directing casualties to GP or hospital?

Is there any specialised support you can give to your neighbouring GP if they have a large number of casualties presenting spontaneously?

Consider also the medicines requirements for discharged casualties – pain relief, antibiotics etc. Supplies may have to be rationed.

Displaced people will need their usual medication.

It may be useful to include a discussion about mass casualties when you discuss emergency planning with the GPs and other health professionals in your area.

Considerations for a Pandemic

This will be a national event and will be led in each district by the DHB.

Consider the availability of staff and continuity of supplies. Ensure protection for staff and non-affected customers with vaccinations, masks and other personal protective equipment.

See the Pharmacy Guild document dated May 2011 “Managing Infection Control in your Pharmacy during an Influenza Pandemic”.

See the New Zealand Influenza Pandemic Plan: A framework for action at:
www.health.govt.nz/publication/new-zealand-influenza-pandemic-plan-framework-action

Emergency Memorandum of Understanding ('MOU') between:

*(**<<<Name of service>>>**)*

and

*(**<<<Name of service>>>**)*

Date signed:

Review date:

PARTIES (Business name)

- 1. (First Party)
- 2. (Second Party)

AGREEMENT

- 1. In the event of an emergency, the Parties agree to support each other, where possible, with the provision of facilities and equipment (support).
- 2. The parties will pay each other for this support at reasonable rates. Due to the urgency of emergency situations, it may be necessary to negotiate payment after support has been provided.
- 3. Agreement to use each other's services/facilities will be between Managers of the facilities named or respective Incident Controllers during an emergency.
- 4. Support may be provided without charge.
- 5. Parties will treat each other's facilities and equipment with the care and respect and to a standard reasonably expected in the circumstances.
- 6. The Parties will comply with all relevant law and professional standards when using the other's facilities and equipment.
- 7. In the event of a declared Civil Defence emergency the Parties agree to abide by the decisions of the Civil Defence Controller pursuant to the Civil Defence Emergency Management Act 2002.
- 8. The Parties will assist each other by the exchange of information about emergency management.

Signed on behalf of
The First Party

Signed on behalf of
The Second Party

Signature

Signature

Full Name

Full Name

Position

Position

Date

Date

- 1. Hazard Assessment for Business.** From Civil Defence website / Being Prepared
[http://www.civildefence.govt.nz/memwebsite.nsf/Files/hazard%20assessment%20for%20business/\\$file/hazard%20assessment%20for%20business.pdf](http://www.civildefence.govt.nz/memwebsite.nsf/Files/hazard%20assessment%20for%20business/$file/hazard%20assessment%20for%20business.pdf)

This document concentrates on the steps that can be taken by you (through a series of check lists) to identify existing and potential hazards within your businesses, as well as identifying assets/vulnerabilities and your current level of preparedness.

- 2. Planning and Preparedness for Business.** From Civil Defence website / Being Prepared
[http://www.civildefence.govt.nz/memwebsite.nsf/Files/Planning%20and%20Preparedness%20for%20Business/\\$file/Planning%20and%20Preparedness%20for%20Business.pdf](http://www.civildefence.govt.nz/memwebsite.nsf/Files/Planning%20and%20Preparedness%20for%20Business/$file/Planning%20and%20Preparedness%20for%20Business.pdf)

This document concentrates on the steps that can be taken by you (through a series of checklists) to minimize the hazards, which present a risk to your business. Each question represents the outcome of a process. Your task is to set in place the processes and to document them in your plan.

- 3. Emergency Management Audit for Business.** From Civil Defence website / Being Prepared
[http://www.civildefence.govt.nz/memwebsite.nsf/Files/EM%20Audit%20for%20Business/\\$file/EM%20Audit%20for%20Business.pdf](http://www.civildefence.govt.nz/memwebsite.nsf/Files/EM%20Audit%20for%20Business/$file/EM%20Audit%20for%20Business.pdf)

This document is designed to take you through the process of assessing any emergency preparedness measures you may already have.

- 4. Household Emergency Plan template.** From Civil Defence Get Thru website
[http://www.getthru.govt.nz/themes/getthru/templates/vwluResources/Emergency_checklist_10/\\$file/Emergency_checklist_10.pdf](http://www.getthru.govt.nz/themes/getthru/templates/vwluResources/Emergency_checklist_10/$file/Emergency_checklist_10.pdf)

- 5. Community Pharmacy Services Agreement section G5.5 – Civil Defence:**
CPSA available from www.centraltas.co.nz Community Pharmacy Programme

G5.5 You will co-operate with any civil defence emergency activity as appropriate in your area and have a civil defence plan for your organisation that details how you intend to manage continued delivery of the Services in the event of a major incident.

Current at April 2014

- 6. Community Pharmacy Services Agreement section G5.6 – Health Emergency Planning:**

CPSA available from www.centraltas.co.nz Community Pharmacy Programme

G5.6 (a) You will participate in the development of the district or regional Health Emergency Plan (the Health Emergency Plan) coordinated by us and other relevant participants to ensure your Service Users and Staff needs are met during a health emergency. This Health Emergency Plan will outline, to the extent practicable, the human, financial and other roles and resources that each participant, including DHB(s), primary care and pharmacy Providers, will contribute in responding to an emergency, including substitution of services to meet the health emergency.

(b) You will work with us and relevant participants to ensure the Health Emergency Plan is reviewed periodically to maintain currency. The Health Emergency Plan must identify your response to an emergency event. This should be conducted with an all hazards approach to emergency planning.

(c) When requested by us you will be involved in processes to ensure that emergency responses are integrated, coordinated and exercised. The level of participation required will be reasonable and reflective of the nature of the services and the expected roles and services you would provide in an emergency situation.

(d) In accordance with Parts L (Variation of Agreement) or O (Failure to perform and termination of Agreement) if either of us is unable to perform an obligation under this Agreement for thirty (30) days or more because of an Uncontrollable Event, we both must seek to agree to what extent, if any, Services can be varied and/or continued by the party whose performance is prevented. Alternative arrangements for the supply of Services may need to be considered (Clause O5 of Part O (Failure to perform and termination of Agreement)).

(e) We will negotiate with you to contribute to your costs if extraordinary funding is available to manage an emergency.

Current at April 2014

7. Health and Safety in Employment Act 1992 section 6 – Employers to Ensure Safety of Employees:

6 Every employer shall take all practicable steps to ensure the safety of employees while at work; and in particular shall take all practicable steps to—

- (a) provide and maintain for employees a safe working environment; and
- (b) provide and maintain for employees while they are at work facilities for their safety and health; and
- (c) ensure that plant used by any employee at work is so arranged, designed, made, and maintained that it is safe for the employee to use; and
- (d) ensure that while at work employees are not exposed to hazards arising out of the arrangement, disposal, manipulation, organisation, processing, storage, transport, working, or use of things—
 - (i) in their place of work; or
 - (ii) near their place of work and under the employer's control; and
- (e) develop procedures for dealing with emergencies that may arise while employees are at work.

Current at April 2014 from www.legislation.govt.nz

8. Standard 4.4 of the Health & Disability Services Pharmacy Services Standard NZS 8134.7:2010 – Emergency and Security Systems:

Standard 4.4 Consumers and service providers shall receive an appropriate and timely response during emergency and security conditions.

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

- 4.4.1** Service providers receive appropriate information, training and equipment to respond to identified emergency and security conditions. This shall include fire safety, emergency procedures and armed hold-ups.
- 4.4.2** Service providers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.
- 4.4.3** Where required by legislation there is an approved evacuation plan.
- 4.4.4** The service provider identifies and implements appropriate security arrangements relevant to the pharmacy setting.

Current at April 2014

9. Regulation 44(m) of the Medicines Regulations 1984:

44(m) A prescription medicine may be sold or dispensed otherwise than under a prescription given by a practitioner, registered midwife, veterinarian, or designated prescriber if it is sold to or dispensed for—

a person who has previously been supplied with the medicine on the prescription of an authorised prescriber for a particular condition, and is so sold or dispensed—

- i. by a pharmacist who is satisfied that the person requires an emergency supply of the medicine for that condition; and

- ii. in an amount not exceeding the quantity reasonably required by that person for a period of 72 hours, or a minimum pack of a special container from which it is not practicable to dispense a lesser amount;

Current at April 2014 from www.legislation.govt.nz

10. Civil Defence National Emergencies (Information Sharing) Code 2013:

This code provides agencies (e.g. pharmacies) with broader discretion to collect, use and disclose personal information in the rare event of a major disaster that has triggered a state of national emergency. It facilitates, for example, the sharing of information to help identify individuals who have been caught up in the emergency, to assist individuals to obtain essential service, to coordinate the management of the emergency and to ensure that people who are responsible for individuals are able to be kept informed.

Code will override the constraints of Rule 11 of the Health Information Privacy Code so long as it is for the permitted purposes described in clause 5 and is to the agencies and situations described in clause 6.

5. Meaning of permitted purpose [extract]

(2) Without limiting subclause (1), any of the following is a **permitted purpose** in relation to an emergency:

- (a) identifying individuals who:
 - (i) are or may be injured, missing or dead as a result of the emergency;
 - (ii) are or may be otherwise involved in the emergency;
- (b) assisting individuals involved in the emergency to obtain services such as repatriation services, medical or other treatment, health services, financial and other humanitarian assistance;
- (c) assisting with law enforcement in relation to the emergency;
- (d) coordination and management of the emergency;
- (e) ensuring that people who are responsible for individuals who are, or may be, involved in the emergency are appropriately informed of matters that are relevant to:
 - (i) the involvement of those individuals in the emergency; or
 - (ii) the response to the emergency in relation to those individuals.

6. Authority for collection, use and disclosure of personal information [extract]

(1) In relation to an emergency, an agency may collect, use or disclose personal information relating to an individual if the agency believes on reasonable grounds that:

- (a) the individual concerned may be involved in the emergency; and
- (b) the collection, use or disclosure is for a permitted purpose in relation to the emergency; and
- (c) in the case of a disclosure of personal information - the disclosure is to:
 - (i) a public sector agency; or
 - (ii) an agency that is, or is likely to be, involved in managing, or assisting in the management of, the emergency; or
 - (iii) an agency that is directly involved in providing repatriation services, medical or other treatment, health services or financial or other humanitarian assistance services to individuals involved in the emergency; or
 - (iv) a person who is responsible for the individual (within the meaning of clause 5(3)); and
- (d) in the case of a disclosure of personal information – the disclosure is not to a news medium.

Current at April 2014 from www.legislation.govt.nz

11. Civil Defence Emergency Management Act 2002 section 90 – Requisitioning Powers:

90 (1) This section applies if a state of emergency is in force and, in the opinion of a Controller or a constable, the action authorised by this section is necessary for the preservation of human life.

(2) The Controller or constable, or a person authorised by him or her, may direct the owner or person for the time being in control of any land, building, vehicle, animal, boat, apparatus, implement, earth-moving

equipment, construction materials or equipment, furniture, bedding, food, medicines, medical supplies, or any other equipment, materials, or supplies, to immediately place that property (requisitioned property)—

- (a) under his or her control and direction; or
- (b) under the control and direction of a Controller or a constable, or person authorised by that Controller or constable, if that person has requested the person making the requisition to do so on his or her behalf.

(3) A person exercising any power conferred on him or her by this section must give to the owner or person in charge of the requisitioned property a written statement specifying the property that is requisitioned and the person under whose control the property is to be placed.

(4) If the owner or person for the time being in control of any property that may be requisitioned under this section cannot be immediately found, a Controller or a constable, or a person authorised by a Controller or constable, may assume immediately the control and direction of the requisitioned property.

(5) If a person assumes the control and direction of requisitioned property under subsection (4), that person must ensure that, as soon as is reasonably practicable in the circumstances, a written statement specifying the property that has been requisitioned and the person under whose control it has been placed is given to the owner or person formerly in charge of the requisitioned property.

(6) The owner or person in control of any property immediately before it is requisitioned under this section must provide the person exercising the power under this section with any assistance that the person may reasonably require for the effective and safe use of that property.

Current at April 2014 from www.legislation.govt.nz

12. Health Act 1956 section 74C – Priorities for Medicines:

74C (1) The Director-General may at any time devise policies determining the priorities with which supplies of medicines that are under the control of the Crown or a Crown entity are to be dispensed during outbreaks of quarantinable diseases.

(2) While an epidemic notice is in force,—

- (a) the Director-General may, if satisfied that there is or is likely to be a shortage of medicines because of the outbreak of the disease stated in the epidemic notice, in accordance with a policy devised under subsection (1) for the medicines, by notice in the Gazette require persons administering, dispensing, prescribing, or supplying stated medicines that are under the control of the Crown or a Crown entity to administer, dispense, prescribe, or supply them in accordance with priorities, and subject to any conditions, stated in the notice; and

- (b) every person administering, dispensing, prescribing, or supplying medicines stated in the notice that are under the control of the Crown or a Crown entity must—

- (i) comply with the priorities; and

- (ii) comply with any conditions, stated in the notice.

(3) A notice under subsection (2) must state whether it applies to—

- (a) all persons administering, dispensing, prescribing, or supplying the medicines concerned; or

- (b) particular classes of person administering, dispensing, prescribing, or supplying the medicines concerned; or

- (c) particular persons administering, dispensing, prescribing, or supplying the medicines concerned.

(4) A notice under subsection (2) may relate to any medicine, whether or not it can be used in relation to the disease stated in the epidemic notice.

(5) The Director-General must publish every policy; but may do so by making it available on the Internet.

(6) In this section, medicine means any substance used or capable of being used to prevent, treat, or palliate a disease, or the symptoms or effects of a disease.

Current at April 2014 from www.legislation.govt.nz

13. National Health Emergency Plan: Guiding Principles for Emergency Management Planning in the Health and Disability Sector

<http://www.health.govt.nz/publication/national-health-emergency-plan-guiding-principles-emergency-management-planning-health-and>

14. The National Health Emergency Plan

www.health.govt.nz/our-work/emergency-management/national-health-emergency-plan

15. New Zealand Influenza Pandemic Plan: A Framework for Action

www.health.govt.nz/publication/new-zealand-influenza-pandemic-plan-framework-action

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Feedback is welcomed with suggestions and examples to improve this document and the accompanying workbook. Send to the Pharmaceutical Society of New Zealand, PO Box 11-640, Wellington 6142 or e-mail p.society@psnz.org.nz.

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