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**INTRODUCTION**



**Aim**

To prepare name of organisation to cope with the effects of disruption as a result of a natural or manmade disaster.

## Objectives

* To define and prioritise the critical functions and core services of the organisation
* To analyse risks to the organisation
* To determine the agreed response to the disruption
* To identify key contacts including team members, contractors, suppliers and customers during an incident or disruption.

**Communication**

We will communicate our emergency plans with our staff, volunteers, clients and other agencies in the following way:

* Signs displayed in our office
* Printed versions of document available at our office
* Board and Staff Induction Packs
* Newsletters

In the event of a disaster we will communicate with our staff, volunteers in the following way:

* Phone
* E-mail
* Social Media

In the event of a disaster we will communicate with our community in the following way:

* Social Media posts
* E-mail

Our Calendar for booking client appointments is done by: Google / Outlook Calendar

A backup copy of the Calendar is available by: Google / Outlook

We will contact clients who have appointments booked in the following way:

**ESSENTIAL CONTACT DETAILS – QUICK REFERENCE**



The following person is our primary crisis Coordinator and will serve as the organisations spokesperson in an emergency:

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Contact** |  | | |
| **Designation** | Chairperson | | |
| **Phone Number** |  | Alternative Number |  |
| **Email** |  | | |

If the Primary Crisis Coordinator is not available, the person below will be the spokesperson:

|  |  |  |  |
| --- | --- | --- | --- |
| **Secondary Contact** |  | | |
| **Designation** | Coordinator | | |
| **Phone Number** |  | Alternative Number |  |
| **Email** |  | | |

**Emergency Contact Information**

Dial 1-1-1 in an EMERGENCY

**Non- Emergency Contact Information**

|  |  |  |
| --- | --- | --- |
| **Who** | **Phone** | **Additional Contact Details** |
| Police | 105 | Not applicable |
| Local Police Station | (0 ) |  |
| Local Fire Station | (0 ) |  |
| Local Civil Defence | 0800 |  |

**Broadcasting – TV and Radio**

In an emergency your local radio and TV stations are a good source of information:

|  |  |  |
| --- | --- | --- |
| **Station Name** | **Frequency** | **Website** |
| More FM | 91.8 FM | www.morefm.co.nz/ |
| Newstalk ZB | 89.4 FM | [www.newstalkzb.co.nz/](http://www.newstalkzb.co.nz/) |
| Radio Live | 702AM  100.6 FM | www.magic.co.nz |
| Radio New Zealand National | 756AM  101.4 FM | [www.rnz.co.nz/](http://www.rnz.co.nz/) |
| The Hits | 97.4 FM | [www.thehits.co.nz/](https://www.thehits.co.nz/) |
| TVNZ | N/A | [www.tvnz.co.nz/one-news](http://www.tvnz.co.nz/one-news) |
| +HR=E (TV3) | N/A | [www.newshub.co.nz/](http://www.newshub.co.nz/) |

**KEY CONTACT SHEET – Suppliers & Funders**



Contains contact information of all suppliers and major funders.

**INSURANCE COVER**



|  |  |  |  |
| --- | --- | --- | --- |
| Provider | Contact Name | Phone | Email |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Type | Insurer | Policy Number | Limits |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SUPPLIERS**



|  |  |  |  |
| --- | --- | --- | --- |
| Provider | Service | Account Number | Contact |
|  | Phone |  |  |
|  | Internet |  |  |
|  | Power |  |  |
|  | Landlord |  |  |
|  |  |  |  |

**MAJOR FUNDERS**



|  |  |  |  |
| --- | --- | --- | --- |
| Funder | Contact Name | Phone | Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**KEY CONTACT SHEET – Board Members & Staff**



Contact information of all board members and staff.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Name** | **Landline Number** | **Mobile** | **Email** | **Address** |
| Add name  **Chairperson** |  |  |  |  |
| Add name  **Treasurer** |  |  |  |  |
| Add name  **Secretary** |  |  |  |  |
| Add name  **Board Member** |  |  |  |  |
| Add name  **Board Member** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Contact Name**  (Alphabetical by first name) | **Landline Number** | **Mobile** | **Email** | **Address** |
| Add name |  |  |  |  |
| Add name |  |  |  |  |
| Add name |  |  |  |  |
| Add name |  |  |  |  |
| Add name |  |  |  |  |
| Add name |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**STAFF**



Potential vulnerabilities or commitments that might impact staff availability after a disruption:

|  |  |  |
| --- | --- | --- |
| **# Staff & Volunteers** | **Vulnerability / Commitment** | **Action to Remedy** |
|  | Small children or dependent family members at home | 1. Set aside time for existing staff & volunteers to complete Individual ‘Make A Plan’ template 2. Include completion of ‘Individual ‘Make a Plan’ template with induction for new staff, volunteers and contractors |
|  | Have health issues requiring regular medication | Encourage staff & volunteers to have a small supply of their medication with them when they are away from home |
|  | Do not have ‘Grab n Go’ bags with them or in their car | 1. Set aside time for existing staff & volunteers to complete Individual ‘Make A Plan’ template 2. Include completion of Individual ‘Make a Plan’ template with induction for new staff, volunteers and contractors |
|  | Trained in first aid | Provide First Aid Training to staff & volunteers so that there is always someone trained in First Aid at the centre. |

❑ All staff members and volunteers have been provided with a copy of Name of organisation’s Health & Safety Plan and Business Continuation Plan. We have had a discussion about personal preparedness and have provided an Individual ‘Make a Plan’ template / Personal Workplace Emergency Plan through in-house training for existing staff/volunteers and through induction for any new staff / volunteers.

❑ Our organisation has emergency supplies and we have set a calendar reminder to restock them once a year.

❑ Our organisation has next of kin contacts for each volunteer located in their personnel file. Next of kin contacts for each volunteer are located in their volunteer file.

**CORE SERVICE 1**



**AIM:**

**Essential Roles and Tasks**

|  |  |  |  |
| --- | --- | --- | --- |
| Tasks | Skill set / qualification | Staff / volunteers able to perform task | Alternative options |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Essential Supplies**

|  |  |  |
| --- | --- | --- |
| What | Details | Alternative options |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Essential Equipment**

|  |  |  |
| --- | --- | --- |
| Details | Equipment | Alternative options |
|  |  |  |
|  |  |  |

**Essential Contacts**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation | Main Contact | Contact Numbers | Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**RELOCATION OPTIONS**



|  |  |  |  |
| --- | --- | --- | --- |
| Options | Alternative Location | Advantages | Disadvantages |
|  |  |  |  |
|  |  |  |  |

**DELEGATION OF AUTHORITY**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Delegation / Who / Contact Details | Order  Supplies | Approve Payments | Speak to Media | Manage Staff | Sign Funding Applications |
| Coordinator  Add name  Add email  Add phone number | **YES** | **YES** | **NO** | **YES** | **YES** |
| Chairperson  Add name  Add email  Add phone number | **YES** | **YES** | **YES** | **YES** | **YES** |
| Treasurer  Add name  Add email  Add phone number | **YES** | **YES** | **NO** | **NO** | **YES** |
| Secretary  Add name  Add email  Add phone number | **YES** | **YES** | **NO** | **NO** | **YES** |
|  |  |  |  |  |  |

**BACKING UP RECORDS**



|  |  |  |  |
| --- | --- | --- | --- |
| Information Type | Method | Location | Access |
| Policies & Manuals including:   * Operations Manual * Health & Safety Manual * Governance Manual | One Drive / G Drive | Cloud access from remote locations | Coordinator controls overall management and assigning access  General access to all staff and volunteers |
| General Documents including:   * Supply Agreements * Government Contracts * Funding * Invoices * Accounts * Insurance | One Drive / G Drive | Cloud access from remote locations | Coordinator controls overall management and assigning access  Access to General Coordinator, Treasurer and Chairperson only |
| Staff & Volunteer Documents including:   * Employment Agreements * Payroll records * Volunteer records * Invoices * Accounts | One Drive / G Drive | Cloud access from remote locations  Payroll is processed through name of Accounting system | Coordinator controls overall management and assigning access  Access to Coordinator, Treasurer and Chairperson only |
| Access Codes including:   * Alarm codes * Bank Account access * IRD online access * Payroll * Online funder access | One Drive / G Drive  General  Coordinator & Chairperson also have a hard copy stored in a secure location at their homes. | Cloud access from remote locations  Payroll is processed through name of Accounting system | Coordinator controls overall management and assigning access  Access to Coordinator, Treasurer and Chairperson only |

**SAVE THIS PLAN**



|  |  |  |
| --- | --- | --- |
| Format | Location | Access |
| Hardcopies | Filing cabinet at Office.  Coordinator and Chairperson also have copies at home. | All staff & Volunteers |
| Electronic Copies | One Drive / G Drive  Cloud access from remote locations. | Coordinator controls overall management and assigning access  General access to all staff and volunteers |

**EMERGENCY PLAN**



Scenarios to think about and plan for include:

**Buildings are damaged**

You may need dust masks, work gloves, hard hats or tools such as wrecking bars and sledge hammers.

**Staff are unable to leave the building**

You’ll need food and water (at least three litres per person) for three days or more, sanitary items, etc.

**Staff are unable to use their usual transport to get home**

Encourage staff to have supplies in their work grab bags in case they need to walk home or to their meeting place. Make sure they have household plans with their families that include how they will get home, who they will travel with, where they will meet if that can’t get home, etc.

**People are seriously injured**

You may have to provide for people with serious injuries until help arrives. Make sure you have blankets, stretchers, a complete first aid kit, etc.

**CIVIL DEFENCE EQUIPMENT**



We have the following equipment onsite at the office with an annual check completed in December each year:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| QTY | Item |  |  | QTY | Item |
|  | Blankets – foil, wool |  |  |  | Rope – 12m & 30m |
|  | Stretcher – foam, board |  |  |  | D batteries |
|  | Torch & batteries |  |  |  | AA batteries |
|  | Radio & batteries |  |  |  | Gloves (debris) |
|  | Dust masks |  |  |  | Goggles |
|  | Water |  |  |  | Water tablets |
|  | Hard hat |  |  |  | Bucket |
|  | Plastic bin bags |  |  |  | Wrecking bar |
|  | Saw (wood and hack) |  |  |  | Sledge hammer |
|  | Cutter/pliers |  |  |  | Axe |
|  | CD First Aid Kit |  |  |  | Meths stove for water |
|  | 3 ltr billy for water |  |  |  | Matches (pkt) |
|  | Lighter |  |  |  | Disposable gloves |
|  | Toilet paper |  |  |  | Sanitary needs |
|  | Broom |  |  |  | Brush/pan |
|  | Disinfectant |  |  |  | Mouth guards |
|  | Light sticks |  |  |  |  |

**EMERGENCY FOOD REQUIREMENTS**



Food requirements based on 6 people for 3 days. Food items will be checked in December each year and replaced as required.

Note: Quantities are quite small, and may not be adequate for people doing physical labour.

**DAY 1**

|  |  |
| --- | --- |
| QTY | DESCRIPTION |
| 3 | Baked Beans, 820gms cans |
| 3 | Creamed Corn, 440gm cans |
| 1 | Raisins, 12 mini box packets |
| 1 | Muesli bars, 8 bar boxes |
|  |  |

**DAY 2**

|  |  |
| --- | --- |
| QTY | DESCRIPTION |
| 3 | Tuna in Water, 425gms cans |
| 3 | Potato Salad, 310gm cans |
| 1 | Raisins, 12 mini box packets |
| 1 | Muesli bars, 8 bar boxes |
|  |  |

**DAY 3**

|  |  |
| --- | --- |
| QTY | DESCRIPTION |
| 3 | Spaghetti, 820gms cans |
| 3 | Green Beans, 425gm cans |
| 1 | Raisins, 12 mini box packets |
| 1 | Muesli bars, 8 bar boxes |
|  |  |

**ADDITIONAL SUPPLIES**

|  |  |
| --- | --- |
| QTY | DESCRIPTION |
| 3 | Barley Sugars, packets |
| 3 | Chocolate, King size blocks |
| 30 | Paper plates, 25cm |
| 25 | Plastic forks |
| 1 | Methylated spirits, 1 litre |
| 1 | Can opener |
| 6 | Large garbage bags (for sanitation) |
|  |  |
|  |  |

**HAZARD ANALYSIS**



Below is a list of hazards and their potential impact detail any mitigation measures already in place or those to be added.

|  |  |  |  |
| --- | --- | --- | --- |
| **Risks** | **Likelihood** | **Impact** | **Mitigation** |
| **Flooding** | Low | Low | Yes |
| **IT Failure** | Low | Medium | Yes |
| **Loss of electricity** | Low | Low | Yes |
| **Fire** | Medium | Low - High | Yes |
| **Earthquake** | Low | Medium | Yes |
| **Tsunami** | Low | Medium | Yes |
| **Pandemic** | Medium | Low - High | Yes |

**Risk Matrix Score**

**A** = HIGH Likelihood and HIGH Impact

**B** = LOW Likelihood and HIGH Impact

**C** = HIGH Likelihood and LOW Impact

**D** = LOW Likelihood and LOW Impact

**RISK ANALYSIS & MANAGEMENT**



|  |  |  |
| --- | --- | --- |
| **Risk** | **Preventative measures** | **Additional Action after event** |
| There is a fire / flood at the centre with limited damage | 1. Contents insurance for replacement of physical items 2. Cloud access to documents | Advise insurance company  Replace damaged items |
| The centre is burgled and some damage to property has taken place | 1. Contents insurance for replacement of physical items 2. Password protect access to all devices, including filing cabinets and storage areas 3. Cloud backup of all documents | Advise insurance company  Replace stolen items |
| The Centre is burgled and some items with client information is stolen | 1. Contents insurance for replacement of physical items 2. Password protect access to all devices, including filing cabinets and storage areas 3. Cloud backup of all documents | Notify any clients whose personal information may have been accessed.  Refer Privacy Policy |
| There is a power failure that lasts for multiple days | 1. Access to landline phone that does not require power 2. Solar power charging ability for mobile phones 3. Use of generator, if required 4. Relocate to local library or alternative location where access to power is available |  |
| IT failure | 1. Contents insurance for replacement of physical items 2. Cloud back up of all files and documents, including emails | Advise insurance company  Advise clients if any personal information has been compromised. |
| Telephones stop working | 1. Divert phone number to a mobile number 2. Email contact details to clients to let them know 3. Social media updates |  |
| Complete loss of business records | 1. Contents insurance for replacement of physical items 2. Electronic copy retained of all hard copy documents 3. Cloud storage of all files for access if required 4. Up to date contact list for staff, volunteers, suppliers, clients, funders | * Advise insurance company   Retrieve electronic file copies |
| Pandemic | 1. Cloud access to all documents to enable working from home 2. PPE provided to all staff and volunteers 3. High risk staff and volunteers should remain at home |  |

**PLAN, PREPARE AND PRACTICE**



❑ Our staff/volunteers know **where to evacuate to during a fire**

❑ Our staff/volunteers know to **Drop, Cover and Hold** during an earthquake

❑ Our staff/volunteers have been **advised to have Grab’n’Go bags** to assist them in evacuating or walking home after a natural disaster

❑ Our organisation has **stored water and emergency supplies** and has scheduled an annual stock-take.

❑ Our **staff/volunteers have been provided copies of the Personal Workplace Emergency Plan / Individual Make a Plan** to assist them being personally prepared at home

**ANNUAL CHECKLIST**



In December of each year the following areas are checked and any additions and replacements made:

* **Civil Defence Equipment:** Check that quantities recorded are present, water should be replaced with fresh water.
* **Emergency Food:** Check used by or best before dates and replace any items with expired dates up to recorded quantities, check quantities of non-food items to ensure items have not been removed without being replaced.
* **Business Continuation Plan:** Check that all details including, contact name, phone numbers, email addresses, insurance cover etc is current and update as required

Complete the table below, recording your name and initials in the space provided to confirm that you have checked the area listed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Checked | Civil Defence Equipment | Emergency Food | Business Continuation Plan | Checked by |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**DISASTER RECOVERY TEMPLATES**



For use during the emergency this will provide templates for key functions.

T1 Emergency Response Checklist

T2 Communications Log

**T1: EMERGENCY RESPONSE CHECKLIST**



For use during the emergency this will provide a checklist of key functions.

|  |  |
| --- | --- |
| **Emergency Response Checklist** | **YES√** |
| Start a log of actions taken: |  |
| Identify any damage: |  |
| Convene your Response / Recovery Team: |  |
| Contact independent therapists and contractors: |  |
| Liaise with Emergency Services: |  |
| Identify Functions disrupted: |  |
| Provide information to independent therapists and contractors: |  |
| Decide on course of action: |  |
| Communicate decisions to independent therapists, contractors and Business partners: |  |
| Provide public information to maintain reputation of the Business: |  |
| Arrange a Debrief: |  |
| Review Business Continuity Plan: |  |

**T2: COMMUNICATIONS LOG**



Records all communications and decisions with resulting actions taken during the emergency.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Log Keeper\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Message From/To** | **Information / Decisions / Actions** | **Initials** |
|  |  |  |  |  |
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