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Crisis Plan

1. Introduction

The following crisis plan template has been developed primarily to capture the critical information ***<insert practice name>*** will need when in a crisis. We regularly review this plan on a ***<insert time period>*** basis to ensure it is reflective of our current operations.

1. Business details

|  |  |
| --- | --- |
| **Business name**  |  |
| **Business address** |  |
| **Australian Business Number (ABN)**  |  |
| **Australian Company Number (CAN)**  |  |
| **Tax File Number (TFN) for your business**  |  |

1. Emergency Contact Details/Key People

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type**  | **Company**  | **Contact person** | **Email**  | **Phone**  |
| **Power of Attorney**  |  |  |  |  |
| **Accountant**  |  |  |  |  |
| **Bank Manager**  |  |  |  |  |
| **Solicitor**  |  |  |  |  |
| **Insurance Broker**  |  |  |  |  |
| **Doctor**  |  |  |  |  |
| **Local state/territory health department**  |  |  |  |  |
| **Air conditioning (heating or cooling)**  |  |  |  |  |
| **Building – agent** |  |  |  |  |
| **Building – lease** |  |  |  |  |
| **Building – repairs** |  |  |  |  |
| **Business coach/mentor** |  |  |  |  |
| **Fax machine(s)**  |  |  |  |  |
| **Photocopier(s)**  |  |  |  |  |
| **Business equipment – other** |  |  |  |  |
| **Cash register(s)** |  |  |  |  |
| **Computers – hardware systems** |  |  |  |  |
| **Computers – maintenance**  |  |  |  |  |
| **Computers – software systems** |  |  |  |  |
| **Computers – web design/SEO or other providers** |  |  |  |  |
| **Electrician** |  |  |  |  |
| **Electricity supplier** |  |  |  |  |
| **File detection equipment (alarms etc.)** |  |  |  |  |
| **Firefighting equipment** |  |  |  |  |
| **Gas supply** |  |  |  |  |
| **Generator(s) or back-up power supply** |  |  |  |  |
| **Locksmith** |  |  |  |  |
| **Post/mail services** |  |  |  |  |
| **Plumber** |  |  |  |  |
| **Refrigeration system(s)**  |  |  |  |  |
| **Security system(s)** |  |  |  |  |
| **Telephone provider(s)**  |  |  |  |  |
| **Water supply**  |  |  |  |  |

1. Letter of Authority

*<To be transferred to letterhead>*

**TO WHOM IT MAY CONCERN.**

I …………………, …………................................... ............................

*(name)*

………………………………………………………………………...........

*(position and business/company name)*

*...........................................................................................................*

*..........................................................................................................*

*(address)*

Hereby authorise:

.........................................................................................................

*(name)*

........................................................................................................

*(position and business name)*

to discuss my business and/or financial affairs on my behalf.

Kind regards,

........................................................................................................

*Signature*

Name......................................................... Date.........................................................

1. Finance/ Insurance / Lease Details

|  |
| --- |
| **Business Bank Details** |
| I have \_\_\_\_\_\_\_ (number of) Business Accounts |
| (**Security alert:** plan for PINs and passwords to be accessed only by the trusted person of your choice. **Do not record them here** unless you are absolutely confident they will be the only person seeing this document) |
| My business banker is:  | Contact details: |
| **Bank Institute 1** |
|  | Name of account  | Account number  | BSB Number  |
|  |  |  |  |
|  | Direct debits associated with this account (if any) |
|  | Company (contact details) | Amount of debit | Date of Debit |
|  |  |  |  |
|  |  |  |  |
| **Bank Institute 2** |
|  | Name of account  | Account number  | BSB Number  |
|  |  |  |  |
|  | Direct debits associated with this account (if any) |
|  | Company (contact details) | Amount of debit | Date of Debit |
|  |  |  |  |
|  |  |  |  |
|  | **EFTPOS transactions & machine maintenance** |  |  |

|  |
| --- |
| **Insurance**  |
|  | **Company** | **Policy No.**  | **Renewal Date** | **Location of Policy** |
| Building  |  |  |  |  |
| Contents |  |  |  |  |
| Other insurance (e.g. – liability, disability, trauma etc) | (1)(2)(3) |  |  |  |
| (**Note:** If any insurance policy is paid by direct debit rather than by invoice, be sure to make a note of that.) |

|  |
| --- |
| **Business Leases** |
| **Building** (Address of the building) |  |
| **Equipment** (Describe the leased equipment) |  |
| **Vehicles** | **Vehicle** | **Registration number** |
| **Mobile Phones**(Describe the vendor or the service provider) | **Description** | **Mobile number associated** |
|  | **Building**  | **Equipment** | **Cars** | **Mobile phones** |
| Who are the payments made to? |  |  |  |  |
| When are payments due? |  |  |  |  |

1. Registers
	1. Staff

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Address | Contact Number | Emergency Contact | Relationship | Emergency Contact Number |
|  |  |  |  |  |  |
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* 1. **Key Clients/Customers**

|  |  |
| --- | --- |
| **Customer Name** | **Customer Details** |
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |
| (5) |  |

* 1. **Assets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Quantity** | **Serial Number** | **Date Purchased** | **Photo/Numbers** |
|  |  |  |  |  |
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* 1. **Supplier Contact Register**

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| --- | --- | --- | --- | --- | --- |
| **Company** | **Contact** | **Position** | **Goods/services supplied** | **Email** | **Phone** |
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* 1. **Risk Stratification Matrix**



* 1. **Risk Prioritisation Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Priority 1-5** | **Identified risk**Description | **Likelihood**from risk matrix | **Severity**from risk matrix | **Responsibility**name or person | **Minimisation action**description | **Contingency action**description | **Actioned by**name | **Action date** | **Reviewed by** | **Review date**name |
|  |  |  |  |  |  |  |  |  |  |  |
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| **Priority 1-5** | **Identified risk**Description | **Likelihood**from risk matrix | **Severity**from risk matrix | **Responsibility**name or person | **Minimisation action**description | **Contingency action**description | **Actioned by**name | **Action date** | **Reviewed by** | **Review date**name |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Who is responsible?** | **Relevant contact numbers** | **Initial, including time and date, when completed** |
| Raise alarm | Whoever sees/finds the disaster first |  |  |
| Notify everybody on the premises to go to the known emergency rendezvous point | Fire/emergency wardens, who grab their GO packs, including contact numbers for all staff in their sections, and visitors if possible, or receptionist grabs visitor log |  |  |
| Call relevant authorities Inform authorities of location of disasterTell authorities where people have been relocated to |  | 000 – ask for fire, ambulance, and/or police |  |
| Notify business owner if not on premises |  |  |  |
| At emergency rendezvous perform head count to ensure all people are accounted for |  |  |  |
| Is everyone accounted for? |  |  |  |
| If YES — wait for ‘all clear’ or await further instructions from authorities |  |  |  |
| **If NO** — identify who is missing and notify the manager in charge of their last-known locations |  |  |  |
| Notify authorities of missing persons and last known locations |  |  |  |
| Try phoning missing people to check their whereabouts |  | Use section staff lists from GO packs and visitors’ log |  |
| Make a list on the reverse side of this form of any people missing/contacted, with notes about what transpired |  |  |  |
| Action | Who is responsible? | Relevant contact numbers | Initial, including time and date, when completed |
| Notify next of kin of staff who are injured or missing | Manager in charge |  |  |
| Return to work/premises once ‘all clear’ is pronounced |  |  |  |
| Follow instructions from authorities if premises are closed |  |  |  |

1. **Evacuation Plan**

 ***<insert drawn plan here>***

1. Critical Functions

***<insert more sheets as required>***

|  |  |
| --- | --- |
| **Priority 1** | **Response** |
| **Critical Function:** |  |
| Function responsibility |  |
| Potential interruption impact on organisation  |  |
| Likelihood of interruption to organisation  |  |
| Recovery timeframe:(minimum for restoration) |  |
| Resources required for restoration: staff/alternative  |  |
| List dependencies:Data/IT/systemsTransportation/utilities |  |
| Premises relocation options |  |
| Key equipmentrecovery and/or replacement processes |  |
| Rules & regulations governing your business |  |
| Supplies Stock replacement |  |
| Measures to be taken to protect and recover  |  |

| **Priority 2** | **Response** |
| --- | --- |
| **Critical Function:** |  |
| Function responsibility |  |
| Potential interruption impact on organisation  |  |
| Likelihood of interruption to organisation  |  |
| Recovery timeframe: (minimum for restoration) |  |
| Resources required for restoration: staff/alternative  |  |
| List dependencies:Data/IT/systemsTransportation/utilities |  |
| Premises relocation options |  |
| Key equipmentrecovery and/or replacement processes |  |
| Rules & regulationsgoverning your business |  |
| Supplies Stock replacement |  |
| Measures to be taken to protect and recover  |  |

1. Critical Services Checklist

|  |  |
| --- | --- |
| **Description** | **Location**  |
| Water mains |  |
| Power board switch |  |
| Gas  |  |
| Hazardous chemicals  | a)b)c)d) |
| Priority Salvage items  | a)b)c)d) |

##

1. Communications Plan Checklist

| **Element** | **Action**  | **Outcomes** | **Responsibility Assigned to:** |
| --- | --- | --- | --- |
| Anticipate the crisis | Hold team brainstorming exercises to workshop likely crisis. Can also be informed by risk stratification matrix | Crisis Response Plan generated  |  |
| Identify / appoint your crisis communication team | Owner / manager and senior personnel. Depending on scale of business, may include engaging / retaining external expertise  | Clear identification of responsibility for crisis communicationsScheduling of annual scenario days as core crisis preparation activity  |  |
| Train spokespeople  | Ensure training provided for all delegated staff in media management and response If a small business, consider training all staff –particularly front-line hospitality / retail staff most likely to be approached ad hoc for comment | Media ready staff Protection of brand via appropriate media response  |  |
| Establish monitoring / notification systems  | Consolidate databases and document platform / channels to be used to reach all relevant stakeholders – mobile numbers for SMS alerts, social media channels, web administration, etc.  | Crisis ready communication systems |  |
| Developing holding statements  | Develop crisis ready statements based on identified and practiced scenarios  | Consistent, clear and accurate delivery of information |  |
| Assessment  | Conduct situation analysis during, and post, crisis to inform messaging | Adaptive / responsive messaging that is accurate and up-to-date, reflective of latest circumstances |  |
| Review  | Post crisis, stage debrief to identify improvements / further inclusions | A solid, functionable plan |  |

1. Emergency Grab Bag

|  |  |
| --- | --- |
| **Tick when complete** | **Item**  |
|  | Mobile phone preloaded with emergency and staff contact numbers, continuously charged |
|  | Floor plans of your business premises |
|  | Spare business premises keys |
|  | Laptop computer with charger |
|  | A portable hard drive or flash drive with your latest data backup |
|  | Critical documents – insurance documents, business registrations, and bank documents loaded onto flash drive or saved ‘cloud’ |
|  | Disaster response plan |
|  | Copy of current crisis plan  |
|  | Basic office supplies including Ethernet cables in case wireless internet access is unavailable  |
|  | Pre-paid mobile broadband device – e.g. Telstra dongle and relevant passwords |
|  | Critical functions checklist together with spare copy of the critical services list for emergency services |

1. Data Backup

| **System/data** Type of data – email, spreadsheet, payroll systems  | **Frequency of backup**Daily/weekly/monthly  | **Backup /location**USB/extra hard drive /online – indicate where they can be located  | **Person responsible** |
| --- | --- | --- | --- |
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1. Recovery Checklist

|  |  |
| --- | --- |
| **Tick when complete** | **Action**  |
|  | Reconstruct financial records |
|  | Establish cash position |
|  | Prepare forecasts |
|  | List assumptions |
|  | Conduct overall damage assessment  |
|  | Contact insurance company |
|  | Source any available government assistance |
|  | Communicate – employees, customers and suppliers |
|  | Assess mental health – seek counselling |
|  | Contact banks / ATO etc. – advise situation – seek deferments  |
|  | Reassure customers |
|  | Revisit cancellations and postponements |
|  | Demonstrate leadership to staff |
|  | Maintain customer service standards |
|  | Take charge of each emerging situation – show overall leadership |