# Crisis plan template

## Introduction

The following plan Crisis plan template has been compiled to capture critical information you will need in a crisis. Don’t be daunted by its length, it provides a clear concise step by step format to work through.

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## Business Details

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

## Emergency Contacts - key people contact details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Company**  | **Contact person**  | **Email**  | **Phone** |
| Power of Attorney |  |  |  |  |
| Accountant |  |  |  |  |
| Bank Manager |  |  |  |  |
| Solicitor |  |  |  |  |
| Insurance Broker |  |  |  |  |
| Doctor  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Company**  | **Contact person**  | **Email**  | **Phone** |
| Air conditioning (heating or cooling) |  |  |  |  |
| Building — landlord/agent |  |  |  |  |
| Building — lease |  |  |  |  |
| Building — repairs |  |  |  |  |
| Business coach/mentor |  |  |  |  |
| Business equipment — fax machine/s |  |  |  |  |
| Business equipment — photocopier/s |  |  |  |  |
| Business equipment — printer/s |  |  |  |  |
| Business equipment — other |  |  |  |  |
| Cash register/s |  |  |  |  |
| Computers — hardware systems |  |  |  |  |
| Computers – Internet Service Provider (ISP) |  |  |  |  |
| Computers — maintenance |  |  |  |  |
| Computers — software systems |  |  |  |  |
| Computers — web design/SEO or other providers |  |  |  |  |
| Electrician |  |  |  |  |
| Electricity supplier |  |  |  |  |
| Fire detection equipment (alarms/sensors) |  |  |  |  |
| Firefighting equipment |  |  |  |  |
| Gas supply |  |  |  |  |
| Generator(s) or back-up power supply |  |  |  |  |
| Locksmith |  |  |  |  |
| Mail services/post office |  |  |  |  |
| Plumber |  |  |  |  |
| Refrigeration system/s |  |  |  |  |
| Security system/s |  |  |  |  |
| Telephone provider/s |  |  |  |  |
| * landline/s
 |  |  |  |  |
| * mobile/s
 |  |  |  |  |
| * VOIP
 |  |  |  |  |
| Water supply |  |  |  |  |

## Letter of authority

(on letterhead)

**TO WHOM IT MAY CONCERN.**

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

(name)

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

*(position in and name of business)*

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

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

*(address)*

Hereby authorise

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

*(name) (position in and name of business)*

to discuss my business/financial affairs on my behalf.

Yours sincerely

*Signature*

Name Date

## Finance/ Insurance / Lease Details

|  |
| --- |
| **Business Bank Details** |
| I have \_\_\_\_\_\_\_ Business Accounts |
| **Security alert:** make arrangements 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** |
|  | Name of account  | Account number  | BSB Number  |
|  |  |  |  |
|  | Direct debits associated with this account (if any) |
|  | Company (and contact details) | Amount of debit | Date of Debit |
|  |  |  |  |
|  |
| **Bank** |
|  | Name of account  | Account number  | BSB Number  |
|  |  |  |  |
|  | Direct debits associated with this account (if any) |
|  | Company (and contact details) | Amount of debit | Date of Debit |
|  |  |  |  |
|  |
|  | **EFTPOS transactions and machine maintenance** |  |  |
|  |  |  |  |

|  |
| --- |
| **Insurance**  |
|  | **Company** | **Policy No.**  | **Renewal Date** | **Location of Policy** |
| Building  |  |  |  |  |
| Contents |  |  |  |  |
| Other insurance (e.g. – 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) |  |
| **Cars**(Registration number/s of vehicle/s) |  |
| **Mobile Phones**(Describe the vendor or the service provider) |  |
|  | **Building**  | **Equipment** | **Cars** | **Mobile Phones** |
| Who are the payments made to? |  |  |  |  |
| When are payments due? |  |  |  |  |

## Registers

### Staff

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Address** | **Contact Number** | **In case of emergency****Contact**  | **Relationship** | **Contact Number**  |
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### Key clients/customers

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company** | **Contact**  | **Position**  | **Goods/services supplied** | **Email**  | **Phone** |
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### Supplier Contact Register

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Quantity** | **Serial Number** | **Date Purchased** | **Photo / Numbers**  |
|  |  |  |  |  |
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### Assets

## Critical Business Functions

|  |
| --- |
| **Risk Severity Matrix** |
|  |  |  |  |  |  |
| **Sever I ty** |  | **Likelihood** |  |  |
|  |  | **Remote** | **Likely** | **Very likely** | **Probable** |
|  | **Insignificant** |  |  |  |  |
|  | **Low** |  |  |  |  |
|  | **High** |  |  |  |  |
|  | **Catastrophic** |  |  |  |  |
|  |  |  |  |  |  |

### Risk Prioritisation Template

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Priority****1-5** | **Identified risk**description  | **Likelihood**from risk matrix  | **Severity** from risk matrix | **Responsibility**name or position | **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 position | **Minimisation action**description | **Contingency action**description | **Actioned by**name | **Action date** | **Reviewed by**  | **Review date** name |
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| --- | --- | --- | --- |
| **Action** | **Whose responsibility?** | **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 if necessary |  |
| Make a list on the reverse side of this form of any people missing/contacted, with notes about what transpired |  |  |  |
| Notify next of kin of staff members who are injured or missing | Manager in charge |  |  |
| Return to work once ‘all clear’ is pronounced |  |  |  |
| Follow instructions from authorities if workplace is closed |  |  |  |

Evacuation Plan **(draw plan here)**

Critical Functions **(you may need to insert more sheets)**

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

| **Priority 2** | **Response** |
| --- | --- |
| Critical Function: |  |
| Function responsibility |  |
| Potential impact on organisation if interrupted  |  |
| Likelihood of interruption to organisation  |  |
| Recovery timeframe: (minimum for restoration) |  |
| Resources required for restoration: staff/alternative  |  |
| List dependenciesData/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  |  |

### Critical Services Checklist

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

## Communications Plan Checklist

| **Element** | **Action**  | **Outcomes** | **Responsibility Assigned to:** |
| --- | --- | --- | --- |
| Anticipate the crisis | Hold a team brainstorming exercise to workshop likely crisis. Can also be informed by risk 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 scenario days (annually) as core crisis preparation activity  |  |
| Train spokespeople  | Ensure all delegated staff are trained in media management and response If a small business, consider extending training to all staff – a 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 scenarios  | Consistent, clear and accurate dissemination of information |  |
| Assessment  | Conduct situation analysis during and post crisis to inform messaging | Adaptive / responsive messaging that is accurate and up to date reflecting the latest set of circumstances |  |
| Review  | Post crisis, stage debrief to identify enhancements / inclusions | A robust plan |  |

## Emergency Grab Bag

|  |  |
| --- | --- |
| **Tick when complete** | **Item**  |
|  | Mobile phone preloaded with emergency and staff contact numbers |
|  | Floor plans of your business premises |
|  | Spare business 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 crisis plan  |
|  | Basic office supplies including Ethernet cables in case wireless internet access is unavailable  |
|  | Pre-paid mobile broadband device – e.g.. Telstra dongle  |
|  | Critical functions checklist together with spare copy of the critical services list for emergency services |

## 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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##  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  |
|  | Re assure customers |
|  | Revisit cancellations and postponements |
|  | Demonstrate leadership to staff |
|  | Maintain customer service standards |
|  | Take charge of each emerging situation – show overall leadership |