

**Emergency Management Plan**

**For Event**

**Enter Event Name**

To be held at Location of Event

On Enter Date of Event

**Prepared:** Date Prepared

**Table of Contents**

The Continuity Plan 2

Aim 2

Scope 2

Risk Assessment 3

Training Requirements 7

List of Contacts 8

Emergency Procedures 9

Fire & Explosion 9

Bomb Threat 9

Medical 10

Hazardous spills/gas leak 10

Armed or Dangerous Intruders 11

Lost child/Missing persons 12

Unruly behavior 13

Emergency Kit location 13

Emergency team roles & Responsibilites 13

Supporting documentation 14

 *Attachment 1 (Evuaction Plan of site)*

*Attachment 2 (Bomb thret check list for telephone operators)*

*Attachment 3 (2.1b Non Employees Incident – Injury Report)*

*Attachment 4 (Risk Assessment Matrix)*

**1. AIM**

To clearly define the process to be followed in the event of an emergency situation occurring at the above listed event. The procedures in this plan are guidelines to be used to address any unanticipated emergencies.

This plan will be used as a ‘living document’ to set out the following

* The potential emergencies that may arise
* The risks associated with the event
* The written procedures developed in response to the potential emergencies
* The staff members responsible for particular actions in an emergency situation

**2. SCOPE**

This plan applies event (Pop up Lane Way – The place Next Door) relating to the following Emergency Event Scenarios including:

* + Medical emergency
	+ Fire or Explosion
	+ Hazardous Material Spill/Gas Leak
	+ Bomb Threat
	+ Armed or Dangerous Intruder/s
	+ Electrical Failure
	+ Lost Child/Missing Persons

Other more specific emergencies may include:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Risk Assessment of Event – EXAMPLE BELOW CHANGE AS NEEDED

| **Hazard & Brief description** | **Current Controls**  | **Likelihood & Consequences = Risk Rating e.g. C3 High** | **Is Risk Level Accept-table?** | **If No – Develop Additional Control to reduce the Risk Rating** | **Residue Risk Rating**  | **Is Risk Level Acceptable?** |
| --- | --- | --- | --- | --- | --- | --- |
| Injury to public – tripping hazards on grounds | Site reviewed and potential issues taped (Yellow/Black )  | C3 =High | No | Remove potential elements of hazard (e.g. loose cables), keeping public away from hazard areas, check of site and layout.  | D3 Med | Yes  |
| Electric Shock  | Qualified electrician being used for all electrical setup/pakupRemove potential elements of hazard (e.g. loose cables), keeping public away from hazard areas, check of site and layout.  | D4 =High | No | If wet weather/raining event will be candled All electrical equipment will be tested and tagged | E4 High  | Yes |
| Theft of money | Two Staff members at event at all times, Security being used during night times  | D3 = Medium  | Yes |  |  |  |
| Adverse Weather  | If extreme weather conditions, the event will be cancelled | C2 = Med | Yes |  |  |  |
| Rain on event | If extreme weather conditions, the event will be cancelled | C2 = Med | No | If scattered showers the event can be conducted, if excessively wet and windy the event will be cancelled | D2 = Low | Yes |
| Injury from manual handling | Lifting devices will be used for setup/pack up (Sack trucks). Organise large teams for heavy work | D3 = Med | Yes |  |  |  |
| Loss of equipment through theft  | Two Staff members at event at all times, Security being used during night times  | D3 = Medium  | Yes |  |  |  |
| Power loss to site | Portable lighting to be available in Town Hall if neededEvent to be closed if unable to provide adequate emergency lighting | Extreme | Yes |  |  |  |
| Fire/Explosion | Fire Extinguisher onsite,No Flammables kept near ignition sources Wardens have been ran through emergency plans Non-smoking event | D3 = Medium | Yes |  |  |  |
| Insufficient toilet requirements | 2 \* Portable toilet’s on site & one generic toilet in Town Hall  | C2 = Med | Yes |  |  |  |
| Verbal /Physical Abuse  | Two Staff members at event at all times, Security being used during night times  | C2 = Low | Yes | Safety is the responsibility of all events organisers. Due diligence prior to, during and after the event will reduce any risks. | C2 = Low | Yes |
| Bomb Threat | Wardens have conducted training in event emergency plansTwo Staff members at event at all times, Security being used during night times  | E4 = High | Yes |  |  |  |
| Drunken behaviour – Can lead to fights, unruly behaviour | Two Staff members at event at all times, Security being used during night times between 7pm-10pm People serving alcohol are training in responsible Service of alcohol  | C1 = Low | Yes |  |  |  |

### **Training Requirements**

 All personnel normally working in any of the areas identified in this plan shall be trained in the following emergency management information:

* The general information contained within this document
* The Key personnel and their roles and responsibilities
* Emergency exit locations and paths
* Assembly point locations
* Firefighting equipment locations
* First Aid equipment locations
* Any written procedures applicable to the building/venue regarding emergency management

## List of Contacts

The following is a list of those staff at the event i.e. Event Organiser, stallholders, amusement operators and general staff who will be required to take actions in the case of an Emergency

| Organisation Name | Contact Name | Phone number |
| --- | --- | --- |
| **ALL Emergency**  | - | 000 |
| **Police**  | - | 131 444 |
| **Fire** | - | 8522 2464 |
| **Ambulance** | - | 8274 0444 |
| **Fluid Plumbing** | Richard | 0412 833 694 |
| **ETSA** |  | 13 13 66 |
| **Electrician** | Luke | 0417 595 626 |
| **Town of Gawler** | **Jeanette Lockwood** | 0428 626 008 |
| **Town of Gawler** | **Ebony Steadman** | 0499 800 805 |
| **Town of Gawler** | **Gary Kerr** | 0417 861 472 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Emergency procedures

*[List of emergency/evacuation procedures. It may be useful to attach a copy of your detailed emergency procedures and floor plan with the location of emergency exits, emergency kit and safety equipment clearly marked. Your emergency procedures should also include a map of evacuation locations for all emergencies.]*

| Procedures | Brief outline of procedures | Evacuation point/ address | Supporting documentation |
| --- | --- | --- | --- |
| *Fire & Explosion* | 1. Alarm raised and relevant emergency services contacted. .2. Chief Warden to evacuate all public to the Emergency Assembly point (EAP).3. Warden **If trained** and it is **safe to do so** attempt to extinguish the fire. if unable to do so then to evacuate to EAP | VICTORY SQUAREE.g., Murray Street car park in front of the” Reject shop” | *Evacuation plan for event “Pop up Lane Way*  |
| *Bomb Threat* | 1. Keep caller talking. Attract TOG staff member to call 000.2. DO NOT HANG UP (call may be traced).3. Refer to Attachment 2 and complete as much as possible of Bomb Threat Check List (over page).Post call action – Follow TOG staff instruction.  | VICTORY SQUAREE.g., Murray Street car park in front of the” Reject shop” | *Attachment 2* *(Bomb threat check list for telephone operators)* |
| *Medial*  | 1. Notify the Chief Warden
2. Assess the situation and provide First Aid if able to do so if unable call Emergency Services – 000 and request and ambulance
3. Provide assistant to the injured person until emergency services arrive
4. Organise for a staff member to meet the ambulance outside the event and take them to the medical emergency
5. Fill in Non-Employee Incident Form
 | VICTORY SQUAREE.g., Murray Street car park in front of the” Reject shop” | Attachment 3 form 2.1b Non Employees Incident – Injury Report |
| Hazardous Material Spill/Gas Leak | 1. Staff member who finds such a spill, or is notified by a patron of such a spill is to notify the Event Chief Warden immediately
2. Chief Warden is to assess the situation and evacuate the event if necessary
3. If safe to do so isolate the spill/gas leak
4. If necessary contact Emergency Services - 000
 | VICTORY SQUAREE.g., Murray Street car park in front of the” Reject shop” | *Evacuation plan for event “Pop up Lane Way “* |
| Armed or Dangerous Intruder/s | 1. Contact Chief Warden immediately & Security or Police
2. Evacuate event if necessary to remove personnel from the hazard area where possible
3. Follow direction from the Security/Police
4. Notify Event Management
 | VICTORY SQUAREE.g., Murray Street car park in front of the” Reject shop” |  |
| Electrical Failure  | 1. Notify the Chief Warden
2. Contact ETSA
3. Contact electrician
4. Arrange emergency lighting where possible
5. Close the event if unable to provide adequate emergency lighting.
 | NA | *NA* |
| Lost Child/Missing Persons | 1. Contact Chief Warden and advise you have found a lost child or missing person
2. Take the lost child/person to the First Aid post as determined in the Risk Control Plan
3. Notification of lost child/missing person over the PA system
4. Stay with the child/person until appropriate parent/relative/friend has collected
5. Advise Chief Warden of updated status
 | N/A | *N/A* |
| Unruly Behaviour | 1. Notify Chief Warden
2. Notify Security if onsite
3. Chief Warden to determine if police need to be called and call if necessary
4. Event staff to diffuse situation if possible or until security/police arrive.
 | N/A | *N/A* |

### Emergency kit

#### Location

Fire Extinguisher (behind the bar stall)

Fist Aid Equipment(behind the bar stall)

**Emergency team roles & responsibilities** (by signing below you have read and understand you responsibilities in the event)

| Role | Details of responsibilities | Person responsible | Signature | Please tick if contact details are in the contact list. |
| --- | --- | --- | --- | --- |
| **Chief Warden** | * *Attend relevant training Session.*
* *Administer first aid support in an emergency situation.*
* *Supervise and action emergency evacuation procedures (including contacting emergency services, accounting for staff).*
 |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
| **Warden** | * *Attend relevant training session.*
* *Assist in evacuating staff according to evacuation procedures (including collecting emergency kit and resilience and recovery documentation).*
* *Assume Chief Fire Warden duties when required*.
* *Contact emergency services if required*
 |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]
|  |  |  |  |[ ]

## Appendix

Attachment 1 (Evuaction Plan of site)

Attachment 2 (Bomb threat check list for telephone operators)

Attachment 3 (2.1b Non Employees Incident – Injury Report)

Attachment 4 (Risk Assessment Matrix)

Attachment 1

Attachment 2



Attachment 3

##  Non Employees Incident/Injury Report

|  |  |
| --- | --- |
| **Centre/Venue**: |  |
| **Date and time of Incident:** |  |
| **Date of Report:** |  |
| Details of Injured Person |
| Member of the public: | [ ]  | Other (please specify): | [ ]  |
|  |
| **Name:** |  |  |  **Sex:** |  |  | **DOB:** |  |
| **Residential Address:**  |  |
|  |  |
| **AH Phone No:** |  |  |  **Occupation:** |  |
| **Signature of injured person:** |  |
| **Unable to get details of person injured:** |  |
| **Reason:** |
|  |
|  |
| Did anyone else see what happened? Who? |
| 1. **Name:**
 |  |
| **Residential Address:**  |  |
|       | Telephone: |  |
| 1. **Name:**
 |  |
| **Residential Address:**  |  |
|       | Telephone: |  |
| 1. **Name:**
 |  |
| **Residential Address:**  |  |
|       | Telephone: |  |

Further Details (PLEASE INCLUDE AS MUCH DETAIL AS POSSIBLE)

**Location of Incident**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Main Pool | [ ]  | Hall | [ ]  | Gymnasium | [ ]  | Spa |
| [ ]  | Learners Pool | [ ]  | rounds | [ ]  | Foyer | [ ]  | Treatment Room |
| [ ]  | Toddlers Pool | [ ]  | Cafe | [ ]  | Other | [ ]  |  |
| [ ]  | Other: (give details) |       |

**Type of Incident**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Trip/Slip/Fall | [ ]  | Cutting/Slicing | [ ]  | Hit/Punch | [ ]  | Stabbing Injury |
| [ ]  | Crushing Injury | [ ]  | Collision | [ ]  | Fall from equip | [ ]  | Burn |
| [ ]  | Insect Bite | [ ]  | Overheating | [ ]  | Other: |

**Part of Body Injured**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Head | [ ]  | Shoulder |  | [ ]  | Hands | [ ]  | Ribs |
| [ ]  | Neck | [ ]  | Arm |  | [ ]  | Fingers | [ ]  | Chest |
| [ ]  | Eyes | [ ]  | Mouth |  | [ ]  | Nose | [ ]  | Wrist |
| [ ]  | Knee | [ ]  | Toes |  | [ ]  | Leg | [ ]  | Hip |
| [ ]  | Ankle | [ ]  | Feet |  | [ ]  | Torso |  |  |
| [ ]  | Stomach | [ ]  | Pelvis |  | [ ]  | Back |  |  |
|  | **Left** |  |  | **Right** |

**Please indicate the area of injury:**



**Nature of Suspected Injury**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Sprain/Strain | [ ]  | Dislocation | [ ]  | Fracture | [ ]  | Concussion |
| [ ]  | Puncture | [ ]  | Bruising | [ ]  | Head Injury | [ ]  | Laceration |
| [ ]  | Graze | [ ]  | Sting/Bite | [ ]  | Foreign Body | [ ]  | Burn |
| [ ]  | Infection | [ ]  | No Apparent Injury | [ ]  | Chipped Tooth | Other (give details)       |

**Size of Injury**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | 1 - 1.5cm | [ ]  | 2-2.5cm | [ ]  | 3-3.5cm | [ ]  | 4-4.5cm |
| [ ]  | 5-5.5cm | [ ]  | 6-6.5cm | [ ]  | 7-7.5cm | [ ]  | 8-8.5cm |
| [ ]  | 9-9.5cm | [ ]  | Over 10cm:       |

**Action Taken**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | D.R.A.B.C | [ ]  | R.I.C.E | [ ]  | Bandaging | [ ]  | Dressing |
| [ ]  | Immobilisation | [ ]  | Observation | [ ]  | [ ]  | Other:        |

**Where did they go immediately after the incident?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Home | [ ]  | Hospital | [ ]  | First Aid Area | [ ]  | Slide |
| [ ]  | Food Outlet | [ ]  | Display | [ ]  | Pool | [ ]  | Doctor |
|  | Other: |       |
| (give details) |

**How did they leave the area?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | On Foot | [ ]  | Car | [ ]  | Ambulance | [ ]  | Bike |
| [ ]  | Wheelchair | [ ]  | First Aid Vehicle | Other:  |       |

**Was the person at the time of the incident?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Wearing Glasses | [ ]  | Covered Shoes | [ ]  | Track / Running Shoes | [ ]  | Thongs/Flip Flops |
| [ ]  | High Heels | [ ]  | Ankle Length Boots (or longer) | [ ]  | No Shoes | [ ]  |  |
|  | Other clothing (if relevant): |       |

Are they on any prescribed medication No [ ]  Yes [ ]

What is the Medication?

**Referred to**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Doctor | [ ]  |  | Hospital (by car) | [ ]  |  | Hospital (by ambulance) | [ ]  |
|  |  |  |  |  |  |  |  |
| First Aid | [ ]  |  | N/A | [ ]  |  |  |  |

Person Submitting Details

|  |  |
| --- | --- |
| **Name (print):** |       |
| **Phone No:**  |       |
| **Date of Incident:** |       |
| **Time of Incident:** |       |
| **Signature:**  |  |

Has incident site been inspected?

Comments:

Has a Customer Action Request (CAR) been raised to reduce the chance of the incident occurring again?

|  |  |
| --- | --- |
| Yes | No |

CAR Number: Date CAR Raised:

Date CAR completed (job finished:

TRIM Reference number:

Manager Name:

Signature:

**Once complete please direct this form to the WHS/ Risk Management Officer**

Attachment 4

**Table 1 – Measures of Likelihood**

|  |  |  |
| --- | --- | --- |
| **Level** | **Description** | **Example detail description** |
| A | Almost certain | Is expected to occur in most circumstances |
| B | Likely | Will probably occur in most circumstances |
| C | Moderate | Might occur at some time |
| D | Unlikely | Could occur at some time |
| E | Rarely | May occur only in exceptional circumstances |

**Table 2 – Measures of consequences or impact**

|  |  |  |
| --- | --- | --- |
| **Level** | **Description** | **Example detail description** |
| 1 | Insignificant | No injuries,  |
| 2 | Minor | First aid treatment, minor impact, medium  |
| 3 | Moderate | Medical treatment required, moderate impact |
| 4 | Major | Extensive injuries, loss of production capability, major impact,  |
| 5 | Catastrophic | Death, detrimental effect,  |

**Table 3 – Risk Analysis Matrix – Level of Risk**

|  |  |
| --- | --- |
| **Likelihood** | **Consequences** |
| Insignificant1 | Minor2 | Moderate3 | Major4 | Catastrophic5 |
| A (almost certain) | H(High) | H | E(Extreme | E | E |
| B (likely)  | M(Medium) | H | H | E | E |
| C (moderate) | L(Low) | M | H | E | E |
| D (unlikely) | L | L | M | H | E |
| E (rare) | L | L | M | H | H |

**Please use this tool in line with Hazard Management procedure (WHS 2.3)**