Emergency

Management

Plan

Name of Event

Date

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**EMERGENCY RESPONSE PLAN for**

**NAME OF EVENT**

# 1. INTRODUCTION

Date:

Start Time: End Time:

Venue:

# 2. COMMAND & CONTROL

|  |  |
| --- | --- |
| **Position & Name** | **Contact Details** |
| **Event Manager** |  |
| **Deputy Event Manager** |  |
| **Communications / Media Contact** |  |
| **Safety Officer** |  |
| **First Aid** |  |
| **Emergency Wardens** |  |
| **SA Police** |  |
| **Local Hospital** |  |

# 3. RESPONSIBILITY OF INDIVIDUALS / AGENCIES

Event Manager: Will be responsible for overseeing coordination of the event.

SA Police: will be responsible for the control and management of all traffic, public safety and law and order.

SA Ambulance Service: is responsible for the provision of emergency medical care and transport.

St John’s : will be responsible for the provision of first aid services to the general public and participants. There will be 2 stations set up and mobile S John’s volunteers.

Local Government –

# 4. ALLOCATION OF RESOURCES

The resources available are predominantly human

# 5. COMMUNICATIONS

Communication facilities for the event are:

# 6. INCIDENT:

**Insurance issues**

Any issues relating to insurance or staff accidents should be referred to the **Safety Officer** Form is attached as Appendix 3.

# 7. LOST / FOUND PERSONS:

Lost persons to be taken to XXXXX

# 8. LOST / FOUND PROPERTY:

Items to be taken to XXXX

# 9. EMERGENCY PROCEDURE / EVACUATION PLAN (attached – refer to Appendix 1)

The control centre / management point will be XXXXX.

Emergency Representatives are:

**Emergency Response Procedure**

Where an incident occurs (a situation where control is lost and could cause harm (injury, illness or damage to people/property)) the person upon becoming aware of the incident must report through to XXXXXX – **insert phone number.**

INSERT INFORMATION THAT IS SPECIFIC TO THE EVENT AND LOCATION

Emergency Assembly Point

Option 1:

Option 2:

# 10. TRAFFIC MANAGEMENT PLAN / VEHICLE MANAGEMENT

Attached – refer to Appendix 2

Or insert information on how site will manage…e,g traffic monitors wearing high vis vests will direct vehicles where to park in allocated car parks etc.

# 11. FIRST AID SERVICES

# 12. MEDIA

In the event of any emergency occurring during the event, only the nominated representative will make or authorise statements or hold media conferences. The person nominated is XXXXX.

# APPENDIX 1 – Emergency Evacuation

[**Emergency Evacuation Plan**](file:///S%3A%5CCSH%26W%20Staff%5CLisa%20Zuppa%5C2010-BLESSED%20M%20M-A.pdf)

# Appendix 2 – Traffic Management Plan (if applicable for your event)

[**Traffic Management Plan**](file:///%5C%5Csolomon%5Cusers%5Clzuppa%5CMMK%20Canonisation%5CTraffic%20Management%20Plan.pdf)

# Appendix 3 – Accident / Incident / Near Miss Reporting Form

[**Accident / Incident / Near Miss Reporting Form**](file:///H%3A%5CLisa%27s%20personal%5CAccident%20Incident%20Report%20Form.doc)

|  |
| --- |
|  Appendix 4 BOMB THREAT CHECKLIST |
| Wording of the Threat (Try to record exact words) | Caller’s Voice(Tick all applicable boxes |
|      Keep the Caller Talking(Try to obtain as much information as possible)**Do not** hang up to keep line open in order to trace callQuestions to Ask1. When is the bomb going to explode?

OR when will the substance be released?............ 1. Where is it right now?

 1. What does it look like?

 1. What kind of bomb is it?

 1. What will cause it to explode?

OR how will the substance be released?.............. 1. Who placed the bomb?

 1. Why?

 1. Where are you?

 1. What is your name?

 Estimated age of caller Sex of Caller Other details   | Calm ❑ Nasal ❑Angry ❑ Stutter ❑Excited ❑ Lisp ❑Slow ❑ Raspy ❑Rapid ❑ Deep ❑Soft ❑ Ragged ❑Loud ❑ Clearing throat ❑Laughter ❑ Deep Breathing ❑Crying ❑ Cracking Voice ❑Normal ❑ Disguised ❑Distinct ❑ Intoxicated ❑Slurred ❑ Familiar ❑If the voice is familiar, who did it sound like? Background SoundsStreet Noises ❑ Factory Machine ❑Crockery ❑ Animal Noises ❑Voices ❑ Clear ❑PA System ❑ Static ❑Music ❑ Local ❑Motor ❑ Booth ❑Office Machinery ❑ Children ❑Other Threat LanguageWell Spoken ❑ Incoherent ❑Foul ❑ Taped ❑Irrational ❑ Read message ❑Accent ❑ ❑Number at which call received Time Date Name Position Phone Number REPORT CALL IMMEDIATELY TO:Police Communications Emergency 11444 and theSite Responsible Person |

**Appendix 5: Risk Management Plan**

|  |  |
| --- | --- |
| *Name of event* | *Exact location of event:* |
| *Date and time of event:* | *Expected number of attendees:* |
| *“Event Manager / Organiser’ name, address and telephone number:* | *Person/s completing risk assessment:* |
| Task / Issue / Hazards (what could go wrong) | Persons affected / location | Risk Control Measures | Risk Rating (refer to risk matrix) | By who and when | Notes |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| Emergency Plan (attach if necessary) |

**Risk Matrix**

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