**EMERGENCY MANAGEMENT PLAN**

**<EVENT NAME>**

<EVENT DATE>

**<EVENT VENUE>**

# 

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Notes | Created by |
|  |  |  |  |
|  |  |  |  |
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##### DISCLAIMER

Whilst all care has been taken in the preparation and revision of this document, (and all supplementary documentation), no responsibility can be accepted by the author for any errors, omissions or inaccuracies.

This plan has been produced to provide general safety advice only: it is not intended to be relied upon or be a substitute for legal or other professional advice and does not remove the responsibility of the event organisers to ensure all obligations under legislation are adhered to. No responsibility can be accepted for any known or unknown consequences that may result from reliance on information provided in this plan.

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# INTRODUCTION

The purpose of this plan is to provide a practical system to guide the safe delivery of

<enter EVENT NAME here>

This document outlines policies, procedures and processes which minimise and/or eliminate the risks identified in the event’s risk management plan.

These are guidelines only and are subject to change to suit the location of the emergency, type of emergency, crowd density, weather conditions, etc. This document should never be considered a *final document*, as the management procedures may change according to circumstance.

Emergency Ssrvice providers, including Police, Ambulance, SES and Fire authorities out rank all event personnel andshould they give anyone a direct order; the order should be carried out. Confirmation is not required.

Incident reporting procedure

* An incident does not have to hurt someone but may have the potential to hurt someone
* All incidents must be recorded on the daily incident log
* If no incidents are recorded the log must reflect that fact
* The log is to be returned to the Event Organiser at the completion of the event.

Every incident that involves injury or property damage:

* Must be recorded
* Must have an incident investigation form completed
* Must have statements completed as soon as possible by all staff present
* Witnesses’ names and contact details must be obtained
* Try to obtain the information as unobtrusively as possible.

# 1 EVENT OVERVIEW

## 1.1 EVENT

Provide a description of your event and what it will entail

|  |
| --- |
|  |

## 1.2 LOCATION

List all event locations including street address

|  |
| --- |
|  |

Attach a copy of your site map (if available) to the end of this document

## 1.3 KEY STAKEHOLDERS

The primary stakeholders (organisations and persons with a vested interest in the project) are:

|  |  |  |
| --- | --- | --- |
| Your organisation name |  | |
| City of Whittlesea |  |  |
| Others |  |  |

## 1.4 SCHEDULED ACTIVITY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | TIME/S |  |  | ACTIVITY |
| Eg. Thursday 12th January, 2024 | 08:00 | – | 18:00 | Commence Bump-in |
| Eg. Friday 13th January, 2024 | 08:00 | – | 18:00 | Present Event |
|  |  | | |  |
|  |  |  |  |  |
|  |  |  |  |  |

## 1.5 KEY CONTACTS

### Event Team

Please provide details of your event organising team. These may include the event coordinator, program manager, stage manager, volunteer coordinator, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| role |  | |  | |
| Organisation |  | | | |
| Mobile |  | Email | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | C | | |
| Role |  | |  |
| Organisation |  | | |
| Mobile |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Role |  | |  |
| Organisation |  | | |
| Mobile |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Role |  | |  |
| Organisation |  | | |
| Mobile |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Role |  | |  |
| Organisation |  | | |
| Mobile |  | Email |  |

### Suppliers

Please provide details of suppliers who are providing services for your event. These may include equipment and marquees, first aid, audio, waste management, toilets, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| providing |  | |  | |
| Organisation |  | | | |
| Mobile |  | Email | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| providing |  | |  | |
| Organisation |  | | | |
| Mobile |  | Email | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| providing |  | |  | |
| Organisation |  | | | |
| Mobile |  | Email | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| providing |  | |  | |
| Organisation |  | | | |
| Mobile |  | Email | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| providing |  | |  | |
| Organisation |  | | | |
| Mobile |  | Email | |  |

# 2. EVENT AND EMERGENCY MANAGEMENT

## 2.1 RISK MANAGEMENT PLAN

Safety at an event is vital as peoople attending events expect the event to be run safely and securely. No matter what size the event is, a risk assessment should be undertaken. A risk assessment analyses what can go wrong, how likely it is to happen and what the potential consequences are.

Please comple a risk assessment of your event and attach a copy of the plan .

## 2.2 TRAFFIC MANAGEMENT PLAN

If your event requires any changes to traffic conditions or you require a road closure you will need a traffic management plan developed by qualified personnel. Please provide details of your traffic mangement plan.

Example below:

|  |  |  |
| --- | --- | --- |
| Barry Road | Partial closure – Local traffic only | 08:00 – 18:00 |
| Edgars Road | Closure between Queenscliff Road & Barry Road | 10:00 – 12:00 |

|  |  |  |
| --- | --- | --- |
| ROAD | Description | Times |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Attach a copy of Traffic Management Plan (TMP) as an appendix to this plan.

## 2.3 STAKEHOLDER COMMUNICATIONS

All stakeholders should be informed of the event, its key dates and times and likely activity. These stakeholders include residents within a 200m radius of the event site and Emergency Service providers.

# 3. EVACUATION PROCEDURES

## 3.1 EMERGENCY EVACUATION

In the event of an emergency which requires the evacuation of the event site, all staff, performers and audiences should be directed to one of the following evacuation points:

|  |  |
| --- | --- |
| **PRIMARY ASSEMBLY AREA** | List exact site, including any landmarks or nearby roads |
| **SECONDARY ASSEMBLY AREA** | List exact site, including any landmarks or nearby roads |

# 4. FIRE

## 4.1 FIRE RESPONSE

Should you become aware of a fire, quickly assess the situation and and call **000**. You can attempt to put the fire out with a fire extinguisher/blanket. If required assist any persons nearby to the nearest Emergency Assembly Area.

Follow the steps above to respond to the presence of smoke or fire.

## 4.2 Using a fire extinguisher

While extinguishers come in a number of sizes and colour codes, they all operate in a similar manner. Here is an easy acronym for fire extinguisher use:

|  |  |
| --- | --- |
| **P** | PULL THE PIN – Break seal and test extinguisher |
| **A** | AIM AT THE BASE OF THE FIRE – Ensure you have means of escape |
| **S** | SQUEEZE THE OPERATING HANDLE – To operate extinguisher and discharge the agent |
| **S** | SWEEP FROM SIDE TO SIDE – Completely extinguish the fire |

# 5. SAFETY PLANNING

## 5.1 AMPLIFICATION

No amplified music shall exceed the mandated level of 65dB at the perimetre of the event site. Sound Operators will have a Decibel (dB) reader, enabling them to record levels for all performances and sound checks to ensure that levels do not exceed those deemed acceptable.

## 5.2 EXTREME WEATHER

If extreme weather conditions are predicted, the event organiser should consider whether or not the event should go ahead. Extreme weather conditions could include a heat wave, high winds, total fire ban, heavy rain, electrical storms or a Code Red bushfire threat.

When extreme weather conditions are forecast, weather warnings are announced on the Bureau of Meteorology ([BOM) website](http://www.bom.gov.au/), TV and radio news and on social media.. During these periods, the event organising committee should refer to the BOM for weather predictions, including information on wind, temperature, rain, flood and fire danger.

If extreme weather conditions are forecast, the organising committee should consider modifying, postponing or cancelling the event. This will depend on:

* the severity of the conditions
* recommendations from Emergency Services
* the activities planned at the event
* inherent risks on the site.

## 5.3 FIRST AID

Should there be a medical incident, the first aid provider should render assistance. In the event of a serious medical emergency, contact the ambulance service on 000. Ensure a staff member meets the ambulance upon entry to the event site and directs them to the person requiring first aid.

|  |  |
| --- | --- |
| (FIRST AID PROVIDER) | will be onsite to provide First Aid. |

## 5.4 GAS SAFETY

Under the Occupational Health and Safety Act 2004, event organisers and vendors participating at an event have obligations to ensure the safe use of gas cylinders and gas appliances. The gas safety check list found in Appendix 4 is provided as a minimum recommendation to event organisers for food vendors and other gas users to complete basic gas safety checks prior to commencement of the event.

**In case of a suspected gas leak:**

* Turn off the cylinder
* Turn off the appliance
* Do not use any ignition source
* Move people away from suspected leak

### To ensure public safety, the following guidelines should be adhered to:

**All gas cylinders are:**

* to be in test date
* in good condition
* secured to prevent falling
* located away from flammable material
* not blocking path or exit

**All appliances will:**

* Have a compliance approval badge recognised by Energy Safe Victoria
* Be in good working order
* Be in a well-ventilated location

**All hoses and regulators will:**

* Be in good condition
* Of approved material
* Protected from accidental damage
* Hoses will be less than 3m in length

# 6. RESPONSE PROTOCOLS & PROCEDURES

## 6.1 EMERGENCY RESPONSE

Below is some information and checklists for you to use should an incident occur.

## 6.2 EMERGENCY VEHICLE ACCESS/EGRESS

It is important to understand how an emergency vehicle can access your event if required.

|  |  |
| --- | --- |
| Emergency Service providers can access | (Event Site) |
| Via | (Emergency Access Point/s) as per item 3.1 in this plan. |

Emergency Service access routes must be preserved and a 3m clearance maintained at all times.

## 6.3 MEDICAL EMERGENCY RESPONSE GUIDE

#### First on the scene

* Quickly assess the situation
* Inform event organiser
* Render assistance to patient if able until first aiders arrive then assist if required
* First Aider to call ambulance if necessary phone 000

#### Event organiser

* Determine situation
* Ensure alarm has been raised
* Keep uninvolved patrons away
* Start planning ambulance route if applicable
* Arrange someone to meet and guide ambulance to patient

## 6.4 VEHICLE ACCIDENT (ON SITE) RESPONSE GUIDE

#### First on the scene

* Quickly assess the situation
* Turn off vehicle engine, check for fuel leaks, ensure vehicle brake applied (if safe to do so)
* Raise the alarm immediately by contacting the event organiser
* Keep uninvolved patrons away

#### Event organiser

* Quickly assess the situation and ensure the alarm has been raised
* Remove any persons in danger (if safe to do so)
* Keep uninvolved patrons away
* Be aware of fire outbreak and have extinguishers brought to scene
* Confirm Emergency Services contact and advise type of accident
* Arrange for someone to meet and assist Emergency Services on arrival

## 6.5 LOST/FOUND PERSON RESPONSE GUIDE

All reports of lost people should be reported to the Event Organiser. If event staff find a person who is lost, remain in the area where the person has been found for several minutes. If a parent, guardian or carer isn’t found in that time, the person should be escorted to the event information site. Parents, guardians, carers or informants of a lost person should also be directed to the event information site, where Event staff will complete appropriate reports and/or refer the situation to the Police if necessary.

### LOST PERSON (reported by a parent, guardian, carer or informant)

|  |
| --- |
| **IMPORTANT:** If a lost person has not been located within 15 minutes of being reported missing contact Police immediately. If there is no Police presence on site call 000. |

#### First staff contact

* Lost person reported – inform Event Organiser of situation
* Look for person in immediate vicinity
* Make note of the time

#### Event organiser

* Take informant to the event information site
* Ensure a Lost Person Checklist is completed by either the event organiser or the first staff contact
* Provide key identifying details of person to other event staff or contractors (person’s first name, hair colour, age, height, what they were wearing, where they were last seen)
* Contact Police if necessary
* Remain with informant until situation is resolved or Police arrive
* Assist Police where appropriate

### FOUND PERSON

#### First staff contact

* Look for the parent, guardian or carer in the immediate vicinity
* Make note of the time
* Inform event organiser

#### Event organiser

* Take the person to the event information site
* Ensure a Lost Person Checklist is completed by the Event Organiser or the staff member who initially found the person
* Provide key identifying details of person to other event staff or contractors (person’s first name, hair colour, age, height, what they were wearing, where they were last seen)
* Remain with person until situation resolved or Police arrive

REFER TO APPENDIX 3: LOST / FOUND PERSON CHECKLIST

## 6.6 FIRE RESPONSE GUIDE

IMPORTANT: Do not attempt to remove debris from electrical equipment. If irritating or noxious vapours are present, withdraw immediately and stop all personnel from entering the area.

#### First on the scene

* Quickly assess the situation and raise the alarm
* Remove any persons in danger if safe to do so
* Phone 000
* Attack fire with appropriate fire fighting equipment if trained and safe to do so
* Withdraw when instructed

#### Event organiser

* Quickly assess the situation
* Remove any persons in danger if safe to do so
* Consider evacuation
* Ensure fire authorities are notified and provide them with information
* Determine appropriate evacuation route (note wind direction)
* Identify injured persons
* Arrange for staff to meet and assist Emergency Services on arrival

# APPENDIX 1: INCIDENT REPORT FORM

Issue*: (please tick)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Hazard** |  | **Accident** |  | **Public safety issue** |  | **Contractor safety issue** |  | **Illness** |

Person reporting the incident: *(please tick)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Staff member** |  | **Volunteer** |  | **Contractor** |  | **Member of the Public** |  | **Other** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | | **Telephone:** |  |
| **Address:** |  | | | |
| **When did the incident occur?** | | Date: | | Time: |
| **When was the incident reported?** | | Date: | | Time: |
| **Name of any witnesses:** | |  | | |

Details of the hazard / incident:

|  |
| --- |
|  |

Where within the event site did the incident / hazard occur?

|  |
| --- |
|  |

What task was being undertaken at the time?

|  |
| --- |
|  |

Was any equipment damaged as a result of the incident? (provide details)

|  |
| --- |
|  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Who was injured (please tick if applicable)**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Staff member |  | Contractor |  | Volunteer |  | Member of the public |  |  | | | | | | | | | | | What level of medical treatment is likely to be needed? | | | | | | | | |  | No treatment |  | First Aid |  | Doctor |  | Hospital | | |

What is the nature of the injury?

|  |
| --- |
|  |

**Details of the injured individual:** (if same as the person reporting the incident, state ‘as above’)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Telephone: |  |
| Address: |  | | |

Follow up actions:

|  |
| --- |
|  |

# APPENDIX 2: INSPECTION CHECKLIST

| DESCRIPTION | YES | NO | N/A | DETAILS |
| --- | --- | --- | --- | --- |
| Barriers in place |  |  |  |  |
| Emergency vehicle access available |  |  |  |  |
| Emergency exits unlocked and clear |  |  |  |  |
| Emergency lighting working |  |  |  |  |
| Extension leads and plugs tagged |  |  |  |  |
| Fire authorities briefed about event |  |  |  |  |
| Fire extinguishers in position |  |  |  |  |
| Fire hydrants and hoses clear |  |  |  |  |
| First Aid on site and briefed |  |  |  |  |
| Flammable storage acceptable |  |  |  |  |
| Gas cylinders secured |  |  |  |  |
| Hot surfaces out of public reach |  |  |  |  |
| Incident response kits |  |  |  |  |
| Licensed areas secured |  |  |  |  |
| PA system or megaphones |  |  |  |  |
| Participants briefed |  |  |  |  |
| Pedestrian access |  |  |  |  |
| Performers trained and briefed |  |  |  |  |
| Police briefed about event |  |  |  |  |
| Radio function |  |  |  |  |
| Roads and walkways are clear |  |  |  |  |
| Safety fences in place |  |  |  |  |
| Sharp or protruding objects |  |  |  |  |
| Stage edges and steps marked |  |  |  |  |
| Steps and handrails are in good condition |  |  |  |  |
| Tents/marquees secured |  |  |  |  |
| Toilets functioning |  |  |  |  |
| Trees and branches cleared |  |  |  |  |
| Tripping hazards/pegs ropes etc. |  |  |  |  |
| Umbrellas secured |  |  |  |  |
| Warning signage |  |  |  |  |
| Weather and wind conditions are suitable to continue |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Event Organiser |  | | | (print) |
| Area/Venue |  | | | (print) |
| Signature |  | | | (sign) |
| Date |  | Time |  |  |

# APPENDIX 3: LOST / FOUND PERSON CHECKLIST

|  |  |  |
| --- | --- | --- |
| LOST PERSON  Questions to ask the Parent / Guardian / Carer /Informant reporting the missing person. | | Time: |
| 1. Where did you last see the person? |  | |
| 2. What time did you last see the person? |  | |
| 3. What is your name? |  | |
| 4. What is the person’s name? |  | |
| 5. What is the person’s age? |  | |
| 6. What is the person’s hair colouring? |  | |
| 7. What clothes are they wearing? |  | |
| 8. What height is the person? |  | |
| 9. Does the person have a mobile phone?  Y  N | If YES, what is the number? | |
| 10. Where do you think the person will go? |  | |
| Other information |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reported by: |  | | Signature: |  | Date: |  |
| RESOLUTION / OUTCOME: | | | | | | |
| Person found at: | |  | | (time) and relocated with parent / guardian. | | |
| Signed: | |  | | Chief Warden  Deputy Warden  Area Warden | | |

|  |  |  |
| --- | --- | --- |
| FOUND PERSON  Questions to ask the person. | | Time: |
| 1. Who brought you to the festival/event? |  | |
| 2. Where did you last see this person? |  | |
| 3. How long ago did you last see this person? |  | |
| 4. Did they tell you what to do if you got lost?  Y  N | If YES, explain: | |
| 5. What is your name? |  | |
| 6. What is the guardian’s name? |  | |
| 7. What is the guardian’s hair colouring? |  | |
| 8. What clothes are they wearing? |  | |
| 9. Do they have a mobile phone?  Y  N | If YES, what is the number? | |
| 10. Do you know someone else’s number who came with you today?  Y  N | If YES, what is the number? | |
| Other information: |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reported by: |  | | Signature: |  | Date: |  |
| RESOLUTION / OUTCOME: | | | | | | |
| Person found at: | |  | | (time) and relocated with parent / guardian. | | |
| Signed: | |  | | Chief Warden  Deputy Warden  Area Warden | | |

# APPENDIX 4: GAS SAFETY CHECKLIST

Completing the check list

All checklist questions should be answered as accurately as possible. The key considerations of this gas safety checklist arepublic safetythe safety of operators and their staff.

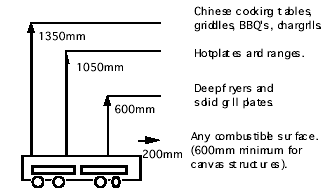
Start at the cylinders and proceed towards the gas appliances.

|  |  |  |  |
| --- | --- | --- | --- |
| Event |  | | |
| Location |  | | |
| Event organiser |  | Phone |  |
| Outlet |  | | |
| Person completing checklist |  | Phone |  |
| Type of structure |  | | |
| On site electrician |  | Phone |  |
| On site gasfitter |  | Phone |  |

The shaded box indicates a safe installation.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gas cylinders Checklist | Yes | No | Not Sure |  | Gas appliances Checklist | Yes | | No | | Not Sure |
| Are gas cylinders damaged, rusty or over 10 years old? |  |  |  |  | Are appliances away from the public? |  | |  | |  |
| For older cylinders is the last test date within 10 years? |  |  |  |  | Have appliances been checked recently by competent person? |  | |  | |  |
| Are in-use cylinders outside the caravan or structure? |  |  |  |  | Have safety devices been tampered with? |  | |  | |  |
| Are spare cylinders, full or empty, stored externally? |  |  |  |  | Do thermostats work? |  | |  | |  |
| Are cylinders blocking an exit |  |  |  |  | Do ignition devices work? |  | |  | |  |
| Are cylinders on a level, or non-combustible surface? |  |  |  |  | Are supply pipes or hoses in good condition? |  | |  | |  |
| Are all cylinders upright and secure? |  |  |  |  | Have joints been tested for gas leakage with soapy water? |  | |  | |  |
| Are cylinders in a well-ventilated location? |  |  |  |  | Are combustible materials clear of appliances? |  | |  | |  |
| Is cylinder safety outlet facing away from the structure? |  |  |  |  | Is a combustible surface above or to the side of the appliance? |  | |  | |  |
| Is the area shown below clear of ignition sources? |  |  |  |  |  | |  |  |  | | |

**See required clearances below.**



|  |  |  |  |
| --- | --- | --- | --- |
| **Safety procedures checklist** | **Yes** | **No** | **Unsure** |
| Do staff know what to do in an emergency? |  |  |  |
| Is there a suitable fire extinguisher and fire blanket handy? |  |  |  |
| Have you addressed electrical issues? |  |  |  |
| Has someone been trained to exchange gas cylinders? |  |  |  |