APPENDIX C. EMERGENCY RESPONSE PLAN

Access within 1 hour by road/air. Yes/No
Yes/No
Yes/No
r

Section 6: Maps

Include/attach a copy of relevant area maps, highlighting (where applicable):

- support vehicle/bus access locations and evacuation routes including identification of any unsigned access roads
- emergency access points and any potentially locked gates
- land manager/ranger residence
- participant expected locations/trails/routes/campsites/emergency assembly points
- nearest main town/settlement
- areas of mobile phone coverage/service access
- location of first aid kit/s
- directions and localities of nearest emergency services (Fire, Police, medical centres and/or hospitals with 24-hour emergency access etc.).

A.13 and A.14).				
Section 7: Emergency Evacuation Plan				
Provid	e a detailed evacuatio	n plan for all students. Thi	s must include a secondary exit strategy.	
	n 8: Equipment			
Vehicles and keys		I .	f vehicles, keys, who has access, who has relevant licences to operate >	
First a			f first aid and emergency rescue kit/s, who is trained in administering first aid and effecting rescue>	
	unications		relevant communication plan >	
	pant equipment list	-	ipment students are expected to have for proposed activity/activities>	
Group equipment list		< insert list of add	litional equipment supplied for the group>	
Section	n 9: Emergency Res	-		
am	In the event of an emergency the division of responsibility will be partly determined by <insert activity="" any="" issues="" or="" site="" specific="">. In the case of a emergency, when an alarm has been raised, all activities will cease</insert>			
Responsibilities of supervisory team	Role	Name and contact details	Responsibilities/role description (Supervisors to be briefed prior to commencement of activity)	
	Department Teacher-in-charge			
	Second-in-charge			
	First Aid Officer			
	Group Manager			
auods	Communications Officer			
Re	Additional Supervisors			
	ke control/secure e scene	The Department Te the safety of all stud	mergency the Emergency Response Plan is enacted. eacher-in-charge (or if they are incapacitated the second-in-charge) must secure the scene and ensure dents. e given in a calm and methodical manner.	

A. 10 and A. 14).	
2. Primary survey	Inform concerned authorities as soon as practical. Danger
Follow DRSABCD	to yourself, others/bystanders, casualty. Stop and survey the scene.
	Response
	 <u>Conscious</u>: place casualty in recovery position if no spinal injury is suspected and proceed to secondary survey. Continue to monitor.
	Unconscious: continue with DRSABCD.
	Send for help
	 000. Inform authorities as soon as practical (include: location, crossroad/access, number of casualties, condition of casualties, contact number). If possible, delegate this responsibility to a trusted bystander.
	Airway
	 look, listen, feel, visual check of oral cavity. Remove any visual blockage.
	Breathing
	 Breathing check: frequency, depth, regularity, sounds, smell. If normal, place casualty in recovery position. If gurgling sound is present, clear airways and check chest for injury.
	 Not breathing: continue with DRSABCD and commence cardio pulmonary resuscitation (CPR).
	CPR
	• 30 chest compressions (1/3 depth of chest): 2 breaths. (Approximately 3 full cycles per minute).
	 Continue CPR until help arrives or the patient starts breathing. If breathing place in recovery position. Defibrillation
	Attach as soon as one is available and follow voice prompts.
	DO NOT move a patient with a suspected spinal injury unless they are in danger. If the patient must be moved, take extreme care to keep the spine straight and avoid twisting or bending. Support head and neck with your hands.
3. Secondary survey	For non-urgent matters, refer to emergency contact numbers for local police/hospital/school as required.
	Shock:
	Monitor for shock by checking vital signs:
	Loss of consciousness (restless, disoriented)
	Heart rate (rapid and weak)
	Respiratory rate (rapid and shallow)
	Skin colour, temperature, moisture (pale, cold and clammy)
	Pupils (slow to respond)
	Head to toe survey
	 Ask about any possible injuries and suspected locations, level of pain out of 10.
	 Look for changes to facial expressions during survey, bruises, wounds, bleeding, deformities and signs of vomiting Feel for hot or cold spots, rigidity, tenderness, deformity

1.13 and A.14).	Listen for abnormal sounds, bones grating, airway noises, chest gurgling			
	Smell for unusual body odours, breath odours or external odours from environment			
	Medical history			
	Ask about:			
	prior and current symptoms			
	allergies			
	medications			
	relevant medical history			
	recent foods and fluids			
	events preceding the incident/illness.			
	Exposure:			
	Seek shade, padding, insulation and shelter to reduce casualty exposure			
4. Aftercare	Make casualty comfortable and reassure.			
	Use other staff members to supervise the rest of the group.			
	When appropriate keep the group informed of the casualty's condition.			
5. Documents and	All accidents/incidents and near misses must be recorded with the Principal of your school.			
reporting	All major accidents/incidents and/or near misses must be reported through the Online Incident Notification System (OINS).			

Management Flow Charts: If applicable, flow charts should include an estimated time it may take to raise an alarm and the amount of time that may elapse before appropriate support can be provided.

EXAMPLE EMERGENCY FLOW CHARTS

This is an example template only and is not intended as a definitive set of procedures to follow in emergency situations.

INCIDENT REQUIRING MEDICAL ATTENTION





