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|  | **Emergency Response Plan** | | | |
| **Group Name** | | | **Date** | |
| **Group/Activity Leader** | | | | |
| **Location/Address** | | | | |
| **Directions to worksite** (from nearest township) | | | | |
| **Trained First Aiders on-site** | | | | |
| **Location of on-site First Aid Kit** | | | | |
| **Accessing Emergency Medical Assistance** | | | | |
| **Is emergency medical assistance on-site?** (e.g. St Johns Ambulance)  If **No** ensure you have **one** of the following | | | | |
| **Landline phone** (on-site or nearby) | | Number: | | |
| **Mobile phone** (and reception on-site) | | Number: | | |
| **2-way radio** (and reception on-site) | | Frequency: | | Call sign: |
| **Satellite phone** | | Number: | | |
| **EPIRB** | | Registration number: | | |
| **Emergency Contacts** | | | | |
| **Police, Fire, Ambulance 000 or 112** (use in limited reception)  **Poisons Information Centre 131 126**  Also include any additional contacts specific for activity and/or site e.g. PWS on call ranger, land holder, closest medical facility etc. | | | | |
| **Describe the process the will be undertaken in the event of a medical emergency** | | | | |