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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) NO / YESIf **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 that will be undertaken in the event of a medical emergency:** |