|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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 / YES  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 that will be undertaken in the event of a medical emergency:** | | | | |