



Emergency Response Plan

Group Name:	Date:
Group/Activity Leader/s:	
Location/Address:	
Directions to worksite: (from nearest township)	
Trained First Aiders on-site:	
Location of on-site First Aid Kit:	
Nearest medical centre or hospital:	
Emergency muster point:	
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: