Emergency Management Plan 2025

EMMA MCLEAN KINDERGARTEN AND DAYCARE INC



| Physical Address | 71 Hope Street Spotswood Vic 3015 |
|---|---|
| Phone Number | 03 93911415 |
| Email Address | emma.mclean.kin@kindergarten.vic.gov.au |
| DET Region | South Western Victoria Region |
| Bureau of Meteorology/Fire District | |
| Is the service on the Bushfire- At-Risk Register? | No |
| Service SE Number | SE-00003932 |
| Provider Number | PR-00001508 |
| Approved Provider/Licensee Approving Plan | Emma McLean Kindergarten & Daycare Committee of Management |
| Date Plan Approved | January 2025 |
| Next Plan Review Date | January 2026 |
| | |
| | |

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PURPOSE

The purpose of this Emergency Management Plan (EMP) is to provide details of how Emma McLean Kindergarten and Daycare will prepare for and respond to emergency situations.

SCOPE

This Emergency Management Plan applies to all educators, staff, children, visitors, contractors, and volunteers at Emma McLean Kindergarten and Daycare.

DISTRIBUTION

All families and staff members have access to the Emergency and Evacuation Policy and the Emergency Management Plan

The Policy and Plan are readily available via the centre website

(https://www.emmamcleankinder.com.au/) or can be made available as a hard copy if requested.

The Emergency Management Plan and Evacuation Plan is displayed at throughout the service.

IN CASE OF EMERGENCY

| CALL | 000 |
|---------------|--|
| | Police, Ambulance, Fire Services |
| | Licensed Children's Services: |
| CONTACT | Contact your Children's Services Advisor or the Emergency |
| | Management Coordinator at your regional office: |
| | Ph: 53378429 or 0407861841 |
| | Approved Provider/Licensee |
| FOR ADVICE | Linh Krygger (President) Centre Mobile 0403 099 523 |
| CALL | Person With Management Control/Licensee Representative |
| YOUR | Andrea Laughlin (Centre Director) Centre Mobile 0403 099 523 |

EMERGENCY CONTACTS

Emergency Services

In an emergency requiring Police, Ambulance and MFB/CFA attendance call 000.

Our Early Childhood Service Contacts

| Key Roles | Name | Phone | Mobile |
|---|---------------------|-----------------|---------------|
| Approved Provider/Licensee or Person with Management or Control/Licensee Representative | Linh Krygger | Centre Landline | Centre Mobile |
| Centre Director | Andrea Laughlin | 03 93911415 | 0403099523 |
| OHS Staff Representative | Sarah Russell | 03 93911415 | 0403099523 |
| Educational Leader | Jennifer Biadacz | 03 93911415 | 0403099523 |
| Educator | Miranda Goncalves | 03 93911415 | 0403099523 |
| Educator | Stephanie Bourke | 03 93911415 | 0403099523 |
| Educator | Stephanie Todaro | 03 93911415 | 0403099523 |
| Educator | Danelle Mollison | 03 93911415 | 0403099523 |
| Educator | Summer Walker | 03 93911415 | 0403099523 |
| Educator | Sarah Russell | 03 93911415 | 0403099523 |
| Educator | Tillie Johnston | 03 93911415 | 0403099523 |
| Educator | Sofia Idris | 03 93911415 | 0403099523 |
| Educator | Jayshree Khandel | 03 93911415 | 0403099523 |
| Educator | Joanne Bogic | 03 93911415 | 0403099523 |
| Educator | Jay-D Jones | 03 93911415 | 0403099523 |
| Educator | Amy Davis | 03 93911415 | 0403099523 |
| Educator | Nada Kowalski | 03 93911415 | 0403099523 |
| Educator | Nicole Gunn | 03 93911415 | 0403099523 |
| Educator | Kelly Pendleton | 03 93911415 | 0403099523 |
| Educator | Sonia Diluvio | 03 93911415 | 0403099523 |
| Educator | Oliver Fletcher | 03 93911415 | 0403099523 |
| Educator | Leti Muljadi | 03 93911415 | 0403099523 |
| Educator | Vy Linh Truong | 03 93911415 | 0403099523 |
| Committee Secretary | Jaspreet Samra | 03 93911415 | 0403099523 |
| OHS Officer Committee | Ebony Martin | 03 93911415 | 0403099523 |
| Vice President | Katherine Rodriguez | 03 93911415 | 0403099523 |

KEY ORGANISATIONAL AND DET REGIONAL CONTACTS

| | Name | Phone | Mobile |
|--|---|--------------------------|--------------|
| Quality Assessment and Regulation Division (QARD) Area Team | Western Metropolitan Area | 70051801 | |
| Regional Department of Education and Training (DET) Manager, Operations and Emergency Management | South Western Region Email: swvr@education.vic.gov.au If you need help to find your region: • phone 1800 338 663 • email enquiries@education.vic.gov.au • contact your regional office via the enquiries form • view our list of regional office locations for postal addresses. | 1300 333 232 70051801 | 0407 861 841 |

Early childhood services are reminded that they must report serious incidents to the relevant DET QARD Area Team in accordance with relevant regulatory requirements. Service agreements also require approved providers or licensees to notify DET in the event of a serious incident.

- Education and care services operating under the National Quality Framework (NQF) refer to the fact sheet Serious incidents and complaints available at:

 http://www.education.vic.gov.au/childhood/providers/regulation/Pages/incidents_complaints.aspx
 - Notifications of serious incidents, incidents and complaints must be submitted online via the National Quality Agenda IT System (NQA ITS) www.acecqa.gov.au/national-quality-agenda-it-system
- Children's services operating under the Children's Services Act 1996 (Children's Services Act) refer to the practice note Serious incidents available at:
 www.education.vic.gov.au/childhood/providers/regulation/Pages/vcspracnotes.aspx

LOCAL/OTHER ORGANISATIONS CONTACTS

| | | Phone | |
|---|------------------------------|----------------------|--|
| Police Station | (Altona North) | 9392 3111 | |
| | (Williamstown) | 9393 9555 | |
| Hospital/s | (Williamstown) | 9393 0101 | |
| | (Western Hospital Footscray) | 8345 6393 | |
| | (Sunshine) | 8345 1333 | |
| | (Royal Childrens Hospital) | 9345 6393 | |
| Gas | | Not connected onsite | |
| Electricity | (Jemena) | 131626 | |
| Water Corporation (City West Water) 13WATER | | 1392837 | |
| Facility Plumber (Hobsons Bay City Council) | | 9932 1000 | |
| Facility Electrician (Hobsons Bay City Council) | | 9932 1000 | |
| Local Government (Hobsons Bay City Council) | | 9932 1000 | |
| SES (flood, storm and earthquake) | | 13 25 00 | |
| WorkSafe Victoria | | 1800 136 089 | |
| DET Child Protection (Regional Office) | | 131278 | |
| Poisons Information | | 131126 | |
| EPA | | 9695 2722 | |
| Emergency M | lanagement Services Unit | 95896 | |

INCIDENT MANAGEMENT TEAM



INCIDENT MANAGEMENT TEAM CONTACT DETAILS

| IMT Role/Activities | | Primary Contact | | Back Up Contact |
|--|-------------------|--|-------------------|------------------------------------|
| Incident | Name | Andrea Laughlin | Name | Sarah Russell |
| Controllers | Phone/Mobile | 0403099523 | Phone/Mobile | 0403099523 |
| | Name Phone/Mobile | Stephanie Bourke 0403099523 | Name Phone/Mobile | Nominated Supervisor 0403099523 |
| | Priorie/Mobile | 0403099523 | Priorie/iviobile | 0403099523 |
| Operations Officer/Child | Name | Stephanie Todaro | Name | Nada Kowalski |
| Monitor | Phone/Mobile | 0403099523 | Phone/Mobile | 0403099523 |
| | Name | Miranda Gonclaves | Name | Tillie Johnston |
| | Phone/Mobile | 0403099523 | Phone/Mobile | 0403099523 |
| | Name | Nicole Gunn | Name | Kelly Pendleton |
| | Phone/Mobile | 0403099523 | Phone/Mobile | 0403099523 |
| | Name | Sarah Russell | Name | Stephanie Bourke |
| | Phone/Mobile | 0403099523 | Phone/Mobile | 0403099523 |
| | Name | Amy Davis | | |
| | Phone/Mobile | 0403099523 | | |
| Operations, Communication tasks, Logistics and First Aid tasks | | on duty at the time o dent Management Str | | nall share these tasks |

INCIDENT MANAGEMENT TEAM RESPONSIBILITIES

Incident Controllers

Pre-Emergency

- Maintain current contact details of IMT members.
- Ensure 'Children/educators/staff with additional needs' list and 'Staff trained in first aid' list are up to date.
- Conduct regular exercises/drills.
- Ensure our emergency response and recovery procedures are kept up to date.
- Ensure staff are aware of the emergency response procedures and are aware of their responsibilities.
- Ensure emergency and parent contact details are up to date.

During Emergency

- Attend the emergency control point.
- Ascertain the nature and scope of the emergency.
- Ensure that the emergency services have been notified.
- Ensure the appropriate response has been actioned.
- Initiate evacuation of affected areas/lock-down/lock-out/shelter-in-place as required.
- Brief the incoming emergency services and respond to their requests.

Post- Emergency

- When the incident is rendered safe or the emergency services return control, notify the IMT members to have staff and children return to normal operations.
- Organise debrief with all staff and, where appropriate, with any attending emergency service.
- Ensure recovery activities are considered and implemented as required.
- Early childhood services are reminded that they must report serious incidents to the relevant DET QARD Area Team in accordance with relevant regulatory requirements.
 Service agreements also require approved providers or licensees to notify DET in the event of a serious incident.
 - Education and care services operating under the National Quality Framework (NQF) refer to the fact sheet Serious incidents and complaints available at: www.education.vic.gov.au/childhood/providers/regulation/Pages/nqffactsheets.aspx
 - Children's services operating under the Children's Services Act 1996 (Children's Services
 Act) refer to the practice note Serious incidents available at:
 www.education.vic.gov.au/childhood/providers/regulation/Pages/vcspracnotes.aspx

Child Monitor/Operation Officer/s

Pre-Emergency

- Assist the Incident Controller/s.
- Identify resources required.
- Participate in emergency exercises/drills.
- Regularly check and report on deficiencies of emergency equipment and kits.

During Emergency

- Attend the emergency control point.
- Communicate with the Incident Controller and act on instructions
- Confirm that emergency services have been notified.
- Ascertain the nature and scope of the emergency.
- Report any changes in the situation to the Incident Controller/s
- Commence evacuation according to the Emergency Evacuation Plan, if the circumstances warrant.
- Search the floor or area to ensure all people have evacuated. This function is of greater importance than a later physical count of those evacuated.
- Assist those with disabilities.
- Act as lead of groups moving to nominated assembly areas...
- Control the movement of people into protected areas.
- Roll call to ensure all persons are accounted for
- Co-opt persons as required to assist during an emergency.

Post-Emergency

- Contact parents as required.
- Collect and evaluate information relating to the emergency.
- Compile report of the actions taken during the emergency for the debrief.

FACILITY PROFILE

| FACILITY PROFILE SU | MMARY | | | | |
|--------------------------------------|------------------------------|--|---------------------|--------------------------------|--|
| Name of Facility: | | Hours of | Hours of Operation: | | |
| Emma McLean Kindergarten and Daycare | | Monday to | Friday 8 | am to 6 pm. | |
| Facility Address: | | Number (| of Childre | n | |
| 71 Hope St Spotswood 3 | 8015 | | of 88 per | | |
| Facility Phone: 03 9391 | | | with Disa | | |
| Facility Fax: 03 9391 14 | | Staff: 22 | | omues. | |
| 1 acmity 1 ax. 00 3031 14 | 10 | Stair. 22 | <u> </u> | | |
| After Hours Emergency | y Contact: | Classroo | ms: | | |
| Name: Andrea Laughlin | | 3 year old | room | Long Daycare Room | |
| Phone: 0403 099 523 (Ce | ntre Phone) | 4 year old | room | | |
| PERSONNEL INFORMA | ATION | | | | |
| Position | Name | Offic | e Phone | Mobile Phone | |
| Centre Director/s | Andrea Laugh | lin 03 93 | 391 1415 | 0403 099 523 (Centre Phone) | |
| | | | | | |
| BUILDING INFORMATION | | | | | |
| Туре | Location | | Instruction | | |
| Fire | Smoke detectors | Smoke Push button on individual alarm to detectors deactivate. | | dividual alarm to | |
| Intrusion | Inside front | | | m; shut off via keypad OR | |
| | door | contact Secom Security | | | |
| | | (Ph: 13 | 00360535) | | |
| Telephones | | | | | |
| Location | Туре | | | | |
| Office | Landline and p | | dless hand | dset | |
| Room 1 | | Landline attached to wall | | | |
| Room 2 | Landline attac | hed to wall | | | |
| Room 3 | Landline attac | Landline attached to wall | | | |
| Office | Service Mobile | Service Mobile – located in office | | | |
| Utilities | | | | | |
| Туре | Location | | Shut off | Instructions | |
| Gas / Propane | Nil connected | Nil connected | | | |
| Water | Mains by front | Mains by front gate Turn tap off | | off | |
| Electricity | Meter box insi door/foyer | de front | Turn off | via mains | |

PRIORITY RISKS SCHEDULE

The estimated levels of risk are prioritised into a list of the risks requiring further action

| Priority | Hazard specific risks |
|-----------|--|
| Very High | No risks identified |
| High | No risks identified |
| Moderate | Intruders |
| | Criminal Incidents |
| | Internal fires and smoke |
| | Pandemics and communicable diseases |
| | Hazardous substance release: inside and outside facility grounds |
| Low | Bushfires |
| | Severe storms and flooding |
| | <i>Earthquake</i> |
| | Bomb threat |
| | School bus accident/vehicle incident |
| | |

STAFF TRAINED IN FIRST AID

Note: Education and Care Services must comply with the requirements set out in regulation 136 (first aid qualifications) of the Education and Care Services National Regulations 2011 (National Regulations) and children's services must comply with the requirements set out in regulation 63 (Staff members to have first aid and anaphylaxis management training) of the Children's Services Regulations 2009.

| Staff Member | Training | Date Qualified To |
|-------------------|-------------------|-------------------|
| Andrea Laughlin | Level 2 First Aid | April 2027 |
| Miranda Goncalves | Level 2 First Aid | May 2026 |
| Stephanie Todaro | Level 2 First Aid | April 2026 |
| Stephanie Bourke | Level 2 First Aid | April 2026 |
| Sarah Russell | Level 2 First Aid | April 2027 |
| Danelle Mollison | Level 2 First Aid | May 2028 |
| Tillie Johnston | Level 2 First Aid | April 2027 |

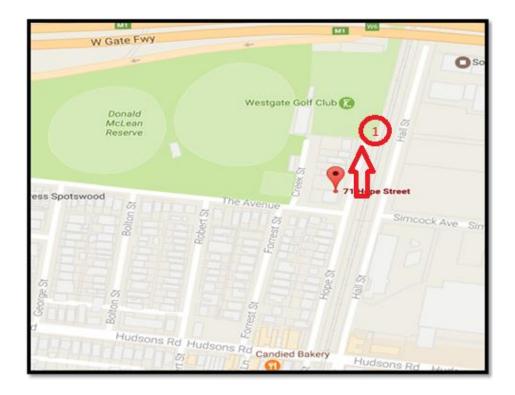
| Nada Kowalski | Level 2 First Aid | March 2028 |
|------------------|-------------------|---------------|
| Sofia Idris | Level 2 First Aid | April 2026 |
| Jayshree Khandel | Level 2 First Aid | April 2027 |
| Joanne Bogic | Level 2 First Aid | April 2027 |
| Jay-D Jones | Level 2 First Aid | April 2027 |
| Nicole Gunn | Level 2 First Aid | February 2026 |
| Summer Walker | Level 2 First Aid | April 2026 |
| Amy Davis | Level 2 First Aid | January 2027 |
| Sonia Diluvio | Level 2 First Aid | March 2027 |
| Kelly Pendleton | Level 2 First Aid | March 2028 |
| Leti Muljadi | Level 2 First Aid | October 2027 |
| Vy Linh Truong | Level 2 First Aid | March 2027 |
| Nicole Gunn | Level 2 First Aid | February 2026 |
| Sonia Diluvio | Level 2 First Aid | March 2027 |

EMERGENCY EVACUATION ASSEMBLY AREAS

AREA MAPS AND SITE PLANS

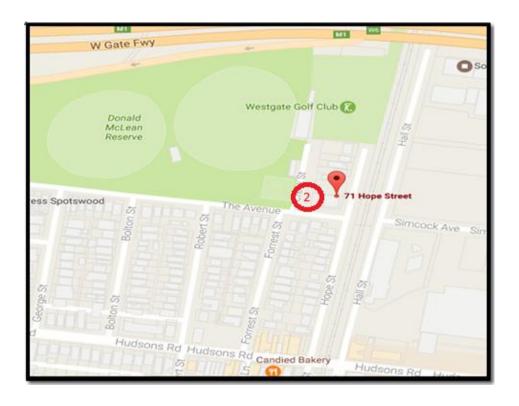
Evacuation Assembly Area 1: Westgate Golf Course – Entry gate on Hope Street.

Exit via Outdoor area gate onto Hope Street to access Emergency Assembly Area 1



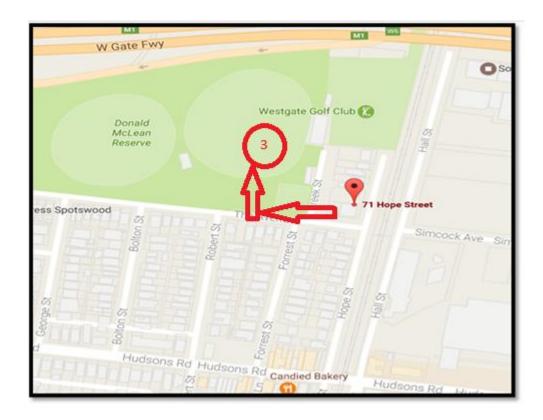
Evacuation Assembly Area 2: EMK Creek Street Car Park in disabled Car Park Area.

Exit via Front Entrance into Car Park Area to access Emergency Assembly Area 2



Evacuation Assembly Area 3: Spotswood Football Oval.

Exit via Front Entrance to access Spotswood Football Oval, 200m, 2-minute walk



Evacuation Diagram



71 Hope St, Spotswood VIC 3015



EVACUATION PLAN

Incident Controller

IDENTIFY RISK Raise Alarm

| CA | LL 000 for emergency services on phone |
|----|---|
| Ве | prepared to answer the following questions:- |
| | Location: |
| | 71 Hope St Spotswood VIC 3015 |
| | Phone No: |
| | 93911415 |
| | Your Name: |
| | A brief description of the incident (eg. Fire and location or there is smoke in the building) |
| DO | NOT HANG UP - follow the instructions offered by the emergency services. |

Child Monitor/ Operations Officer

- Evacuate all children from the immediate danger area to a safe location at either Gate 1 or Front Entrance (depending on the site of the danger)
- Area Coordinator/Assistants are to check all areas including toilets, storerooms, kitchen etc.
 Ensure all children are accounted for (head count), close doors after check.
- Retrieve Sign in IPad, staff sign in book, children's medications, evacuation bag, first aid bag - only if safe to do so.

IF EXITING THE PRE-SCHOOL

- Dependant on the emergency:
 - 1. Move children through the Emergency Exit at Assembly Point 1 via the outdoor yard onto Hope Street. Proceed to Assembly area 1 (Golf Course via gate on hope street)
 - 2. Move children through the front entrance of the service to Emergency Assembly Point 2 located in the car park.
 - 3. Move children through the front or rear exits of the service directly to Assembly Point 3 at Spotswood football oval.
- All children are to assemble outside the building and move to the assembly area either holding hands or with hands on the shoulders of the person in front of them.
- Contact the appropriate emergency services again and inform them of your current location and status.
- Incident controller or Child Monitor/Operations Officer, will contact the President and Vice President and then families will be contacted – Emergency lists contained in First aid and evacuation kits
- Children are to remain at the Assembly Area until clearance for a return to the building has been given or until the parents arrive to collect their children.
- Focus on the safety and well-being of staff ,children and volunteers.
- Wait for emergency services to arrive for further information.

IF IN A LOCKDOWN SITUATION

Dependant on the emergency, when an external and immediate danger is identified and it is determined that the children should be secured inside the building for their own safety the Chief Incident Controller on-site will take charge and activate the Incident Management Team if necessary.

- 1. Whoever finds or is made aware of the emergency situation sounds the alarm and notifies the nominated supervisor at the service.
- 2. Call 000 for emergency service and seek and follow advise.
- 3. Initiate the lock-down procedure, all children and staff to proceed to lock down in Room 1.
- 4. Each room to implement the EMK incident management plan structure where all roles and responsibilities are initiated included, gathering children, head counts, locking entry doors to rooms, collecting iPads, emergency bag and medications and proceeding to Room 1 where windows/blinds are closed, doors secured and children remaining in classroom below window level until emergency has concluded.
- 5. Office Administration Staff to lock airlock, collect emergency bag, mobile phone and proceed to room 1.
- 6. Check that all external doors (and windows if appropriate) are locked and blinds closed.
- 7. If available, allocate staff to be posted at locked doors to allow children, staff and visitors to enter if locked out.
- 8. Divert parents and returning groups from the facility if required.
- 9. Ensure a telephone line is kept free.
- 10. Keep main entrance as the only entry point. It must be constantly monitored and no unauthorised people allowed access.
- 11. As appropriate, ascertain that all children, staff and visitors are accounted for.
- 12. If it is safe to do so, have a staff member wait at the main entry to the facility to guide emergency services personnel.
- 13. As appropriate, confirm with emergency services personnel that it is safe to return to normal operations.
- 14. Seek advice from your Approved Provider/Licensee or Person with Management or Control/Licensee Representative if required.
- 15. Maintain a record of actions/decisions undertaken and times.
- 16. Contact parents as required.

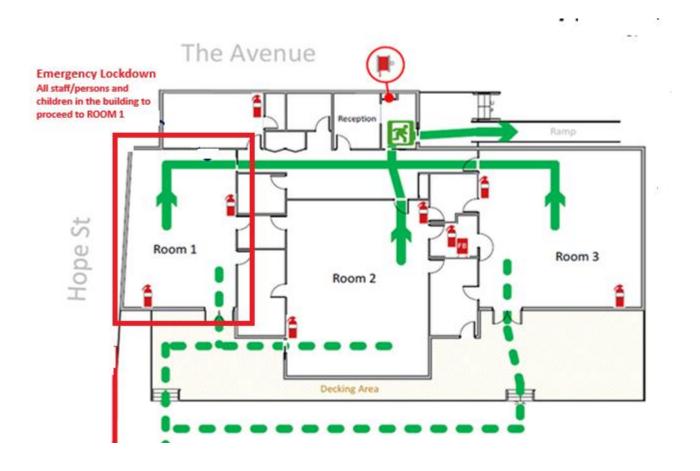
Actions after lock-down procedure

- Ensure any children, staff or visitors with medical or other needs are supported.
- Determine whether to activate your parent reunification process.
- Determine if there is any specific information staff, children and visitors need to know (e.g. parent reunification process or areas of the facility to avoid).
- Undertake operational debrief with staff and Incident Management Team to identify any lock-down and procedural changes that may be required.
- Complete your Post Emergency Record form (refer to Appendix 2)
- Report any serious incidents to the relevant DET QARD officer in your region:
- Services operating under the NQF, refer to the fact sheet Serious incidents and complaints available at:

www.education.vic.gov.au/childhood/providers/regulation/Pages/ngffactsheets.aspx

LOCKDOWN ASSEMBLY AREA

AREA MAP AND SITE PLANS



IF IN A LOCK OUT A PLACE SITUATION

Dependant on the emergency, when an internal immediate danger is identified and it is determined that children should be excluded from the building for their safety the Chief Incident Controller on-site will take charge and activate the incident management team if necessary.

- 1. Call 000 for emergency service and seek and follow advise.
- 2. Announce lock-out with instructions about what is required. Staff to initiate EMK incident management structure for a Lock-Out. This may include:
 - Lock doors to prevent entry
 - Check the premises for anyone left inside
 - Obtain Emergency Kit
 - Take Emergency wall hanger with children's medications
 - Determine which of your facility's pre-identified on-site evacuation point/s is most appropriate to use.
 - Assemble children, staff and visitors at your nominated on-site.
 - Check that children, staff and visitors are all accounted for.
 - Where appropriate, confirm with emergency services personnel that it is safe to return to normal operations.
 - Seek advice from your Approved Provider/Licensee or Person with Management or Control/Licensee Representative if required.

- Maintain a record of actions/decisions undertaken and times.
- Contact parents as required. Actions after lock-out procedures
- Ensure any children, staff or visitors with medical or other needs are supported.
- Determine if there is any specific information staff, children and visitors need to know (e.g. parent reunification process or areas of the facility to avoid).
- Undertake operational debrief with staff and Incident Management Team to identify any lock-out and procedural changes that may be required.
- Complete your Post Emergency Record form (refer to Appendix 2)
- Report any serious incidents to the relevant DET QARD officer in your region:
- Services operating under the NQF, refer to the fact sheet Serious incidents and complaints available at:
 - www.education.vic.gov.au/childhood/providers/regulation/Pages/nqffactsheets.aspx

IF IN A SHELTER IN A PLACE SITUATION

Dependant on the emergency, when an incident occurs outside the early childhood service and emergency services or the Chief Incident Controller determines the safest course of action is to keep children and staff inside a designated building in the facility (as evacuation might reasonably expose people to a greater level of danger until the external event is handled), the Chief Incident Controller on-site will take charge and activate the Incident Management Team and EMK Incident Management Structure if necessary.

- 000 for emergency service and seek and follow advise.
- Chief Incident Control Officer activates Incident Management Structure response.
- Move all children, staff and visitors to your pre-determined shelter-in-place location.
- Take your emergency kit/first aid kit and Emergency Backpack (including your children and staff attendance lists and a copy of this EMP).
- Check that all children, staff and visitors are accounted for.
- Ensure communications with emergency services is maintained. Wait for emergency services to arrive or provide further information.
- Where appropriate, confirm with emergency services personnel that it is safe to return. Maintain a record of actions/decisions undertaken and times.
- Seek advice from your Approved Provider/Licensee or Person with Management or Control/Licensee Representative if required.
- Contact parents as required.

Actions after shelter-in-place procedure

- Ensure any children, staff or visitors with medical or other needs are supported.
- Determine whether to activate your parent reunification process.
- Determine if there is any specific information staff, children and visitors need to know (e.g. parent reunification process or areas of the facility to avoid).
- Undertake operational debrief with staff and Incident Management Team to identify any shelter-in-place and procedural changes that may be required.
- Complete your Post Emergency Record form.
- Report any serious incidents to the relevant DET QARD officer in your region:
- Services operating under the NQF, refer to the fact sheet Serious incidents and complaints available at:

www.education.vic.gov.au/childhood/providers/regulation/Pages/nqffactsheets.aspx

FACILITY EMERGENCY DRILLS / TRAINING SCHEDULE

| Months | Training Event | Person Responsible | Date(s) completed |
|--------|--|--------------------------------|----------------------|
| Term 1 | Educational Training Evacuation Drill to Assembly Area 1 | Educator OHS representative | |
| Term 2 | Evacuation Drill to Assembly Area 2 | Educator OHS representative | |
| Term 3 | Lockdown Drill | Educator OHS representative | |
| Term 4 | Shelter in a place Drill Medical Response Drill | Educator OHS representative | |

CHILDREN EMERGENCY CONTACT LIST

A children's emergency contacts list will be included in the Emergency grab bag. Staff to take I-Pad's if safe to do so for emergencies.

CHILDREN AND STAFF WITH SPECIAL NEEDS

Information about children who have medical management plans (e.g. for asthma, allergies to peanuts/bee stings, anaphylaxis), including their medications and EpiPens, is contained with the Emergency grab bag.

APPENDICES

APPENDIX A: Risk Assessment

APPENDIX B: Emergency Management Plan Exercise Record

APPENDIX C: Emergency Kit Checklist

APPENDIX D: Communication Tree

APPENDIX E: Post-emergency Record

APPENDIX F: Bomb threat checklist

APPENDIX G: In Case of Fire/Smoke

APPENDIX H: Lockdown Checklist

APPENDIX I: Children & Staff with Medical/Special needs list

APPENDIX A: RISK ASSESSMENT

The objective of Risk Assessment is to separate lower priority risks from the major high priority risks. For each risk identified determine the local context and analyse the risk in terms of impact and likelihood, considering the range of potential impacts and how likely they are to occur.

| | Very High | | | | |
|------------|-----------|-----|---|---|-----------|
| | High | | | | |
| Likelihood | Moderate | | Intruders Criminal incidents Incidents | Internal fires and smoke Pandemics and communicable diseases Hazardous substance release: Inside and Outside Facility Grounds | |
| | Low | | Earthquake Bomb Threat School bus accident Vehicle accident | Bushfires Severe storms and flooding | |
| | | Low | Moderate | High | Very High |
| | Impact | | | | |

Priority Risks Schedule

The estimated levels of risk are then prioritised into a list of the risks requiring further action.

| Priority | Hazard specific risks |
|-----------|--|
| Very High | No risks identified |
| High | No risks identified |
| Moderate | Intruders |
| | Criminal Incidents |
| | Internal fires and smoke |
| | Pandemics and communicable diseases |
| | Hazardous substance release: inside and outside facility grounds |
| Low | Bushfires |
| | Severe storms and flooding |
| | <i>Earthquake</i> |
| | Bomb threat |
| | School bus accident/vehicle incident |

APPENDIX B: EMERGENCY MANAGEMENT PLAN EXERCISE RECORD

| ltem | Ye s | No |
|---|---------|----|
| | ✓ | ✓ |
| Were Emergency Services briefed on exercise prior to exercise being started? | | |
| Did the person discovering the emergency alert the other occupants? | | |
| Was the alarm activated? | | |
| Was the emergency service notified promptly? | | |
| Was the Emergency & Security Management Unit notified promptly (if appropriate)? | | |
| Did staff direct persons from the building/site per the evacuation procedures? | | |
| Were isolated areas searched? | | |
| Was the evacuation logical and methodical? | | |
| Did someone take charge? If yes, who? | | |
| Did occupants act as per instructions? | | |
| Was a roll call conducted for: | | |
| Children | | |
| Staff | | |
| Visitors | | |
| Was someone appointed to liaise with the emergency service/s? | | |
| Was someone appointed to liaise with the parents/community? | | |
| Was the emergency service given the correct information? | | |
| Did anyone re-enter the premises before the "all clear" was given? | | |
| Did anyone refuse to leave the building/site? If yes, see attached list for name and reason. To be followed up. | | |
| Area of Emergency plan tested by current exercise: | | |

APPENDIX C: EMERGENCY GRAB BAG CHECKLIST

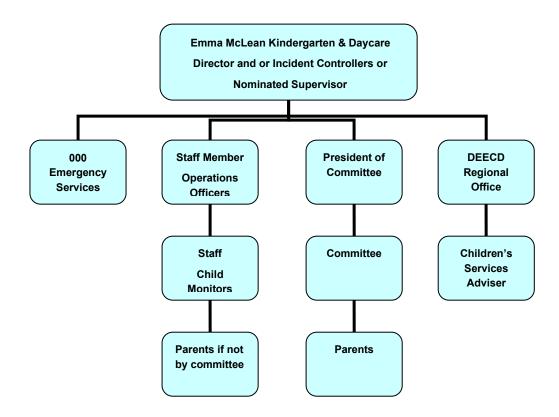
Keep the Emergency Kit in a designated, easily accessible place.

The OHS Representative is responsible for making sure the contents are complete.

| Have you: | \checkmark |
|--|--------------|
| Child Contact Details | |
| Children and staff with medical and special needs list - children with asthma, allergies including Special medications e.g. asthma inhalers, EpiPens | |
| Staff Data | |
| List of staff with emergency management or training skills | |
| Traffic safety vest | |
| Keys | |
| Standard portable First Aid kit with bandages, Savlon, antiseptic wipes | |
| A charged mobile phone | |
| Bottled water | |
| Copy of facility site plan and evacuation routes | |
| Sunscreen and spare sunhats | |
| Whistle | |
| Plastic garbage bags and ties | |
| Toiletry supplies | |
| Other | |

APPENDIX D: COMMUNICATION TREES

Licensed Children's Services



APPENDIX E: POST-EMERGENCY RECORD

| Facility | |
|---------------------------------------|--|
| Date | |
| Time Of Notification | |
| Name Of Person Taking The Call | |
| Position | |
| Name Of Person Reporting The Incident | |
| Contact Telephone Number | |
| Details | |
| Immediate Action | Incident Controller notified: YES / NO Time Other staff notified: YES / NO Time Emergency Services notified: YES / NO Time Region and ESMU notified: YES / NO Time |
| Major Activities | |
| Issues | Operational Debriefing Required: YES / NO Date/Time: Person Responsible to organise: Confirmation of Operational Briefing: |
| | Date/Time: |
| | Issues for Follow up action: |
| Signature | |
| Date | |

APPENDIX F: BOMB THREAT CHECKLIST

| CALL TAKER | | | CA | ALL TAKEN | |
|--|---|------------|-------|-----------|---------------------------------------|
| Name | | Date: | | Time: | |
| Telephone # | | Duration o | of | | |
| | | call | - | | |
| Signature | | Number of | f | | |
| | | caller | | | |
| mplete the following for a BON | IB THREAT | | | | |
| QUESTIONS | | | F | RESPONSE | S |
| When is the bomb going to | explode? | | | | |
| Where did you put the born | | | | | |
| What does the bomb look I | like? | | | | |
| What kind of bomb is it? | | | | | |
| What will make the bomb e | explode? | | | | |
| Did you place the bomb? | | | | | |
| What is your name? | | | | | |
| Where are you going? | | | | | |
| | | | | | |
| What is your address? | | | | | |
| • | | | | | |
| TIONS: | | PHONE NU | MRFR | | |
| TIONS: PORT CALL TO: | | | | | |
| TIONS: PORT CALL TO:CHAR | ACTERISTIC | | | | |
| TIONS: PORT CALL TO: CHAR Sex of caller | | | | | |
| TIONS: | ACTERISTIC | | | | |
| TIONS: | ACTERISTIC tc) | | | | |
| TIONS: | tc) | | | | |
| TIONS: | tc) etc) | | | | |
| TIONS: | tc) etc) e? as? | | | | |
| PORT CALL TO: CHAR Sex of caller Estimated age Accent if any Speech impediments Voice (loud, soft, etc) Speech (fast, slow etc) Dictation (clear, muffled, et Manner (calm, emotional, et Did you recognise the voice of so, who do you think it would be the caller familiar with | tc) etc) e? as? | | | | |
| TIONS: | tc) etc) e? as? | S OF THE | | | |
| TIONS: | tc) etc) e? as? the | | E CAL | LER | |
| PORT CALL TO: CHAR Sex of caller Estimated age Accent if any Speech impediments Voice (loud, soft, etc) Speech (fast, slow etc) Dictation (clear, muffled, et Manner (calm, emotional, emotional, et Manner (calm, emotion | tc) etc) e? as? the | S OF THE | E CAL | | · · · · · · · · · · · · · · · · · · · |
| TIONS: | tc) etc) e? as? the LANG | BUAGE [| E CAL | LER | /) |
| TIONS: | tc) etc) e? as? the LANG aped rrational Message read | BUAGE [| E CAL | LER | · · · · · · · · · · · · · · · · · · · |

Emergency Management Plan 28

] Local call

] Long Distance Call

Other (specify)

] Music

Machinery Aircraft

APPENDIX G: IN CASE OF FIRE / SMOKE



Signs of a fire may include; observation of smoke or flames; smelling smoke or burning material; feeling unusual heat on a wall, door or other surface.

IN CASE OF FIRE CALL 000

In the event of fire or smoke:



Remove persons from immediate danger.



Alert nearby personnel and the Incident Controller, call 000.



Confine fire and smoke. Close windows and doors (if safe). Keep low, under the smoke.



Extinguish or control fire – (if safe to do so).

Fire Extinguisher Operation: Fire Extinguisher operation is voluntary, only being used when it is safe to do so. Where practicable, there should be two people in attendance when an extinguisher is being operated. Always ensure you have a safe line of retreat. **DO NOT** let the fire get between you and the doorway.

- Select the appropriate extinguisher.
- Pull the pin on extinguisher.
- Test the extinguisher.
- Stand well back at a safe distance.
- Keep the exit door to your back.
- Ensure correct grip of the 'nozzle'.
- Direct the extinguisher stream at the base of the fire, not at the smoke.
- Squeeze the trigger, sweep the fire.
- Distance yourself IMMEDIATELY the situation becomes unsafe.

APPENDIX H: LOCKDOWN CHECKLIST

Actions during lockdown – Centre Director or 2nd In Charge (Incident Controller)

| Actions during lockdown | ✓ |
|--|---|
| Liaise with staff, other agencies and the Regional Office in considering a lockdown. | |
| Activate lockdown using the predetermined activation signal. | |
| Advise Victoria Police and other appropriate emergency service agencies. | |
| Activate the Incident Management Team (to plan further actions and enact the response plan). | |
| Allocate responsibilities. | |
| Collect emergency kit. | |
| Guide visitors to safety. | |
| Divert parents and returning groups from the school. | |
| Ensure a telephone line is kept free. | |
| Keep public address system free | |
| Secure external doors and entrances. | |
| Keep main entrance as the only entry point. It must be constantly monitored and no unauthorised people allowed access. | |
| If possible, have a delegated staff member wait at the main entry to the school to guide Emergency Services personnel. | |
| Ascertain (as possible) if all children, staff and visitors are accounted for. | |
| Record some details of actions undertaken and times (use the Post-Emergency Record from Appendix). | |
| Await de-activation advice from Emergency Services personnel (if appropriate). | |

ACTIONS AFTER LOCKDOWN - COORDINATOR OR INCIDENT CONTROLLER.

| Actions to de-activate and immediately following lockdown | ✓ |
|---|---|
| Confirm with Emergency Service personnel that it is safe to de-activate lockdown. | |
| Determine whether to activate the parent re-unification process. | |
| Determine if there is any specific information staff, children and visitors need to know (e.g. areas of the facility to avoid or parent reunification process). | |
| De-activate lockdown using predetermined de-activation signal. | |
| Advise staff, children and visitors of any specific information they need to know. | |
| Ensure any children, staff or visitors with medical or other needs are supported. | |
| Print and issue pre-prepared parent letters and give them to the children to take home. | |
| Seek support from the Regional EM Coordinator as required. | |
| Brief staff on the incident. | |
| Prepare and maintain records and documentation. | |
| Follow up with any children, staff or visitors who need support. | |
| Undertake operational debrief to review the lockdown and procedural changes that may be required. | |
| Actions (follow-up) | ✓ |
| | |
| | |
| | |
| | |
| Signature: | |

APPENDIX I CHILDREN & STAFF WITH MEDICAL/SPECIAL NEEDS LIST

Information about children who have special needs and/or medical management plans (e.g. for asthma, allergies to peanuts/bee stings, anaphylaxis), including their medications and EpiPens, is contained with the Emergency Medicines grab bag.

| CHILD/STAFF NAME | SPECIAL NEED ALLERGY MEDICAL NEED | MANAGEMENT PLAN YES/NO |
|------------------|---|------------------------------|
| | | |
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