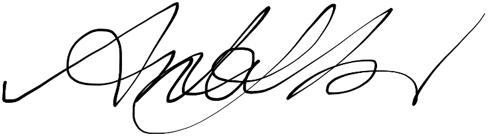
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| --- | --- | --- | --- |
| EMERGENCY MANAGEMENT PLAN *add additional details as necessary* | | | |
| **Key contacts** | | | |
| **Teacher-in-charge** |  | **Venue contact** |  |
| **First aid staff** |  | **Principal** | **Anthony Jackson – 0424 646 294** |
| **School reception** |  | **Assistant Principal** | **Robyn Procak – 0425 756 452** |
| **Department of Education – Incident Support and Operations Centre** | **1800 126 126 (24 Hours)** | **School 24 hour contact** |  |
| **Local emergency contacts** | | | |
| **Nearest Hospital** |  | **Fire/Police/Ambulance** | **000** |
| **Nearest Medical Centre** |  | **CFA** |  |
| **SES** |  | **Other** |  |
| **Evacuation response (attach maps and mark locations if required)** | | | |
| **Access points (emergency vehicles, helicopter etc.)** |  | **Time for school support to arrive** |  |
| **Assembly points** |  | **Travel time to nearest medical help** |  |

|  |  |  |
| --- | --- | --- |
| Emergency Response Procedure | | |
| *For students or staff with an existing medical management plan (e.g. Anaphylaxis Management Plan, Asthma Management Plan etc.) please attach the plan to this document. There is no need to complete additional emergency response procedures unless it is deemed necessary by the principal.* | | |
| **What** *(injury, illness, weather, environmental conditions)* | **Actions required** *(including equipment and location such as first aid, EpiPen etc.)* | **Who is responsible for each action?** |
| **For example:**  *Medical emergency requiring hospitalisation* | *Contacting ambulance/ transporting student to [insert name of nearest appropriate hospital*  *Administration of first aid until student arrives at hospital/ ambulance arrives* | *Teacher-in-charge*  *Teacher qualified in first aid*  *Other staff* |
|  |  |  |

I have reviewed the Emergency Management Plan and confirm that all required items have been completed.

Principal Signature: 

Date: 10/02/2023