

YMCA OF THE TOP END

# Emergency Management Manual

Leanyer Recreation Park

2011



# PREFACE

This Emergency Management Plan was created for:

**Leanyer Recreation Park YMCA – 215 Vanderlin Drive, Leanyer, NT 0800.**

This Plan is based upon recognized risk management principles, and provides the occupants of this site with specific guidance during times of emergency.

Pictorial representations of the site are also contained at the rear of this folder, for reference by both employees and attending emergency services.

It is expected that over time all staff will receive competency-based training in the use of this Plan and the role of their position.

A practice evacuation will be conducted at least annually to ensure that all employees are informed and comfortable in their respective roles during emergency situations.

Following each practice evacuation, the Plan will also be reviewed and recorded by the Group Risk Officer to ensure relevance.

# TABLE OF CONTENTS

<b>Subject</b>	<b>Page</b>
Preface	2
Table of Contents	3-4
Policy, Aim, Authority	5
Introduction	6
Staff Responsibilities	7
<b>Section One – Emergency Contacts</b>	
Guide to Calling Emergency Services	8
Emergency Contact Telephone Numbers	9
<b>Section Two – Response Procedures and MSDS</b>	
Emergency Situations Introduction	10
Bomb Threat	11
Earthquake	12
Fire	13
Flood / Severe Storm / Cyclone	14
Gas Leakage	15
Hazardous Material Spill	16
Medical Emergency	17
Personal Threat / Civil Disturbance	18
Structural Failure/Building Collapse	19
Blackout/Power Failure	20
Evacuation Procedures	21
Considerations for assisting persons with Disabilities	22-23

### **Section Three –Emergency Control Organisation (Staff) Responsibilities**

Chief Warden’s Emergency Responsibilities	24
Area Warden’s Emergency Responsibilities	25
Aquatic Warden’s Emergency Responsibilities	26

### **Section Four – Reporting and Recording (Proforma)**

Bomb Threat Checklist	27
Offender Description Form	28-30
Emergency Preparedness Checklist	31
Emergency Management Plan Exercise – Evacuation	32
Emergency Management Plan Exercise – Medical Emergency	33

### **Section Five –Site Plans, Floor Plans and Assembly Areas**

Floor Plan & Description	34-38
Assembly Areas	39

### **Appendices**

1. YMCA Major Incident and Accident Form	41-46
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# EMERGENCY MANAGEMENT PLAN POLICY, AIM, AND AUTHORITY

## Policy for Emergencies

YMCA of the Top End has produced this Emergency Management Plan as part of their commitment to the safety & well being of all persons who enter onto this site, and to the welfare and general good of the surrounding community.

## Aim of this Plan

The aim of this Plan is to reduce the potential for loss and injury to life and property, as a result of an incident that may occur at the site, by the implementation of standard procedures.

## Authority

The YMCA of the Top End CEO has given management staff and other employees who may act in such roles, full authority to implement the provisions of the Emergency Management Plan for this site and shall hereby be indemnified against civil liability resulting from practice or emergency evacuation of the building or site where those persons act in good faith and in the course of their duties.

Authorised by:

\_\_\_\_\_  
Alexia Hohipa – CEO, YMCA of the Top End

Implementation date:

\_\_\_ / \_\_\_ / \_\_\_

# INTRODUCTION

The principals of emergency management need to be presented in a clear, concise format that is minimalist in nature. Experience has taught that personnel will not absorb lengthy, complex documents. Therefore the information in this document has been purposely kept short and where possible in point form.

For the sake of simplicity the colour code method of emergency identification has been abandoned, as experience has taught that retention of the code system by staff is minimal and may lead to confusion and inappropriate action in time of emergency. In place of this, emergency situations have been categorized as either **Time-Critical** or **Non Time-Critical**.

## **Time-Critical**

In this situation there is an immediate hazard that requires urgent evacuation of the premises. Notification of the situation and the instruction to evacuate will be via short blasts from a whistle. Under this circumstance, staff will be advised to leave their belongings and proceed directly to the exit. An example of this would be in event of a fire.

## **Non Time-Critical**

In this situation the evacuation may (or may not) be of a precautionary nature, with no immediate hazard. Personnel may (or may not) be personally briefed by the chief warden, and advised verbally. In this situation staff may be allowed to quickly collect their important belongings and then proceed to an exit. An example of this may be in event of hazardous substance spillage in an area not accessible to staff, or in event of a bomb threat whereby staff must remove their belongings (if time permits), leaving behind suspicious packages.

# STAFF RESPONSIBILITIES

## **Chief Warden**

The chief warden has overall responsibility for making the decision to evacuate and for ensuring that all patrons and staff are safely evacuated from the premises.

## **Area Warden** (the management staff person present and designated responsibility at the time)

The area warden has overall responsibility for ensuring that all staff in their area of responsibility are safely evacuated from the premises, according to the area evacuation checklist and any instructions issued by the Chief Warden.

## **Other Staff**

Staff without area warden or other responsibilities, should follow the instructions given to them by the chief warden and area warden, and may be utilized to assist with specific tasks as allocated during the emergency.

# GUIDE TO CALLING EMERGENCY SERVICES

Dial 000. Ask for Ambulance/Fire/Police

Be prepared to answer the following questions:

- What is the exact location of the emergency?

*Leanyer Recreation Park YMCA  
215 Vanderlin Drive, Leanyer NT*

- Nearest intersection?

*Jarvis and Vanderlin Drive*

- What is the number of the phone you are calling from?  
(08) 8927 4199

- What is the problem? What exactly happened?
- How many people are hurt?
- What is the age of the patient?
- Is the patient conscious?
- Is the patient breathing?
- What treatment has been provided?

You may wish to ask/advise the following:

- When will the emergency services arrive?
- Do you have any instructions for us?
- The directions for emergency access are.....
- ..... will greet you at the entrance.
- Could you please confirm the address I have given?

**DON'T HANG UP! FOLLOW INSTRUCTIONS OFFERED. FURTHER QUESTIONS MAY BE NECESSARY**

**TO ASSIST THE EMERGENCY SERVICES:**

- Provide calm, accurate answers – avoid third-party information.
- Have any current medication used by a patient ready.
- Have a nominated and identifiable person greet them.

*Ring back 000 if a patient's condition or an  
emergency situation changes.*

**TO ASSIST EMERGENCY SERVICES PERSONNEL ON ARRIVAL:**

- Arrange for an identifiable staff member to be waiting to guide them.
- Provide calm, accurate information.
- Provide any medication (or information) belonging to the patient, to the emergency services personnel.

# EMERGENCY CONTACT TELEPHONE NUMBERS

## Services:

Ambulance/ Police/ Fire Brigade (advise the operator which service is required)	000
Electricity supply – Power & Water NT	1800 245 090
Child Protection – Department of Human Services	1800 700 250
Environment Protection Authority	1800 064 567
Poisons Information Centre	13 11 26
State Emergency Service (Storms Etc.)	131 444
Trauma counselling – (EASA)	1800 193 123
Water & Sewerage – (Nightcliff Plumbing)	8985 5200
Work Cover Authority – Incident Notification (24 hour)	1800 019 115

## Park Management Team: Leanyer

Recreation Park Manager – Jacob Sheldon	0437 898 183
Operations Coordinator – Phil Crowder	0406 748 128

## Senior Management: YMCA of the Top End

CEO – Alexia Hohipa	(08) 8981 8377
Operations Manager – Jessica McHardy	(08) 8981 8377
PRC Manager – Caleb Johnston	0407 042 165
PALC Manager Risk Management Officer – Michael Robinson	0433 427 400

# EMERGENCY SITUATIONS

Both Australian Standards AS 3745-2002 and AS 4083-1997 define an emergency as: ***“Any event that arises internally or from external sources, which may adversely affect the safety of persons in a building or the community generally and requires immediate response by the occupants.”***

Generic emergency advice is included within this section, on the following situations:

- **Blackout / Power Failure**
- **Bomb Threat**
- **Earthquake**
- **Fire**
- **Flood / Severe Storm / Cyclone**
- **Gas Leakage**
- **Hazardous Material Spillage**
- **Medical Emergency**
- **Personal Threat / Civil Disturbance**
- **Structural Failure / Building Collapse**

The ***“All Clear”*** declaration will only be given by the Chief Warden after consultation with the emergency services.

## **Bomb Threat      First response:      Police by dialling '000'.**

### **In the event of receiving a telephone bomb threat:**

*The recipient should keep the caller talking (do not hang up at any time), and note as many details as possible on the Bomb Threat Checklist.*

Important details include –

- Exact wording of the threat;
- Location of the device;
- Time of detonation;
- Sex and other details of the caller, such as estimated age;
- Details of speech, accent, delivery, and background noises.

### **Action to be taken by Recipient:**

- Complete Bomb Threat Checklist located in the 'Reporting & Recording' section of this Manual (**DO NOT HANG UP THE PHONE**);
- Notify a Chief Warden/Manager who will notify the Police by dialling '000' – but do not do or say anything that may encourage irrational behaviour;
- If possible do not use your radio or mobile phone to call '000', use a landline;
- **The Chief Warden/Manager will take any further action required.**

### **Action to be taken by emergency control personnel:**

- Ensure that the Chief Warden is notified immediately;
- Do not do or say anything that may encourage irrational behaviour;
- Chief Warden will organize a management staff member to conduct a routine search based on the available information;
- Search to be conducted systematically, concentrating on the most likely places ie. Stairwells, rest rooms, fire hose cabinets, equipment rooms, pot plants, and ceilings where tiles are out of place;
- Ensure that doors are left **open**;
- **DO NOT TOUCH** any suspicious objects found;
- Management staff member should report back to the Chief Warden after completion of the search;
- If a suspicious object is found, or if the wording of the threat identified a particular place, then the decision to evacuate may be exercised.

### **IF A SUSPECTED EXPLOSIVE DEVICE IS FOUND:**

1. Do not touch.
2. Clear the area.
3. Notify the chief warden immediately, who should call emergency services.
4. Follow the directions given.
5. Prevent all persons from entering the area where the device is located.

## Earthquake

First response: Police by dialling '000'.

Second response: State Emergency Services by dialling '131 444'

### In the event of an earthquake:

Management staff should:

- Instruct occupants to keep away from windows and seek shelter under a table or desk;

#### After the earthquake...

- Evaluate the need to evacuate if uncontrolled fires, gas leaks or structural damage has occurred;
- Evacuation assembly area (if required) is to be clear of trees, powerlines, buildings, etc.;
- Isolate / shut off electricity, water and gas services if necessary;
- Arrange medical assistance where required;
- Report to the Chief Warden regarding the status of the occupant's safety, and to seek instruction;
- Tune in radios and follow any emergency instructions.

**Fire** First response: Fire Brigade by dialling '000'.

**In the event of a fire:**

Management staff should:

- Alert all persons nearby;
- Assist any person in immediate danger (only if safe to do so);
- Evacuate the immediate area;
- Notify the Chief Warden immediately;
- Only attempt to extinguish the fire (with the appropriate extinguisher) if you are trained to do so and there is no risk to your personal safety;
- If unable to extinguish the fire, close the door on the fire to contain the spread and evacuate the area;
- Control the movement of occupants to the advised Evacuation Assembly Area;
- Maintain control of persons at the Evacuation Assembly Area.

## **Flood / Severe Storm / Cyclone**

First response: Emergency Services by dialling '000'.

Second response: State Emergency Services by dialling '131 444'

### **In the event of a flood, severe storm or cyclone:**

Management Staff should:

- Secure all windows (closing curtains / blinds) and external doors;
- Tape windows and glass entrances, and protect them with boards and sand bags (if necessary);
- Isolate / shut off electricity, water and gas services;
- Protect valuables, disconnect electrical appliances, and cover and/or move it away from windows;
- During a severe storm remain in the building, keeping the occupants away from windows;
- After the storm, evaluate the need to evacuate if uncontrolled fires, gas leaks, or structural damage has occurred as a result of the storm;
- Report to the Chief Warden regarding the status of the occupant's safety.

## Gas Leakage

First response: Fire Brigade by dialling '000'

### In the event of a gas leak:

Management Staff should:

- Ensure the Chief Warden is notified;
- Isolate the gas supply at the source (if safe to do so);
- Shut down the air conditioning to prevent the spread of any flammable and/or toxic gases;
- Remove all ignition sources (if safe to do so) and turn off the electrical supply;
- Report to the Chief Warden regarding any actions taken;
- Control the movement of occupants to the Evacuation Assembly Area (if required);
- Remain at the Evacuation Assembly Area until further advised by emergency services.

## **Hazardous Material Spill**

First response:

Fire Brigade by dialling '000'

### **In the event of a hazardous material spill:**

Management Staff should:

#### ***If the spill may give off toxic or noxious fumes:***

- Notify the Chief Warden;
- Turn off air conditioning and recirculation fans – ventilate to the open air if possible;
- Notify all persons in the building to evacuate, under instruction from the Chief Warden (ensuring Evacuation Assembly Area is upwind);

~ and ~

#### ***If the spill is a suspected flammable material:***

- Remove any ignition sources;
- Evacuate all persons in immediate danger under instruction from the Chief Warden (ensuring Evacuation Assembly Area is 200 metres clear of the building);
- Do not attempt to re-enter the affected area;
- Control the movement of occupants to the Evacuation Assembly Area (if required);
- Remain at the Evacuation Assembly Area until advised by emergency services.

## **Medical Emergency**     First Response: Ambulance by dialling '000'

### **In the event of required medical assistance:**

First Aid Staff should:

- Check for dangers and remove or control (if safe to do so);
- Remain with the casualty and provide appropriate support;
- Call for assistance by sending another staff member to the Chief Warden;
- The Chief Warden will appraise the situation, ensure emergency services have been contacted and delegate responsibilities to additional staff;

**NOTE:**     The following are some ways in which additional staff may be utilised;

1. To evacuate the area.
2. To provide support and additional first aid assistance.
3. To gather information.
4. To direct and escort emergency services personnel.

## **Personal Threat / Civil Disturbance** First response: Police by dialling '000

### **In the event of a civil disturbance:**

#### Management Staff should:

- Ensure the Chief Warden is notified immediately;
- In consultation with the Chief Warden notify the police by dialling '000'.
- Stay calm & do not do or say anything that may encourage irrational behaviour;
- Alert any other emergency control personnel in your vicinity;
- Initiate action to:
  1. restrict entry to the building if possible;
  2. confine or isolate the presence from building occupants;
- Report to the Chief Warden regularly regarding the status of the situation;
- If necessary, evacuation should be considered (only if safe to do so);
- Have as many people as possible complete the 'DESCRIPTION OF OFFENDER' form (located in the 'Reporting & Recording' section of this Manual).

#### **During a personal threat/armed hold up situation**

- Do not attempt to be heroic. Your life is worth more than money.
- **Comply with offender to avoid further aggravation**
- Do not attempt to delay the offender's departure, the sooner the offender leaves the sooner you are safe
- Be observant. If you can look safely, observe the offender's dress but do not stare. Assess height against an item near the offender (such as display stand, equipment, yourself) – see Offender Description Form (p.#)
- Stay calm & do not do or say anything that may encourage irrational behaviour

#### **Post hold-up procedures (immediate action) – when the offender has left the premises**

- When it is safe to do so, the most Senior available staff member should notify Police and, if necessary, an ambulance  
**(REMEMBER: Dial '0' to get an external line, then DIAL '000')**,
- Isolate the Centre where possible:
  - Lock entry points
  - Confine patrons to the Centre as they will serve as valuable witnesses
    - (ii) If any patrons want to leave the scene, take down their names and contact details
    - (iii) Encourage witnesses to complete Offender Description Form
  - Cordon off the crime area until police arrive.
- Notify Centre Manager
- Injured/traumatised persons involved should be given first aid, appropriate medical treatment and comfort

#### **Follow-up**

- Senior Management to follow Significant Incident Reporting flow chart
- Ensure all required incident forms are completed

## Structural Failure / Building Collapse

First response: Fire Brigade by dialing '000'

### In the event of a structural failure/building collapse:

Management Staff should:

- Notify the Chief Warden immediately;
- Evacuate the immediate area;
- Isolate the Gas and Electricity supply to the affected area (only if safe to do so);
- Assist any injured person (only if safe to do so);

If there is danger of further collapse - the decision may be made to evacuate the entire building.

## Blackout / Power Failure

First response: Power & Water NT by dialling 1800 245 090

### **In the event of a Blackout / Power Failure:**

In event of a Blackout / Power Failure where light is insufficient to continue normal operations, Management Staff should:

- Contact the Chief Warden to investigate;
- Chief Warden will check the main circuit board
- If all is satisfactory then an electrician or power and water will be called
- Evacuation the health club if insufficient light
- If the pool pump are off for more than 4 hours then you must evacuate the pool and cannot reopen until the pumps have been on for 4 hours

In the event of a lengthy interruption to the power supply, and if light is too dim, the decision may be made to evacuate the building.

# Evacuation Procedures

## Staff

A member of staff (chief warden or area warden) will give a verbal warning that an evacuation is required.

Remain calm and:

- Ensure that staff in your immediate vicinity are aware that they may have to evacuate;
- Collect personal belongings only if they are IMMEDIATELY and SAFELY accessible;
- Unless directly involved in controlling the emergency or assisting wardens, immediately leave the building via the foyer and stairs;
- Proceed to the safe assembly area, which is to the foot path on the southern side of the building;
- Assist any persons experiencing difficulty with the evacuation - notify nearest warden if additional assistance is required (eg. injured or trapped person);
- Remain at the assembly area until otherwise instructed.

## Area Warden (the management staff member in charge of the area at the time)

Remain Calm and:

- Collect your area evacuation resources and evacuate according to the checklist, unless otherwise advised by the chief warden.
- Progressively move through your designated area advising persons to evacuate - indicate their safe exit path and where they should assemble after the evacuation.
- If required and where possible, obtain assistance from other staff and designate particular areas for them to check and then report back to you.
- Providing it is safe to do so, retrace your steps checking each room/area to ensure that no one is left behind.
- If any rooms are locked, knock firmly, loudly announce the emergency, wait momentarily for any response and then move on, noting the room number or location.
- Where applicable, check with staff assisting that they have checked their designated areas and all persons have evacuated.
- Report results of search to Chief Warden in person at the Assembly Area ie. location/identification of any locked rooms which could not be physically checked .

# Considerations for assisting persons with Disabilities

## General Information

Persons with disabilities do not necessarily lack independence, and can serve as resources for their individual conditions and needs.

It is important to discuss with persons who have disabilities how they can best be assisted in an evacuation (e.g. lifting, carrying, and escorting from the building). These consultation procedures should occur at the time they are inducted to the workplace by their supervisor.

It is recommended that the person's colleagues are involved in the planning process so that if it does become necessary to evacuate, they can directly assist the individual. In an evacuation, when offering assistance, ask the person how you can best help.

In the case of an emergency evacuation it is recommended that any person on the premises that requires special assistance i.e: some one who has vision impairment, physical or intellectual impairment should be accompanied from the workplace with a designated member of staff. It is also recommended that no person is left alone at the time of evacuation as some times people with intellectual disabilities become frightened and will refuse to leave what they consider a safe place.

In order to ensure that a person with a disability can maintain their independence during and emergency evacuation procedure, it is recommended that all emergency evacuation procedures are displayed and written in a larger size font, preferably 18 point, to assist people with vision impairments or contain pictorial directions.

In an emergency, the cognitive processes that would normally be rational often become confused, therefore to keep the information simply to read and easy to see are important.

**If you are unsure what assistance the person may want during the evacuation procedures then it is important that you ask them.**

## **Specific Disabilities:**

### **Mobility**

- Keep offices and passageways clear of obstructions.
- If unsafe to do so, or you are unable to evacuate a person immediately and safely, obtain assistance.
- Don't assume that lifting techniques will be similar for all disabled persons.

### **Vision**

- Walk evacuation routes with blind and/or visually impaired persons until they feel familiar.
- During an emergency, have them take your elbow and then guide them from the building.
- Maintain a dialogue describing the exit and obstacles in their path.

### **Hearing**

- Discuss communication requirements with the individual and determine communication techniques, which best suit, the individual.
- In the event of an emergency and/or evacuation, ensure that the person is personally informed of the situation, and accompanied to the nearest exit point.

### **Intellectual**

- Explain evacuation procedures carefully and clearly, asking for feedback to ensure understanding.
- In the event of an emergency and/or evacuation, ensure that the person is personally informed of the situation and accompanied to the nearest exit point.

# CHIEF WARDEN'S EMERGENCY RESPONSIBILITIES

NAME: \_\_\_\_\_

- Attend the emergency control point – Reception
- Ascertain the nature & scope of the emergency
- Ensure the appropriate response has been actioned
- Ensure that emergency services have been notified
- Access Evacuation Kit and First Aid Kit if evacuation is required
- Establish communications with Area Warden and distribute checklist
- Excess staff allocated extra tasks as required
- Delegate one person to the main entry door downstairs to stop people from entering the facility and to greet Emergency Services Personnel.
- Initiate evacuation
  - Staff Offices evacuated
  - Kiosk evacuated
  - Slide Area evacuated
  - Main Pool / Cascades evacuated
  - Water Play Area evacuated
  - Playground evacuated
  - Skatepark evacuated
  - Basketball Courts evacuated
- Ensure appropriate announcements are made by Area Warden
- Brief Incoming emergency services and respond to their requests
- Area Warden completed checklist and reported in.
- Evaluate emergency situations and ensure relevant reports are completed

# AREA / RECEPTION WARDEN'S EMERGENCY RESPONSIBILITIES

NAME: \_\_\_\_\_

- Attend the emergency control point – Reception
- Ascertain the nature & scope of the emergency
- Access any necessary equipment ie. megaphone, torch
- Make announcements as directed by the Chief Warden
- Ensure all staff are aware of the evacuation & terminals are shut down
- Pump House / Plant Room / Back Shed evacuated
- Male toilets evacuated
- Female toilets evacuated
- All staff evacuated via the emergency exit
- Report in to Chief Warden and return checklist

# AQUATIC WARDEN'S EMERGENCY RESPONSIBILITIES

NAME: \_\_\_\_\_

- Disabled change rooms cleared
- Change Rooms (outdoor) cleared
- Main pool / Cascades re-checked for swimmers
- Surrounding grounds checked and cleared
- Report to Chief Warden and return checklist

# BOMB THREAT CHECKLIST

~ Keep next to each phone ~

Try to record the exact wording of the threat: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ask the following questions:**

- When is the Bomb going to explode? \_\_\_\_\_
- Where did you put the Bomb? \_\_\_\_\_
- When did you put it there? \_\_\_\_\_
- What does the Bomb look like? \_\_\_\_\_
- What kind of Bomb is it? \_\_\_\_\_
- What will make the Bomb explode? \_\_\_\_\_
- Did you place the Bomb? \_\_\_\_\_
- Why did you place the Bomb? \_\_\_\_\_
- What is your name? \_\_\_\_\_
- Where are you now? \_\_\_\_\_
- What is your address? \_\_\_\_\_
- Estimate: Age (Years) \_\_\_\_\_ Accent - (Specify) \_\_\_\_\_

D O		N O T		H A N G		U P !	
Voice	Speech	Manner	Telephone	Background			
<input type="checkbox"/> Man	<input type="checkbox"/> Fast	<input type="checkbox"/> Calm	<input type="checkbox"/> Local	<input type="checkbox"/> Music			
<input type="checkbox"/> Woman	<input type="checkbox"/> Slow	<input type="checkbox"/> Angry	<input type="checkbox"/> STD	<input type="checkbox"/> Talk			
<input type="checkbox"/> Child	<input type="checkbox"/> Distinct/Cultured	<input type="checkbox"/> Emotional	<input type="checkbox"/> Trunk	<input type="checkbox"/> Typing			
<input type="checkbox"/> Unknown	<input type="checkbox"/> Impeded	<input type="checkbox"/> Loud	<input type="checkbox"/> Public	<input type="checkbox"/> Children			
	<input type="checkbox"/> Stutter	<input type="checkbox"/> Soft	<input type="checkbox"/> Private	<input type="checkbox"/> Traffic			
	<input type="checkbox"/> Nasal	<input type="checkbox"/> Pleasant	<input type="checkbox"/> Mobile	<input type="checkbox"/> Machines			
	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Raspy		<input type="checkbox"/> Aircraft			
	<input type="checkbox"/> Accent	<input type="checkbox"/> Intoxicated		<input type="checkbox"/> Trains			
	<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other			

**Notify any emergency warden. To avoid inappropriate actions, do not inform other persons. Follow all directions given by the Floor/Area Warden.**

Date ..... Time ..... Duration of call .....  
 Number called ..... Your Name (print) .....  
 Your number ..... Signature .....

# OFFENDER DESCRIPTION FORM

Notes for completion:

1. The form is to be completed by staff and bystanders IMMEDIATELY AFTER AN INCIDENT.
2. Use a separate form for each person.
3. No consultation is to take place when completing the form.
4. A management staff member is to collect the forms and pass them on to Police.
5. Please indicate the correct response. If unknown, write "UK."

LOCATION:

OFFENCE:

Robbery

Theft

Assault

Date

Day

Time

Other

COMPILERS DETAILS:

Given Name(s)

Surname

Contact Numbers

Home:

Work:

Mobile:

Address

Employer Details

**OFFENDERS DESCRIPTION:**

**Build**

M  F  Thin  Fat  Medium  Large  Approx' Weight

**Age**

10-15  15-20  20-25  25-30  30-35  35-40  40-45  Approx' Age

**Name**

Was Called:  Sounded Like:

**Hair**

Colour: Black  Brown  Blonde  Red  Sandy  Grey

Type: Straight  Wavy  Curly  Dreadlock  Afro

Length: Long  Medium  Short  Bald  Shaved

Condition: Clean  Greasy  Scruffy  Thick  Thinning

**Height**

Centimetres  Feet & inches

**Eyes**

Colour: Brown  Blue  Green  Black  Grey

Type: Narrow  Wide  Deep-set  Bulging  Squint

Eyebrows: Bushy  Shaved  Thick  Thin  Joined

Glasses: Clear  Tinted  Plastic  Metal  Dark

**DESCENT:**

Race: Caucasian  Asian  Aboriginal  Maori/Pacific  Middle-East  Indian

Skin Colour: Pale  Fair  Olive  Brown  Dark  Black

Skin Type: Clear  Greasy  Pimply  Flushed  Acne

**CLOTHING:**

Upper body - outer	Upper body - inner	Lower body	Head gear	Footwear	Gloves
Colour	Colour	Colour	Colour	Colour	Colour

**IDENTIFYING MARKS:** Scars, marks, tattoos, piercings, oddities, etc

Describe:	Part of the body

**MANNERISMS:**

**Speech:** Slow  Fast  Slurred  Stutter  Accent

**Face:** Twitching  Normal  **Eyes:** Normal  Blinking  Glancing

**Posture:** Stooped  Straight  **Movement:** Normal  Jerky  Limp

**FURTHER DETAILS**

Describe any distinctive features not covered above

**VEHICLE TYPE**

Registration	
Type	
Make	
Model	
Year (approx)	
Colour	
Distinguishing features	
Accessories	
No of occupants	

**WEAPON TYPE**

Knife  Syringe  Air Rifle/Pistol  Pistol  Revolver  Rifle  Shotgun   
 Other: \_\_\_\_\_

**SHORT DESCRIPTION OF EVENTS**


# EMERGENCY PREPAREDNESS CHECKLIST

**Instructions:**

1. During your fire safety inspection, record what is observed and any actions taken
2. When you have finished, complete this checklist and forward it to the Safety Officer

Floor/Area: \_\_\_\_\_ Date Last Checked: \_\_\_\_\_ Today's Date: \_\_\_\_\_

ITEM	Yes	No	N/A
No items blocking passageways, fire doors, and exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Management Plans in a prominent position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency warning systems audible in all areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency exit signs visible and illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers properly located, signed and checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical appliances in safe working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical appliances switched off, (where appropriate), when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All emergency equipment in safe working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All areas free from non-essential items and rubbish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules for contractors/tradespersons being adhered to (ie. Work permits etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell doors are able to, (and do), close automatically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation kit contents are being regularly checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New employees have been introduced to the emergency action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All employees in this area have attended emergency action plan training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor/Area evacuation checklists are in correct location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site access for firefighting vehicles is free from obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other specific hazards to report: \_\_\_\_\_

Items still requiring attention from last report: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Signature Floor/Area Warden: \_\_\_\_\_

Date copy sent to Safety Officer: \_\_\_\_\_

**KEY**

- Yes**      Action required - Report to safety officer                      **No**      Action not required - condition normal
- N/A**      Not applicable - item has no function in this area

# EMERGENCY MANAGEMENT PLAN EXERCISE

## EVACUATION

### Observers Checklist:

	Yes	No
Did the person discovering the emergency alert the other occupants of the area?	<input type="checkbox"/>	<input type="checkbox"/>
Did someone take charge?	<input type="checkbox"/>	<input type="checkbox"/>
Was the alarm activated?	<input type="checkbox"/>	<input type="checkbox"/>
Was the emergency service notified promptly?	<input type="checkbox"/>	<input type="checkbox"/>
Was the emergency service given the correct information?	<input type="checkbox"/>	<input type="checkbox"/>
Was someone appointed to liaise with the emergency service/s?	<input type="checkbox"/>	<input type="checkbox"/>
Did Wardens direct persons from the building/site per the evacuation procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Were all areas searched?	<input type="checkbox"/>	<input type="checkbox"/>
Did occupants act as per instructions?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone refuse to leave the building/site?	<input type="checkbox"/>	<input type="checkbox"/>
Was a staff roll call conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone re-enter the premises before the "all clear" was given?	<input type="checkbox"/>	<input type="checkbox"/>

	Time	
	Hours	Minutes
Alarm raised		
Floor/Area Warden responds		
Wardens check floor/area		
Evacuation commenced		
Warden reports floor/area clear		
Arrive at assembly point		
Warden checks personnel present		
Evacuation completed		
Exercise completed		

Problems encountered:


Corrective actions to be implemented:


Date:

--

Observers name:

--

# EMERGENCY MANAGEMENT PLAN EXERCISE

## MEDICAL EMERGENCY

### Observers Checklist:

	Yes	No
Did the person responding to the emergency alert other staff?	<input type="checkbox"/>	<input type="checkbox"/>
Was the alarm activated?	<input type="checkbox"/>	<input type="checkbox"/>
Was the patients' airway checked correctly?	<input type="checkbox"/>	<input type="checkbox"/>
Was the patients' breathing checked correctly?	<input type="checkbox"/>	<input type="checkbox"/>
Was EAR/CPR performed correctly, rates, depth, etc?	<input type="checkbox"/>	<input type="checkbox"/>
Did the second responder arrive promptly?	<input type="checkbox"/>	<input type="checkbox"/>
Did the third responder arrive promptly?	<input type="checkbox"/>	<input type="checkbox"/>
Was the emergency service notified promptly?	<input type="checkbox"/>	<input type="checkbox"/>
Was the emergency service given the correct information?	<input type="checkbox"/>	<input type="checkbox"/>
Was someone appointed to liaise with the emergency service?	<input type="checkbox"/>	<input type="checkbox"/>
Was the area cleared of bystanders?	<input type="checkbox"/>	<input type="checkbox"/>

	Time	
	Hours	Minutes
Emergency recognised		
Alarm raised		
DRABC commenced		
EAR commenced		
CPR commenced		
Arrival of 2 <sup>nd</sup> responder		
Arrival of 3 <sup>rd</sup> responder		
Emergency service called		
Evacuation of bystanders from area completed		
Exercise completed		

Problems encountered:


Corrective actions to be implemented:


Date:

--

Observers name:

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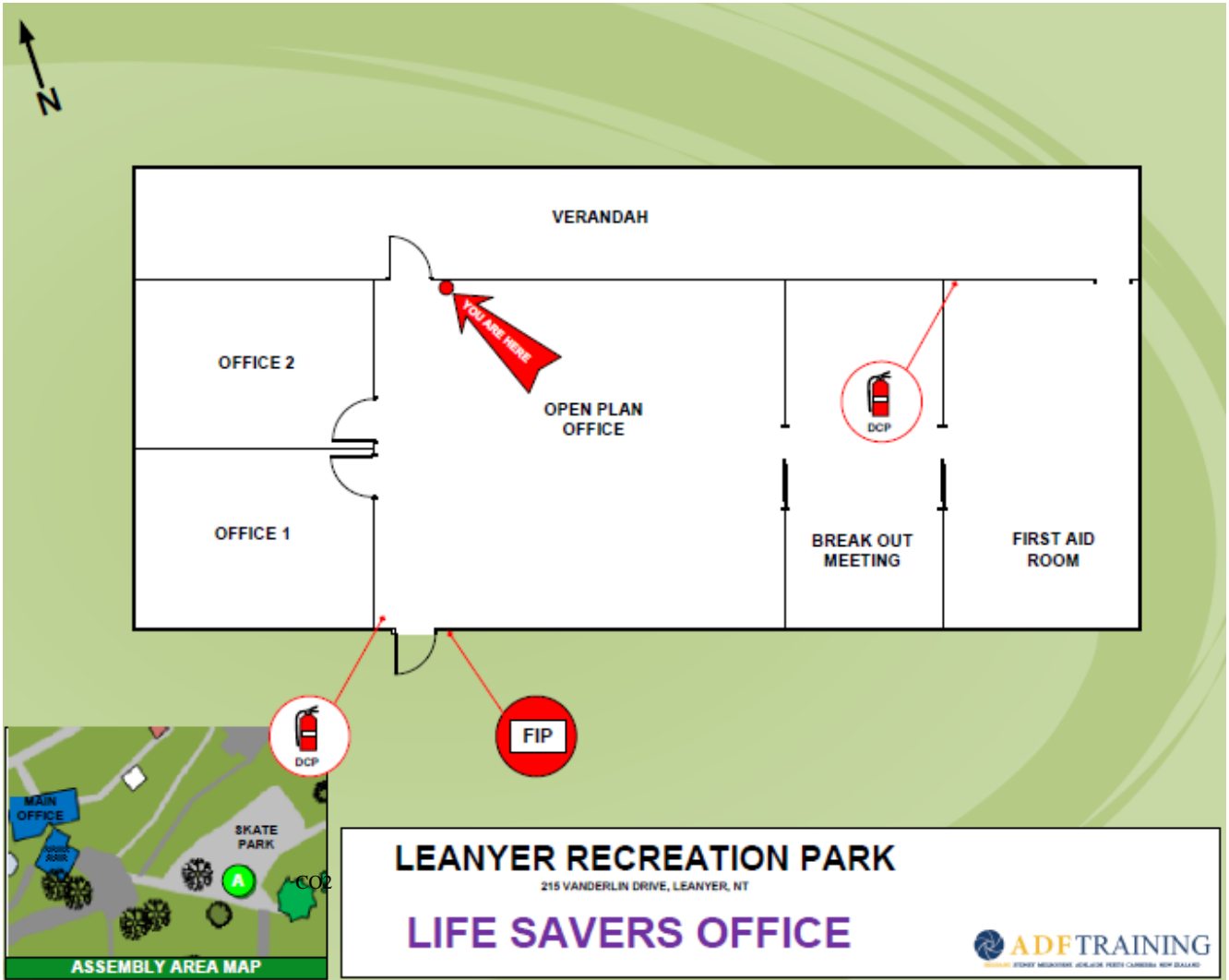
# FLOOR PLAN & DESCRIPTION

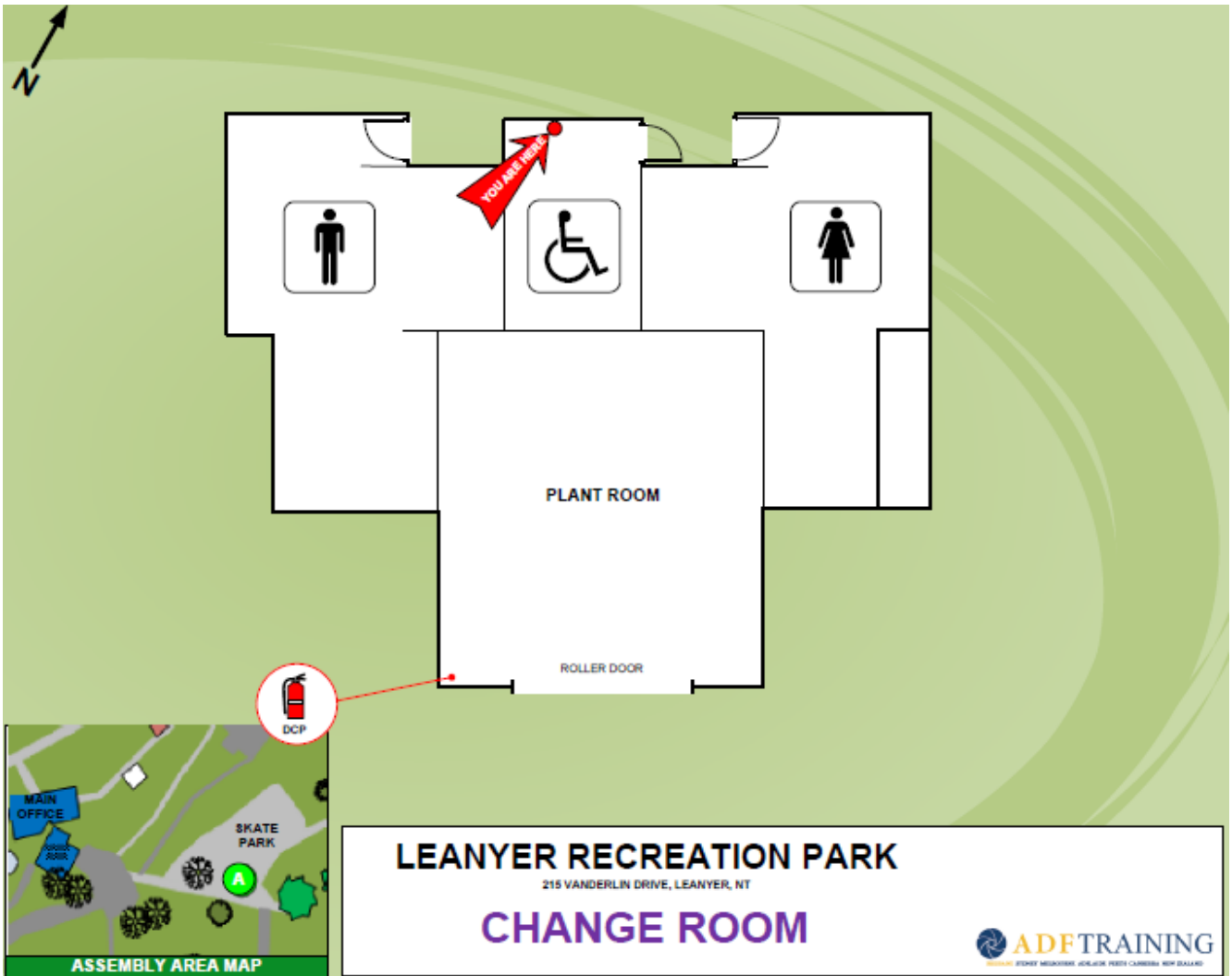
The following pages show the floor plans for the YMCA of the Top End – Leanyer Recreation Park, with exit points and emergency equipment.

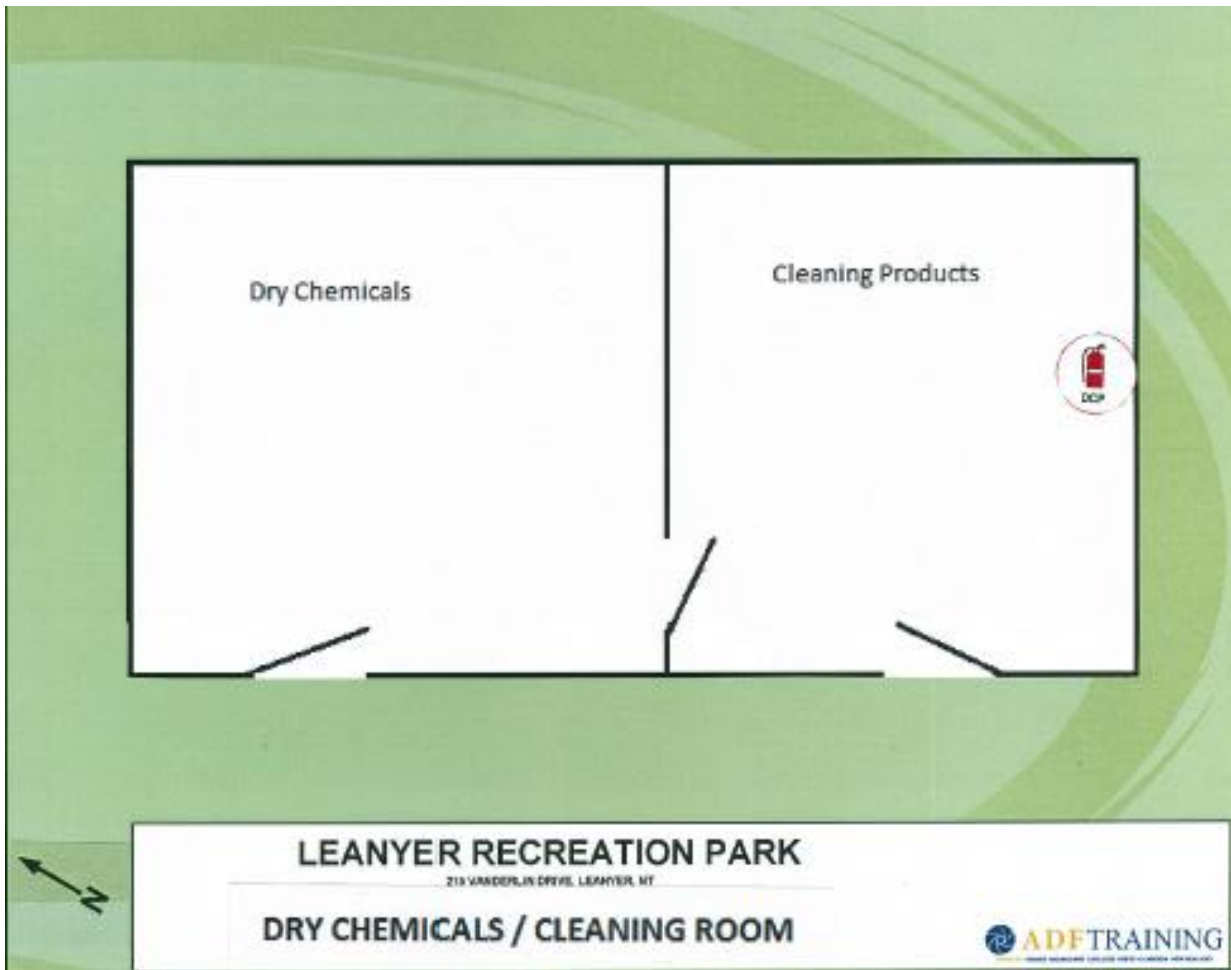
At this site there may be up to 500 people at any one time. There is at least 10-15 trained Level 2 First Aid & CPR staff members present at most times. There may be 10 physically or intellectually disabled occupants present.

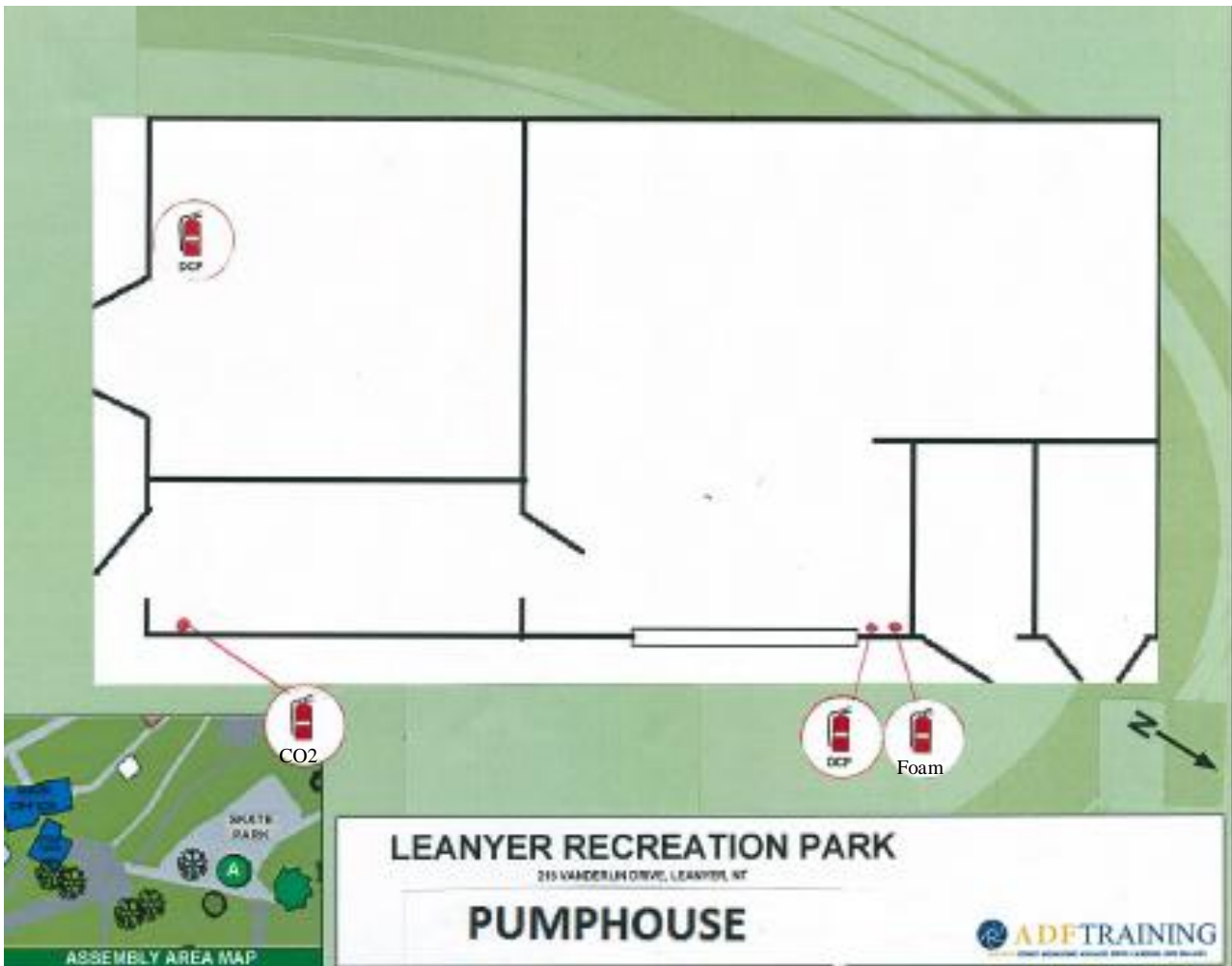
There are 30 dangerous goods and hazardous substances located in the buildings below and are as indicated:





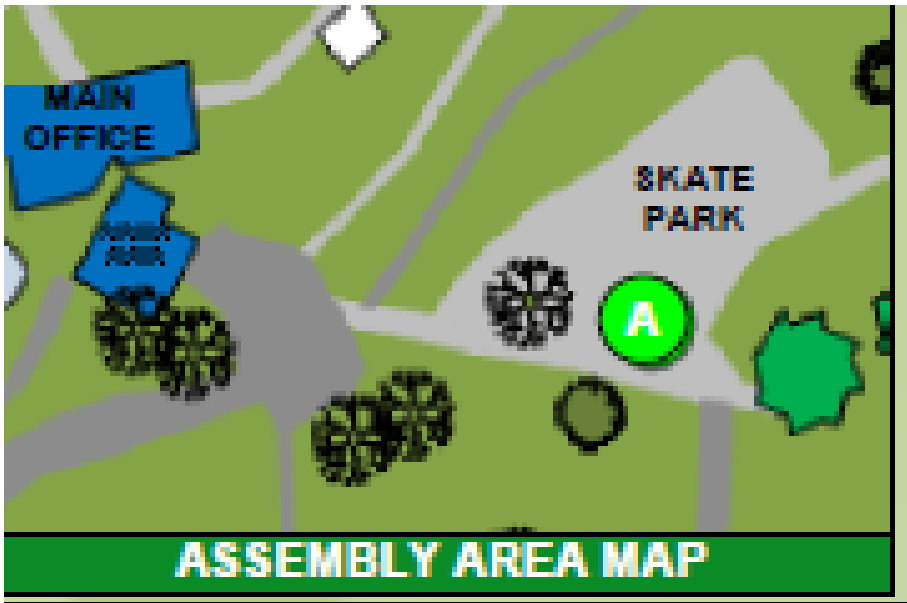




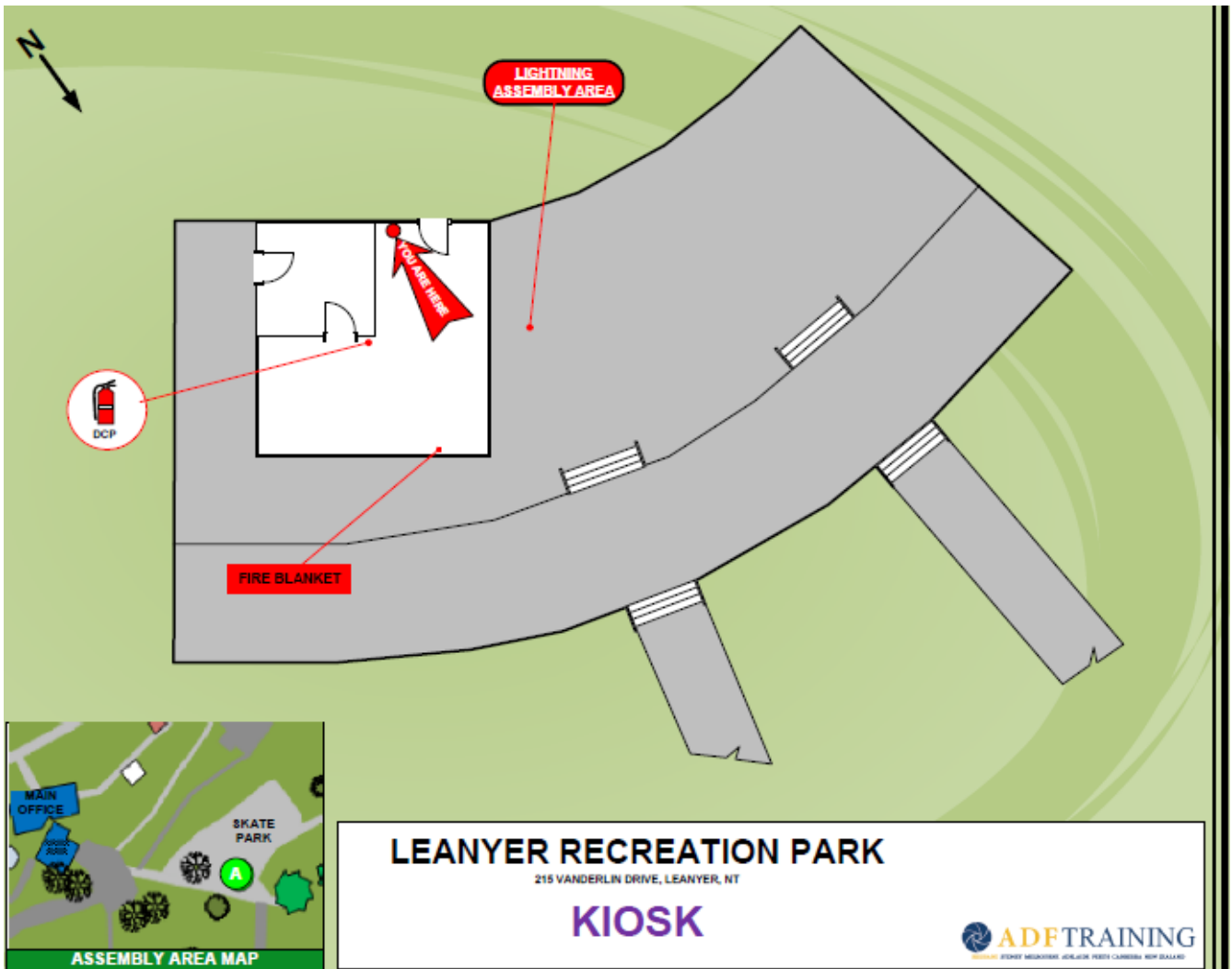


## ASSEMBLY AREAS

The primary Evacuation Assembly Area for all persons evacuating this site is in the Skate Park Area as indicated below



The Lightning Assembly Area for all persons evacuating this site is the Undercover Kiosk Area.



# YMCA MAJOR INCIDENT AND ACCIDENT FORM

1. INCIDENT/ACCIDENT DETAILS:

DATE:	DAY:	TIME:	AM / PM
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SUMMARY OF INCIDENT / ACCIDENT:

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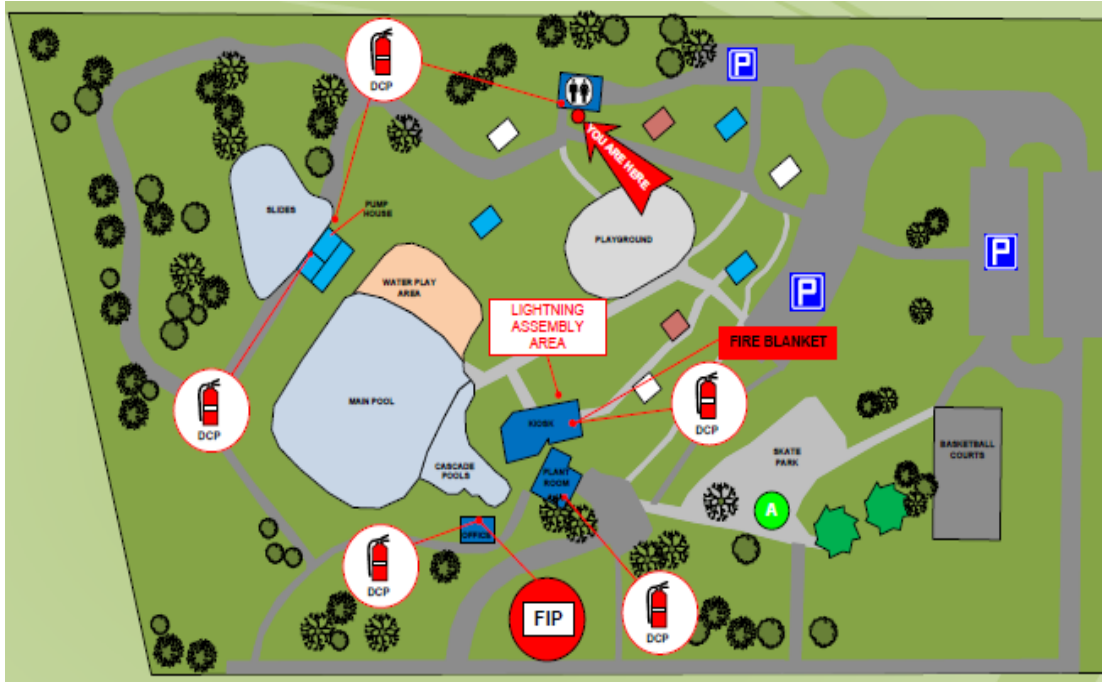
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LOCATION OF ACCIDENT/INCIDENT:

Circle where accident/incident occurred and place 'x' where staff were situated:



**2. PATIENT DETAILS:**

NAME:		AGE:
ADDRESS:		
		P/CODE:
PHONE:	(HOME)	(BUS)

**3. RESCUER / FIRST AIDER DETAILS:**

NAME	POSITION HELD	SUMMARY OF ACTION TAKEN

NAME OF DUTY MANAGER:
NAME OF AREA WARDEN:

**4. WITNESS DETAILS** – Please use the ‘YMCA Witness Statement/Report’ to record all witness details. Completed and Attached:  YES  NO

**5. ACTION TAKEN:**

EMERGENCY SERVICES CONTACTED (000): TIME: \_\_\_\_\_ AM / PM

AMBULANCE  FIRE  POLICE

Name of staff/personnel who called: \_\_\_\_\_

**DRABCD:**

**DANGER**

Assessment of Dangers: \_\_\_\_\_  
\_\_\_\_\_

**RESPONSE**

Did the patient respond verbally/physically?  YES  NO

Was the patient conscious?  YES  NO

**AIRWAY**

Was the airway clear?  YES  NO

**BREATHING**

Was breathing present?  YES  NO

**COMPRESSIONS**

Was CPR commenced?  YES  NO

**DEFIBRILLATOR**

Was a Defibrillator available?  YES  NO

Was a Defibrillator used?  YES  NO

What was the patient's colour?

- Normal  Pale  Grey
- Blue  Other: \_\_\_\_\_

**Was there foreign matter / loose objects in the patient's mouth / throat when first attended to?**

YES  NO

If YES, was it:

- Vomitus  Dentures  Other: \_\_\_\_\_

Were dentures loose?

- YES Upper / Lower / Partial (Please circle)
- NO
- Not worn

Was the patients jaw tightly clenched?

YES  NO

Did the patient regurgitate?

YES  NO

If YES, was it:

- Before treatment commenced  During Treatment
- After Treatment finished  Continuously

Were any medical personnel in attendance at any time during treatment?

YES  NO

If YES, describe their involvement: \_\_\_\_\_

Was the patient on medication for any condition?

YES  NO  NOT KNOWN

Was the patient perceived to be under the influence of drugs or alcohol?

YES  NO  NOT KNOWN

**IF CPR WAS PERFORMED – Complete Section 2**  
**IF OTHER INJURIES WERE PRESENT – Complete Section 3**

**6. RESULTS AND FOLLOW UP ACTION:**

DID THE PATIENT RECOVER?  YES  NO

If YES, did they recover before medical assistance arrived?

YES  NO

If YES, what hospital / medical institution was the patient transported to? \_\_\_\_\_

How were they transported?

- Ambulance  Police Vehicle

Private Vehicle                       Other: \_\_\_\_\_

**7. PERSONNEL CONTACTED:**

- Manager: \_\_\_\_\_
- Group Manager: \_\_\_\_\_
- Senior YMCA personnel: \_\_\_\_\_
- Group Risk Officer: \_\_\_\_\_

**8. COUNSELLING ARRANGED FOR STAFF/PERSONNEL INVOLVED:**

Was counselling arranged for staff/personnel involved?

- YES             NO

If YES, who was contacted:

**EASA (Counselling) – 1800 193 123**

**Other** \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

Who will be attending? \_\_\_\_\_

PERSON COMPLETING THIS FORM:	
POSITION HELD:	
ADDRESS:	P/CODE:
SIGNATURE:	DATE:

**SECTION 2 - PLEASE COMPLETE THE FOLLOWING IF  
CARDIO-PULMONARY RESUSCITATION (CPR) WAS PERFORMED**

Was there any difficulty in establishing or maintaining an airway?

YES       NO

If YES, was it because of:

Regurgitation       Clenched jaw       Shape of jaw

Other: \_\_\_\_\_

How long was it from when the incident/accident was first reported to when the first artificial breath was administered?

0-1 min       1-2 min       2-3 min       3-4 min

4-6 min       6-10 min       other: \_\_\_\_\_

How many operators were involved?

One       Two       Both

**Were any medical personnel in attendance during resuscitation?**

YES       NO

If YES, list name/s and contact details: \_\_\_\_\_

**How long was CPR performed?**

0-2 min       2-5 min       5-10 min       10-15 min

15-20 min       20-30 min       other: \_\_\_\_\_

Did the patient's color change during resuscitation?  YES       NO

If YES, describe changes: \_\_\_\_\_

Was oxygen equipment used?

YES       NO

If YES, what type of treatment?

Oxygen therapy       Oxy Viva       Oxy Sock

Air Bag       Other: \_\_\_\_\_

**Were any difficulties encountered with ventilation?**

YES       NO

If YES, was it because of:

Mechanical Device       Blocked airway       Other: \_\_\_\_\_

**Did the patient recover before emergency medical assistance arrived?**

YES       NO

**SECTION 4 - PLEASE COMPLETE THE FOLLOWING IF**

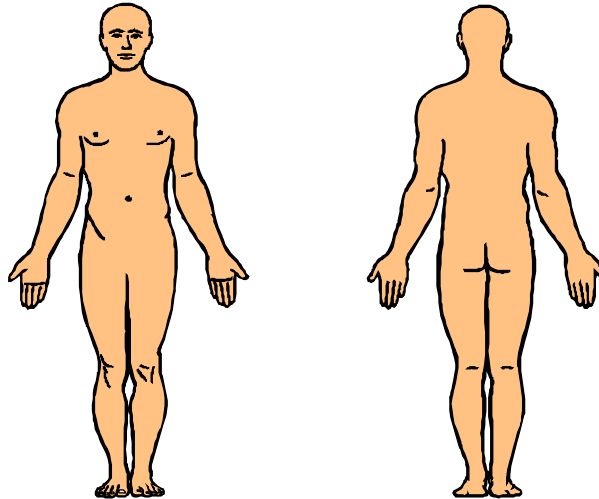
**OTHER INJURIES WERE PRESENT:**

**NATURE OF INJURY:**

- |   |   |
|---|---|
| <input type="checkbox"/> Suspected Spinal | <input type="checkbox"/> Suspected Fracture |
| <input type="checkbox"/> Dislocation      | <input type="checkbox"/> Laceration         |
| <input type="checkbox"/> Head Injury      | <input type="checkbox"/> Other: _____       |

**LOCATION ON BODY:**

Circle injured area:



**DESCRIBE ACTION TAKEN:**

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Ice Applied  | <input type="checkbox"/> Immobilisation | <input type="checkbox"/> Spinal Management |
| <input type="checkbox"/> Strapping    | <input type="checkbox"/> Splinting      | <input type="checkbox"/> Compression       |
| <input type="checkbox"/> Elevation    | <input type="checkbox"/> Oxygen Therapy | <input type="checkbox"/> Sling             |
| <input type="checkbox"/> Other: _____ |   |  |

TREATMENT ADMINISTERED: \_\_\_\_\_

\_\_\_\_\_

**PRIVACY DISCLAIMER:**

*The YMCA acknowledges and respects privacy of individuals. The information that is being collected on this form is for the purposes of providing and recording first aid rendered to you while in a YMCA facility.*

*The intended recipients of this information are the YMCA, its staff, insurers, and medical professionals (Ambulance Services), hospital, doctor & nurses.*

*You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth Privacy Act (Amended 2001) and YMCA Privacy Policy.*

*If you do not wish to have your information disclosed to a third party please tick the " OPT OUT" box below. It is important to note that if you choose to opt to not have your personal information transferred to medical professionals, your first aid treatment maybe restricted.*