



Department of Education and  
Early Childhood Development

# DEECD Emergency Management Plan

October 2010

*Every  
child,  
every  
opportunity*



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## Introduction

This document contains a template that includes the essential components of a good Emergency Management Plan, together with a number of appendices that facilities may find useful to include when preparing their plan.

Your Emergency Management Plan will serve as a practical action plan for your facility to follow in the event of an emergency situation.

Listed below are the components of a good Emergency Management Plan. Those marked with an asterisk are a minimum requirement and included in the Emergency Management Plan template. The remaining components not marked with an asterisk can be found in the appendices and may be included in your plan as necessary for your facility.

A copy of your completed EMP needs to be returned to your Regional Office.

## Components of the Emergency Management Plan



- **The sections marked with an asterisk \* are a minimum requirement for all facilities.**
- **An electronic copy of these sections is to be returned to your regional office by the end of December 2010.**
- **It is however important to ensure that your plan has as much of the following information included as possible:**

### ***Cover information\****

Include the name, address and other relevant information for your facility. This may be important for other agencies who are the recipients of a copy of the plan.

### ***Emergency Contact Lists\****

Include contact details for emergency services agencies, DEECD Regional and Central Offices, key contact numbers and emergency contact information for facility personnel.

### ***Facility Profile\****

A brief description of the facility, including numbers of children, what grades or age levels attend, how many buildings and rooms are on the property, how many staff etc. Be sure to include any unique situations or information such as other tenants.

### ***Risk Assessment\****

Complete the Risk Assessment Matrix found in Appendix A. This will establish the relative risks of the specific hazards and emergencies (as identified in these guidelines) that may impact on your facility.

## ***Incident Management Team\****

The Incident Management Team (IMT) puts one individual from the facility staff in charge of the emergency and decision-making process. This individual, typically the Principal or Licensed Children's Service on-site Manager/Director, is deemed the "Incident Controller".

## ***Site Plans\****

### **Area Map of the facility including evacuation routes**

A detailed Area Map including the facility's surrounding area must be included with your EMP. Include a map of the routes you will take to your primary and secondary external evacuation sites. These maps may also be gained from the internet.

### **Site Plan of the facility**

A detailed Site Plan including the facility's surrounding area must be included with your EMP. Internal sheltering in place locations should be clearly marked.

## ***Response to specific hazards: Evacuation/Relocation plans (Off-site and On-site Evacuations)\****

The plan must include contingency planning for all identified hazards, based on local context. Contingency planning must include whether lockdown, lockout or external/internal evacuation is required to address each hazard.

## ***Emergency Exercise and Drill schedule\****

Your facility must schedule emergency exercises and drills, such as getting to emergency evacuation points. The Emergency Exercise and Drill Schedule must be kept up to date as part of your EMP.

## ***Children and Staff with special needs list\****

This list should identify staff and students who may need additional assistance in the event of an emergency. It may identify individuals with disabilities, allergies or injuries who may require assistance or medication. It is important to keep this list up-to-date and to distribute new copies or amendments of the plan as it is updated. For example, a child who has recently broken their arm should be included on this list, and subsequently removed once they recover.

**IMPORTANT: Information of a sensitive medical nature should be retained by the facility for internal use only and not be distributed. While this list is a mandatory component of your Emergency Management Plan, sensitive medical details of staff and students should be removed from the copy of the EMP you return to Regional Office.**

## ***Emergency Kit Checklist***

It is important that your facility has an up-to-date list of the contents of the Emergency Kit. Refer to '**Appendix C**' for more information.

## ***Communications***

***Communications Trees:*** Also known as a call tree, this is a list of people and their titles and in what order they should be called during an emergency. Refer to '**Appendix E & F**' for more information.

***Post-Emergency Record:*** Refer to '**Appendix G**' for more information

***Bomb Threat Checklist:*** Refer to '**Appendix H**' for more information

## ***Distribution list***

The list should include every agency and/or staff person who has been given a copy of this plan. It is important to keep this list up-to-date and to distribute new copies or amendments of the plan as it is updated. Refer to '**Appendix M**' for more information.

# Emergency Management Plan

for

**(Insert name of facility)**

(Insert photo/logo of facility, if desired)

**Signature of School Principal or Licensed Children’s Service Director/Manager**

---

**Date: (insert date of publication)**

**Review Date One :( insert date for first annual review)**

**Review Date Two: (insert date for second annual review)**

## 1. In Case of Emergency

<b>Incident occurs</b>	<b>CALL</b>	<b>000</b>
	<b>CONTACT</b>	<p><b>Schools:</b></p> <p>Contact DEECD Emergency &amp; Security Management Unit (ESMU) on <b>(03) 9589-6266</b></p> <p><b>Licensed Children's Services:</b></p> <p>Contact your Children's Services advisor or the Emergency Management Coordinator at your regional office <b><i>insert relevant number.</i></b></p>

<b>Advise</b>	<u>WHO</u>	<ul style="list-style-type: none"> <li>✓ The number and name/s of persons involved.</li> <li>✓ Name of the person reporting the emergency/critical incident.</li> </ul>
	<u>WHAT</u>	<ul style="list-style-type: none"> <li>✓ The nature of the emergency/critical incident.</li> </ul>
	<u>WHEN</u>	<ul style="list-style-type: none"> <li>✓ The time you became aware of the emergency/critical incident.</li> </ul>
	<u>WHERE</u>	<ul style="list-style-type: none"> <li>✓ The location of the emergency/critical incident and contact phone numbers if the emergency/critical incident is away from the school.</li> </ul>

<b>Report</b>	<ul style="list-style-type: none"> <li>✓ Verify all details of reportable incidents on receipt of the IRIS incident report forwarded to the school.</li> <li>✓ Follow EduSafe guidelines for non-student related reportable injuries: <a href="http://www.education.vic.gov.au/hr/ohs/edusafe">www.education.vic.gov.au/hr/ohs/edusafe</a>.</li> <li>✓ Follow WorkSafe guidelines for school-related reportable injuries.</li> <li>✓ Note: Details relating to DEECD Incident Reporting Requirements can be found under Section 6.15.1 of the Victorian Government Schools Reference Guide.</li> </ul>
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## 2. DEECD Regional and Central Office numbers



Complete the following table and post this information near your telephone.

Group	Phone Number	Contact name
Regional Office		
Regional Director		
Emergency Management Coordinator		
Regional Network Leader		
Assistant Regional Director/ Manager(s) Operations		
Assistant Regional Director/ Manager(s): Children's Services		
Regional Manager(s) Student Services		
Children's Services Advisor		
Central Office		
DEECD media unit		
Emergency & Security Management Unit		
Employee Health Unit		



### 3. Emergency numbers & Key contacts



Display a copy next to your telephone or prominently on the wall nearby

Identify the resources in your local community that can assist during and after an emergency. Consult your local shire/council, telephone books, or the CFA. Divide up the list and contact each resource or agency listed to obtain information about their services.

Group		Phone Number
Police	Life-threatening or time critical emergency	<b>000</b>
	Non-life threatening incident	<b>000</b>
	Local Police Station	
Ambulance		<b>000</b>
Fire Services Authority MFB/CFA		<b>000</b>
State Emergency Service		<b>132 500</b>
Hospital(s)		
Gas (check for local number)		
Electricity (check for local number)		
Water Corporation (check for local number)		
Department of Human Services (Regional Office)		
Department of Human Services- Child Protection (Regional Office)		
Local Government		
EPA		<b>(03) 9695 2722</b>
DEECD Regional Office		
Emergency Management Services Unit (ESMU)		<b>(03) 9589 6266</b>
Other		

#### 4. Emergency Contact Information - Facility personnel

Role	Name	Phone No. (Daytime)	Phone No. (Mobile)	Phone No. (After Hours)
Principal / Director				
Assistant Prin. 1				
Assistant Prin. 2				
Assistant Prin. 3				
Facility Psychologist				
Year leaders				
Year ____				
Year ____				
Year ____				
Year ____				
Facility Nurse				
Chaplain				
OHS Officer				
School Council President/ Committee Chair				
Licensee				
Other				

## 5. Facility Profile



Complete this profile to reflect your Facility's profile. There is no need to fill out all of the sections, only those that are relevant to your facility.

The facility profile is a brief description of the facility, including what grades or age levels attend, how many buildings and rooms are on the property, how many staff, etc. Be sure to include any unique situations or information, such as other tenants. Include the location and identification of external doors. A copy of this form must be contained within your EMP.

### FACILITY PROFILE SUMMARY

Name of Facility:	Hours of Operation:
Facility Address:	Numbers
	Children:
	Children with disabilities:
Facility Phone:	Staff:
Facility Fax:	Floors: <i>fill this in only if required</i>
<b>After Hours emergency Contact:</b> Name: Phone:	Classrooms: <i>fill this in only if required</i>
	Portables: <i>fill this in only if required</i>

### PERSONNEL INFORMATION

Position	Name	Office Phone	Mobile Phone
Principal/Manager			
Assistant Principal/Other			

### BUILDING INFORMATION

Alarms		
Type	Location	Shutoff Instructions
Fire	<i>fill this in only if required</i>	
Intrusion	<i>fill this in only if required</i>	
Other	<i>fill this in only if required</i>	

Telephones		
Location	Type	
Utilities		
Type	Location	Shut off Instructions
Gas / Propane	<i>fill this in only if required</i>	
Water		
Electricity		
Sprinkler System		
Control Valve Location	<i>fill this in only if required</i>	
Shutoff Instructions	<i>fill this in only if required</i>	
Boiler Room		
Location	<i>fill this in only if required</i>	
Access	<i>fill this in only if required</i>	
Roof Access		
Location	<i>fill this in only if required</i>	
Access	<i>fill this in only if required</i>	
Emergency Power System		
Type	<i>fill this in only if required</i>	
Location	<i>fill this in only if required</i>	
Provide Power To	<i>fill this in only if required</i>	
Shutoff Instructions	<i>fill this in only if required</i>	
On Site Hazards		
Hazard – e.g. Science Lab	Location	
<i>fill this in only if required</i>		

## 6. Priority Risks Schedule

The estimated levels of risk are prioritised into a list of the risks requiring further action. Insert each of the hazards into the appropriate coloured Priority Box. Refer to the Risk Assessment Matrix (Appendix A).

<b>Priority</b>	<b>Hazard specific risks</b>
<b>Very High</b>	<i>Insert the very high risks if any here</i>
<b>High</b>	<i>Insert the high risks if any here</i>
<b>Moderate</b>	<i>Insert the moderate risks if any here</i>
<b>Low</b>	<i>Insert the low risks if any here</i>

## 7. Incident Management Team

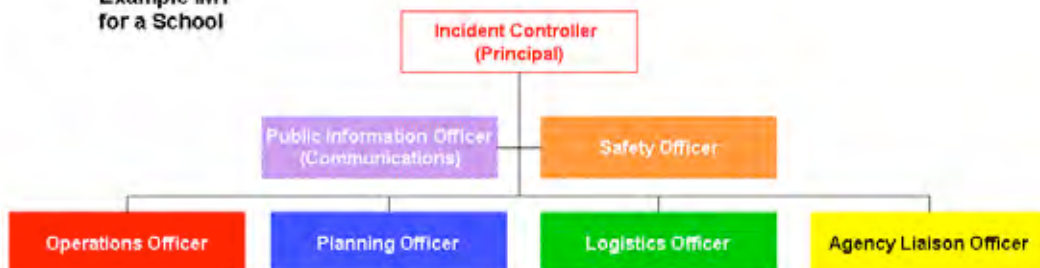


Your Incident Management Team (IMT) must suit your facility and staffing resources. Every IMT needs a clearly designated Incident Controller, with (if possible) subordinates assigned to maximise the safety of students and staff. The focus of the IMT is to clarify roles and responsibilities for the sake of safety.

Insert your facility's Incident Management Team structure here. You can use the templates provided in Appendix D as a guide, or you can insert your own.



**Example IMT for a School**



**Example IMT for a Children's Service Facility**



## IMT Members and Tasks



Complete the following table to reflect the roles and responsibilities allocated at your facility.

IMT Member	Tasks	Name of staff member and contact details	Name of 'Back up' staff member and contact details
<b>Incident Controller</b>	In charge of overall management of emergency situation	[Insert name, after hours number and mobile phone number]	[Insert name, after hours number and mobile phone number]
<b>Communication Officer</b>	All media/internal & external information management/ will be supported by regions/DEECD media unit	[Insert name, after hours number and mobile phone number]	[Insert name, after hours number and mobile phone number]
<b>Operations Officer</b>	Student care/ensuring adherence to school protocols, procedures	[Insert name, after hours number and mobile phone number]	[Insert name, after hours number and mobile phone number]
<b>Logistics Officer</b>	Responsible for securing materials, resources, services, additional staff	[Insert name, after hours number and mobile phone number]	[Insert name, after hours number and mobile phone number]
<b>Planning Officer</b>	Collects and evaluates information related to development of incident/status of resources	[Insert name, after hours number and mobile phone number]	[Insert name, after hours number and mobile phone number]
<b>Child Monitor</b>	Student care/ensuring adherence to school protocols, procedures	[Insert name, after hours number and mobile phone number]	[Insert name, after hours number and mobile phone number]
<b>Information Person</b>	All media/internal & external information management	[Insert name, after hours number and mobile phone number]	[Insert name, after hours number and mobile phone number]
Other IMT Member	Tasks	Name of staff member and contact details	Name of 'Back up' staff member and contact details
[Other]	{Insert tasks}	[Insert name, after hours number and mobile phone number]	[Insert name, after hours number and mobile phone number]
[Other]	{Insert tasks}	[Insert name, after hours number and mobile phone number]	[Insert name, after hours number and mobile phone number]
[Other]	{Insert tasks}	[Insert name, after hours number and mobile phone number]	[Insert name, after hours number and mobile phone number]

## 8. Area Maps and Site Plans



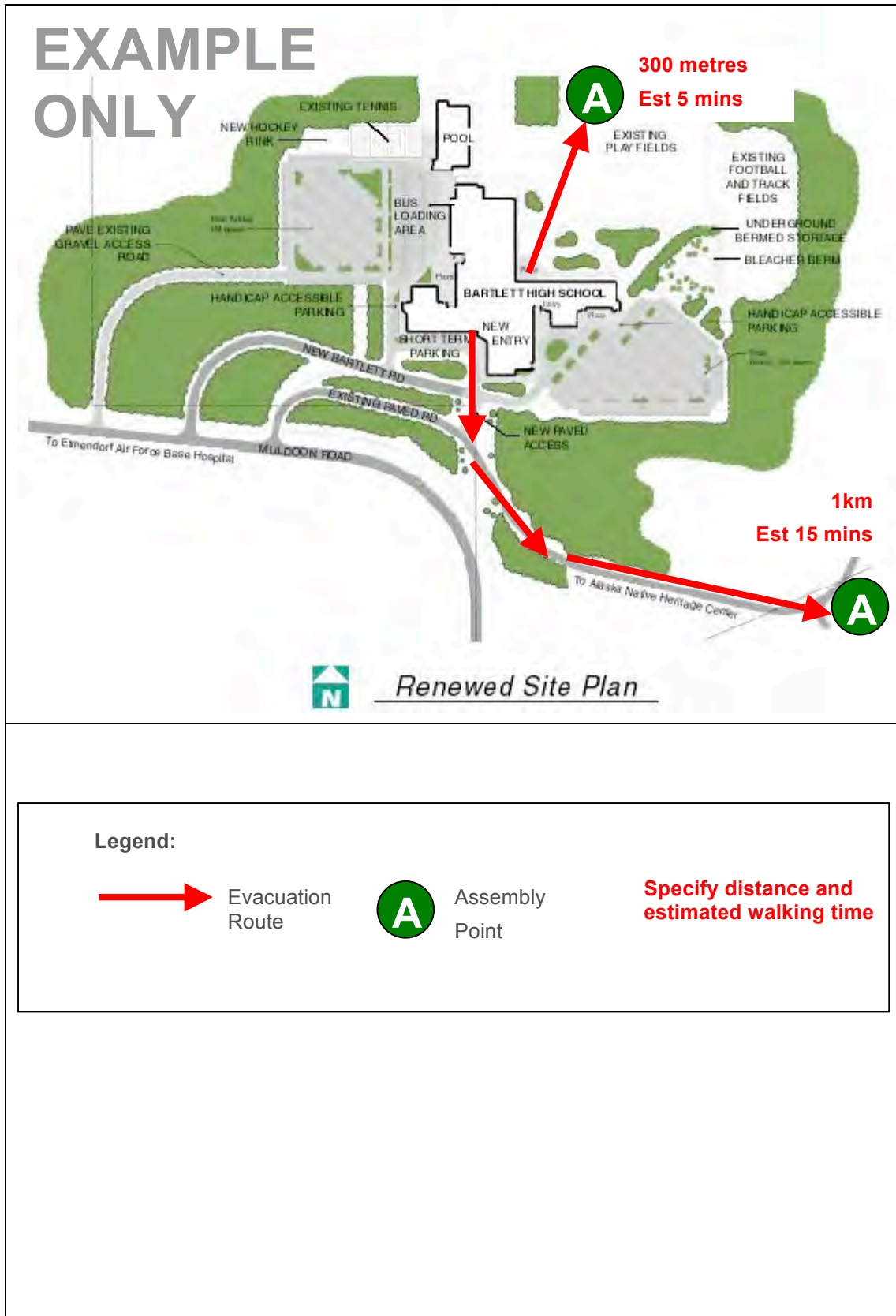
**Insert a detailed Area Map of the facility and its surrounding area. Such a map should show external evacuation routes and destinations. A minimum of two external evacuation points will be required.**

A detailed Area Map including the facility's surrounding area should be made available to your DEECD regional office. This map will also be made available to emergency response agencies. These maps may be obtained from the internet. The Map should show:

- *Evacuation assembly areas*
- *Evacuation routes*
- *Surrounding Streets*
- *Major Landmarks*
- *Exit points*



## Area Map



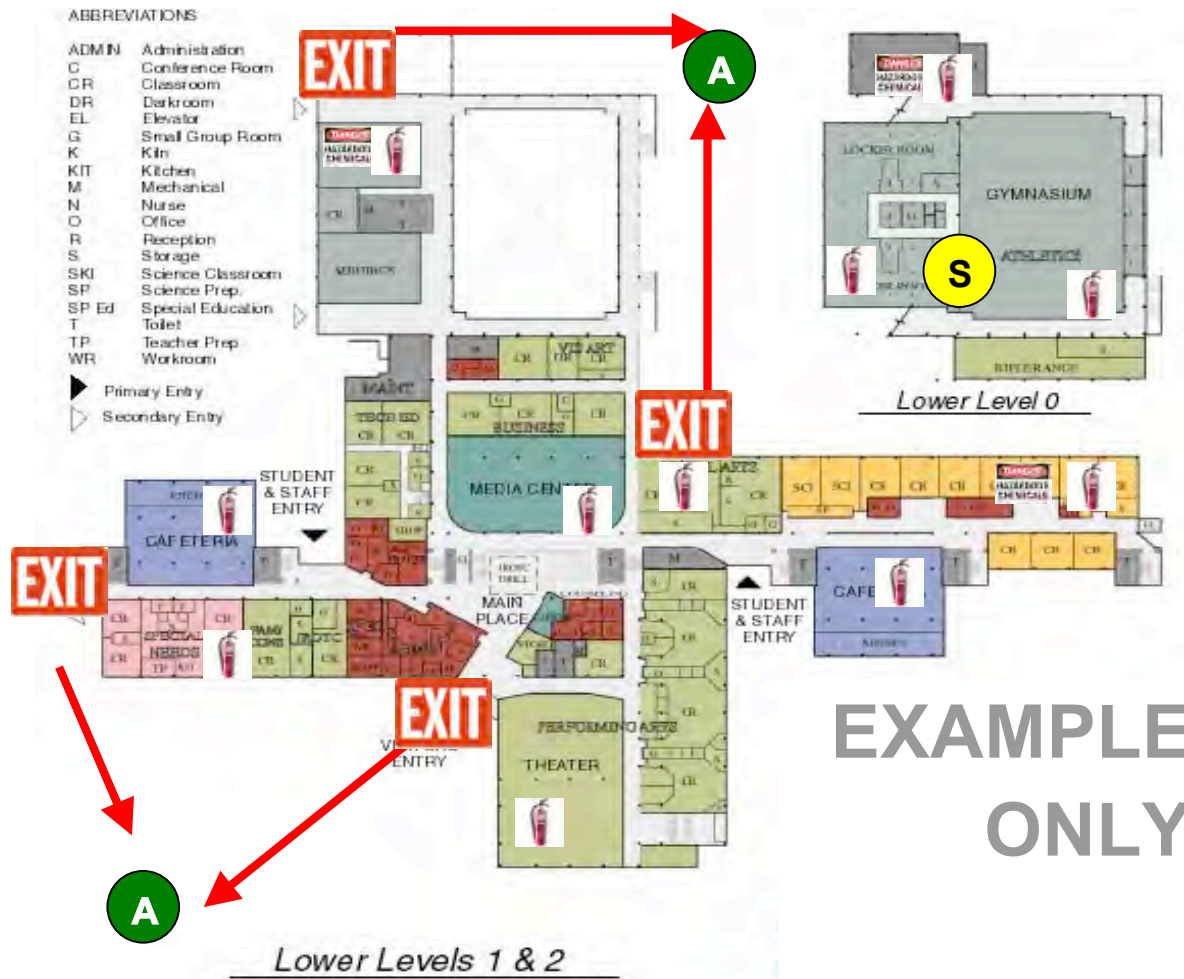
## Site Plans



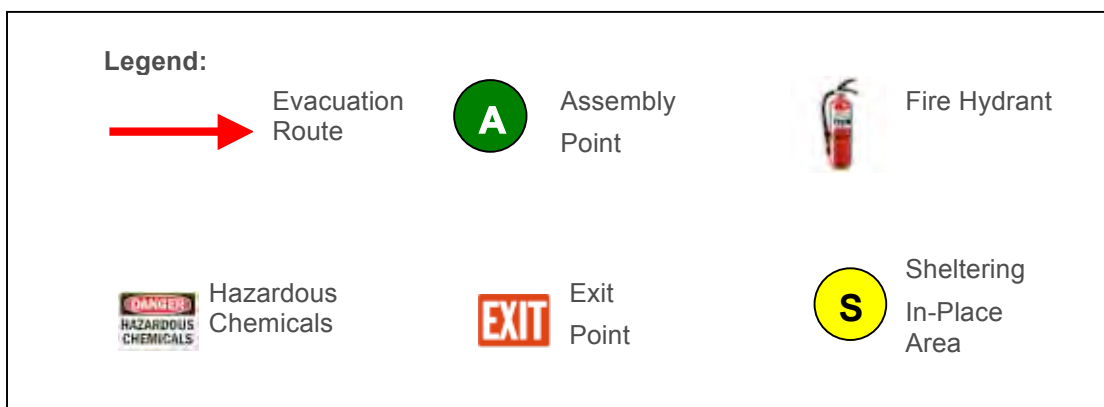
Insert a detailed Site Plan or Floor Plan of the facility

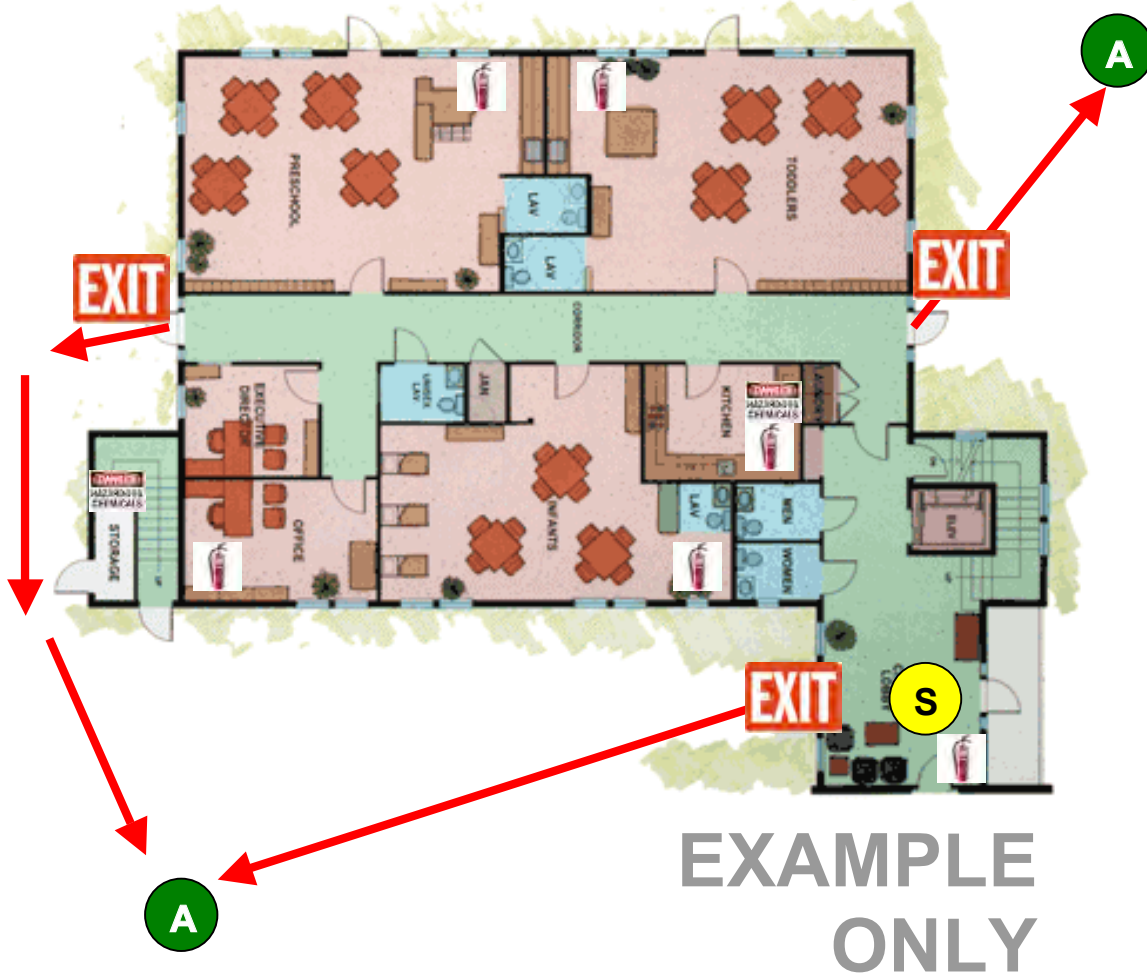
The plan should show:

- *A brief description of the site*
- *Evacuation routes*
- *Exit points*
- *Hazardous chemical locations*
- *Evacuation assembly areas*
- *Sheltering in place areas*
- *Emergency equipment, fire services etc*









### Example Site Plan for a School





*Example Site Plan for a Licensed Children's Service*

**Legend:**

	Evacuation Route		Assembly Point		Fire Hydrant
	Hazardous Chemicals		Exit Point		Sheltering In-Place Area

## 9. Evacuation plan



Designate two assembly areas:

- Where you assemble outside the building depends on your facility but it should be at least 150 metres from the building
- Some emergencies may require you to move children further than 150 metres. In this situation, find a safe alternative in reasonable distance from your building.

### Recommended Steps for Evacuation

1. Senior person on site takes charge and decides who does what (activate your ICS);
2. Call 000;
3. Inform Emergency Services of the nature of the emergency (i.e. “There is smoke in the building”);
4. Seek advice from ESMU, your Regional Office, Local Government Area or local Diocese.
5. If the decision to evacuate is made, using all available staff/volunteers calmly move/carry/walk the children out of the building; to your pre-determined outdoor assembly area if this is the evacuation option;
6. Take the children’s attendance list, staff roster and your Emergency Kit/First Aid kit;
7. Once at assembly area, check all children and staff are accounted for;
8. Call 000 and inform them of your location at the outdoor assembly area;
9. Focus on safety and well-being of staff and children; &
10. Wait for Emergency Services to arrive or for further information.

## OFF-site Evacuation Plan 1

- e.g. Internal fire, Gas leak, Chemical spill, Bush fire, Bomb threat, Flood.

Provide your facility's procedure to be followed in the event of an off-site evacuation (close to your facility)

### Initial Emergency Response Steps

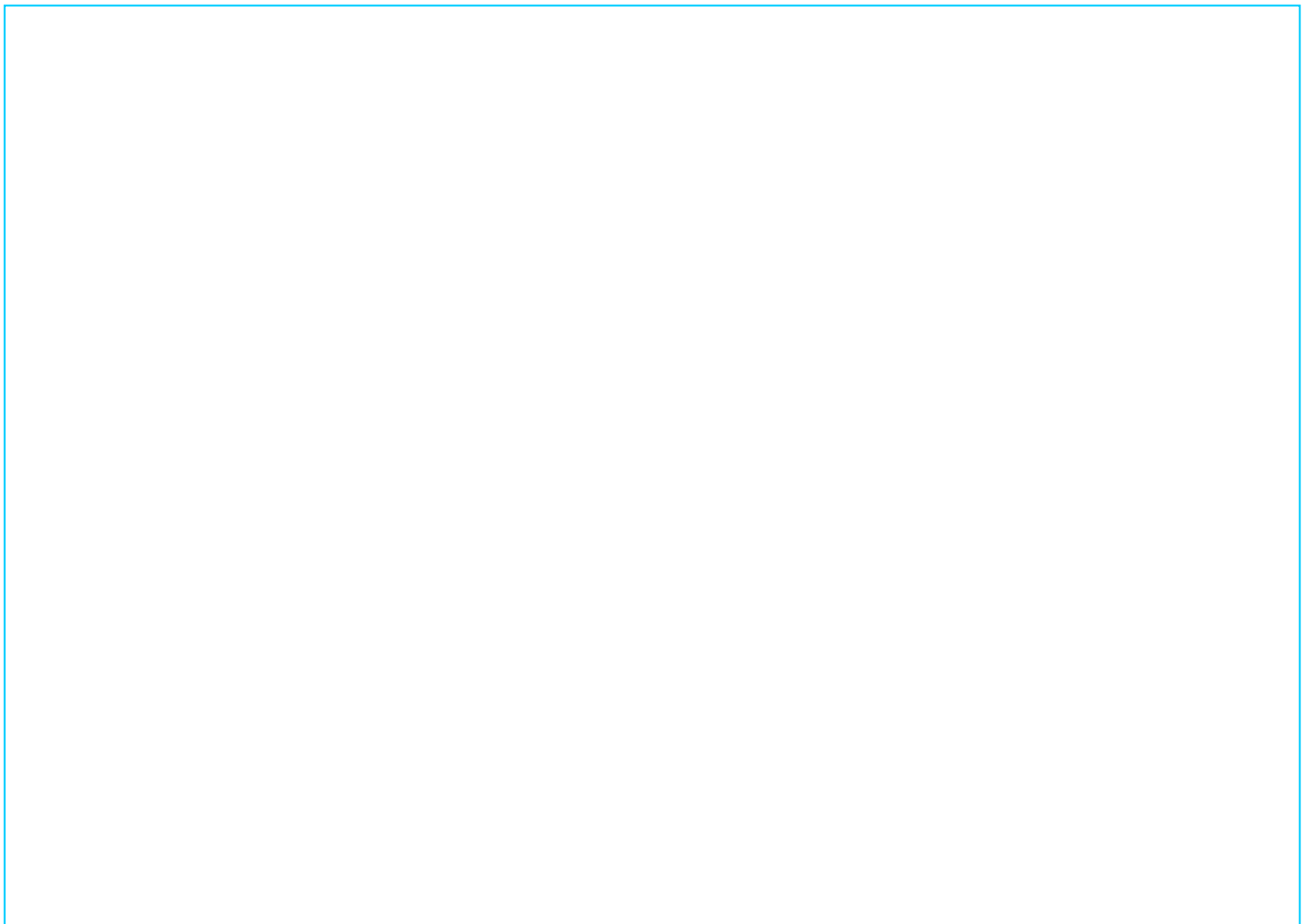


## OFF-site Evacuation Plan 2

- e.g. Internal fire, Gas leak, Chemical spill, Bush fire, Bomb threat, Flood.

Provide your facility's procedure to be followed in the event of an off-site evacuation (further away from your facility)

### Initial Emergency Response Steps



## 10. Facility emergency drills / training schedule



Complete the following table to schedule all training events throughout the year.

Months	Training Event	Person Responsible	Date(s) completed
January February			
March April			
May June			
July Aug			
September October			
November December			





# APPENDICES



## **Appendices**

APPENDIX A: Risk Assessment

APPENDIX B: Emergency Management Plan Exercise Record

APPENDIX C: Emergency Kit Checklist

APPENDIX D: Sample Incident Management Team structures

APPENDIX E: Communication trees - Schools

APPENDIX F: Communication trees – Licensed Children’s Services

APPENDIX G: Post-emergency Record

APPENDIX H: Bomb threat checklist

APPENDIX I: Parental Notification Form

APPENDIX J: In Case of Fire/Smoke

APPENDIX K: Lockdown Checklist

APPENDIX L: Bushfire Preparedness

APPENDIX M: Distribution List

APPENDIX N: Bus Coordinating Schools Emergency Contacts

## APPENDIX A: Risk Assessment



Complete the following Risk Assessment Matrix, which is a table that can be used for assessing the consequence and likelihood of risks:

Assess each of the following hazards and any others you think relevant:

- **Bushfires**
- **Severe storms and flooding**
- **Intruders**
- **Criminal Incidents**
- **Earthquake**
- **Bomb Threat**
- **School Bus Accident/Vehicle Incident**
- **Internal fires and smoke**
- **Pandemics and communicable diseases**
- **Incidents**
- **Hazardous Substance Release: Inside and Outside Facility Grounds**
- **Off-Site Facility Emergency**
- **Other**

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.

<b>Likelihood</b>	<b>Very High</b>	Insert Hazard	Insert Hazard	Insert Hazard	Insert Hazard
	<b>High</b>	Insert Hazard	Insert Hazard	Insert Hazard	Insert Hazard
	<b>Moderate</b>	Insert Hazard	Insert Hazard	Insert Hazard	Insert Hazard
	<b>Low</b>	Insert Hazard	Insert Hazard	Insert Hazard	Insert Hazard
		<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>Impact</b>					

## Priority Risks Schedule

The estimated levels of risk are then prioritised into a list of the risks requiring further action. Insert each of the hazards into the appropriate coloured Priority Box.

Priority	Hazard specific risks
Very High	<i>Insert the very high risks if any here</i>
High	<i>Insert the high risks if any here</i>
Moderate	<i>Insert the moderate risks if any here</i>
Low	<i>Insert the low risks if any here</i>



Complete the following Priority Hazards Table, which is a list of the top three Priority Risks for your facility obtained as a result of the analysis of the Risk Assessment Matrix.

## APPENDIX B: Emergency Management Plan Exercise Record

Item	Yes ✓	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:		

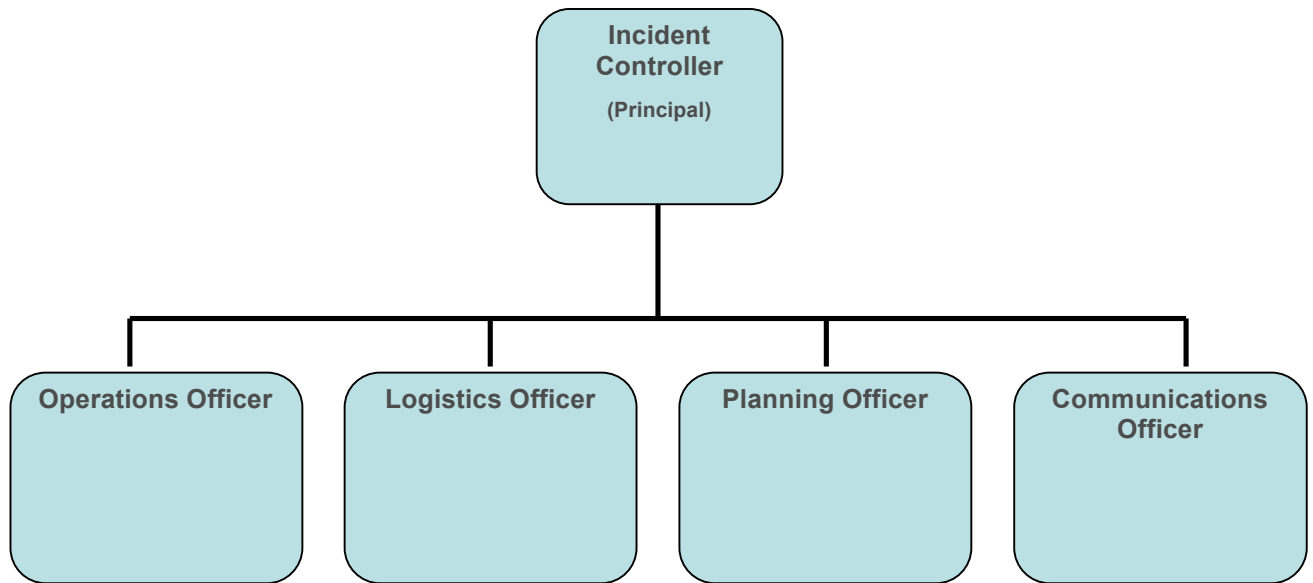
## APPENDIX C: Emergency Kit Checklist

Keep the Emergency Kit in a designated, easily accessible place. The Logistics Person in your IMT is responsible for making sure the contents are complete. If your attendance rolls are kept electronically ensure you have an updated printout available as you may not be able to access electronic information in the event of an emergency.

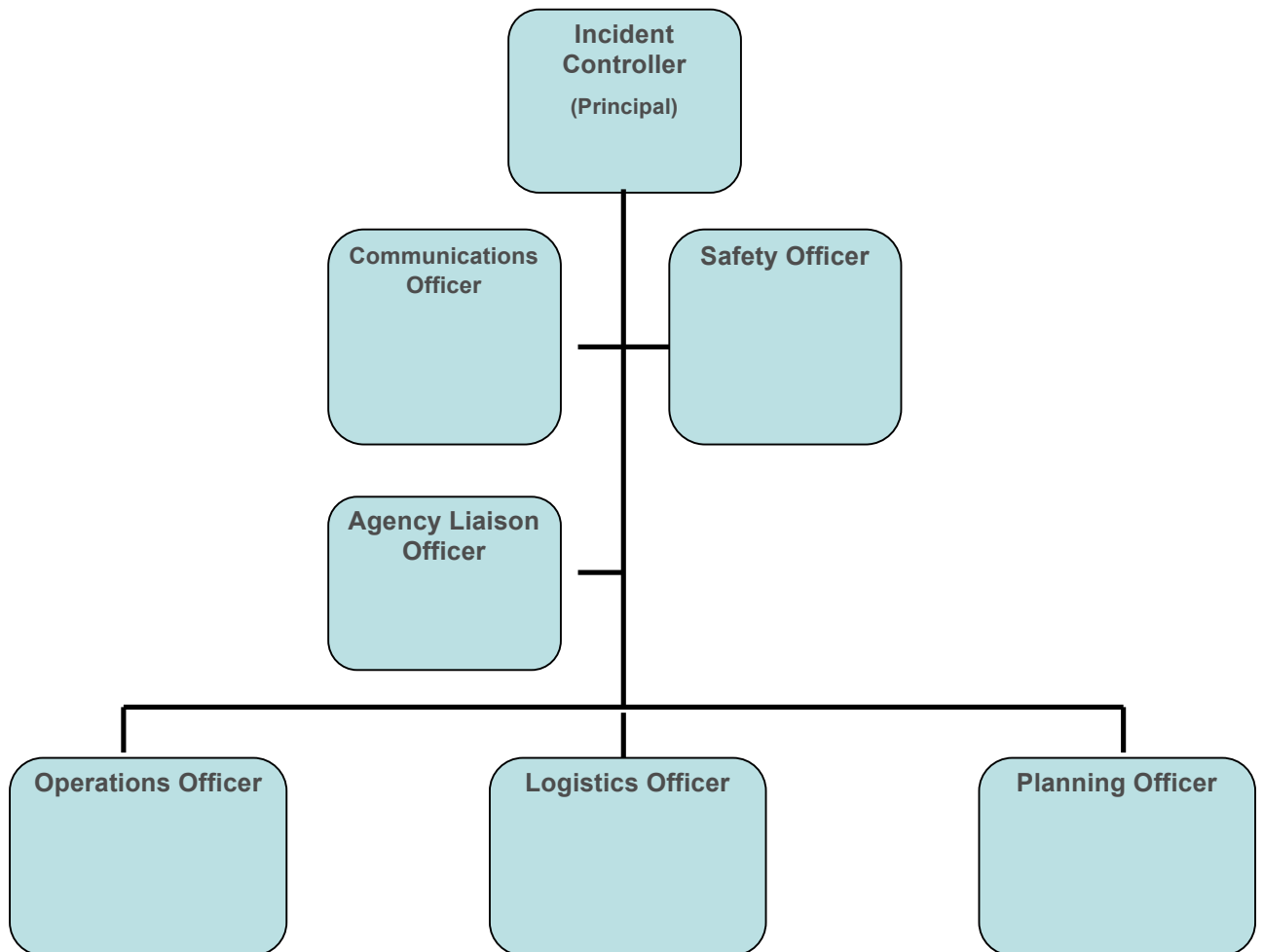
Have you:	✓
Child Data	
Children and staff with special needs list	
Child Release Forms	
Staff Data	
List of staff with emergency management or training skills	
Traffic safety vest and tabards	
Keys	
Standard portable First Aid kit with bandages, Savlon, antiseptic wipes	
Medical and Special needs list: children with asthma, allergies including Special medications e.g. asthma inhalers, EpiPens	
A charged mobile phone	
Torch with replacement batteries (or wind up torch)	
A megaphone	
Portable battery powered radio	
Bottled water	
Portable non perishable snacks such as sultanas, dried fruits, energy bars	
Copy of facility site plan and evacuation routes	
Sunscreen and spare sunhats	
Whistle	
Plastic garbage bags and ties	
Toiletry supplies	
Other	

## APPENDIX D: Sample Incident Management Team structures

### IMT Structure 1: Standard IMT for Schools

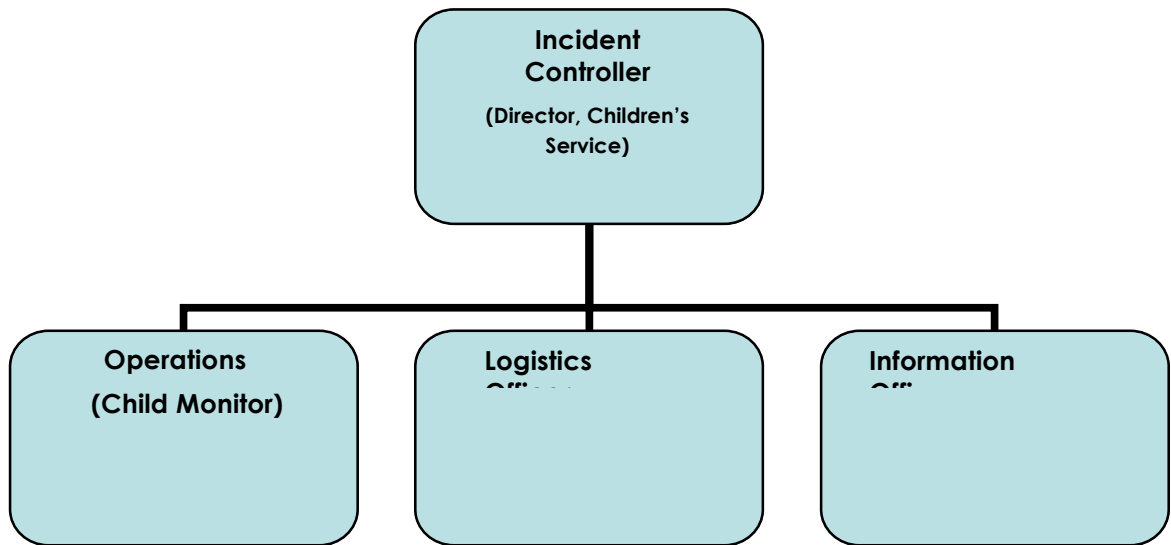


### Larger School

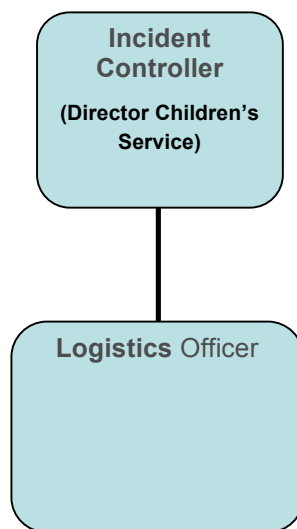




**IMT Structure 3: Small Children's Service**



**IMT Structure 3: Smaller Children's Service**

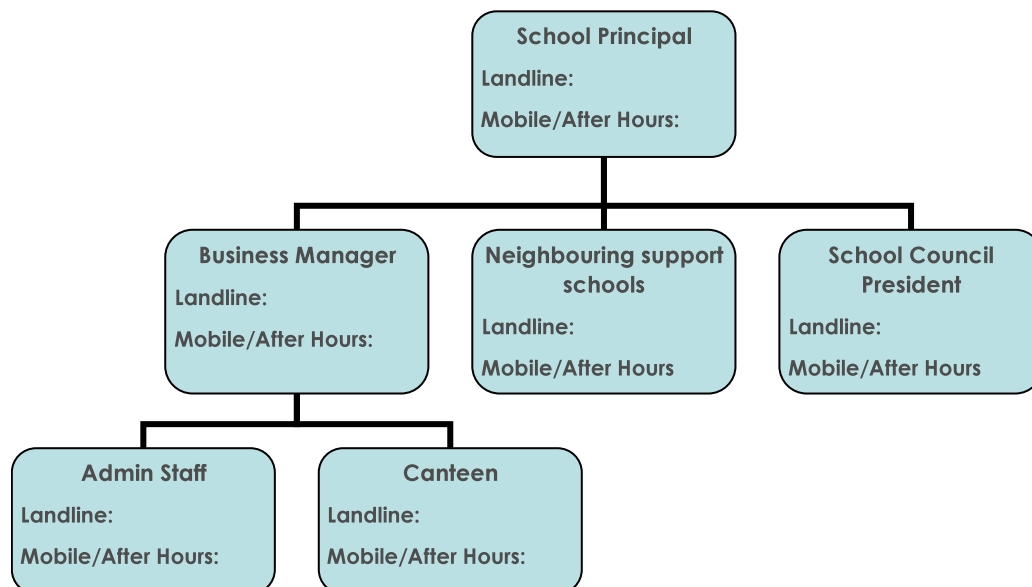
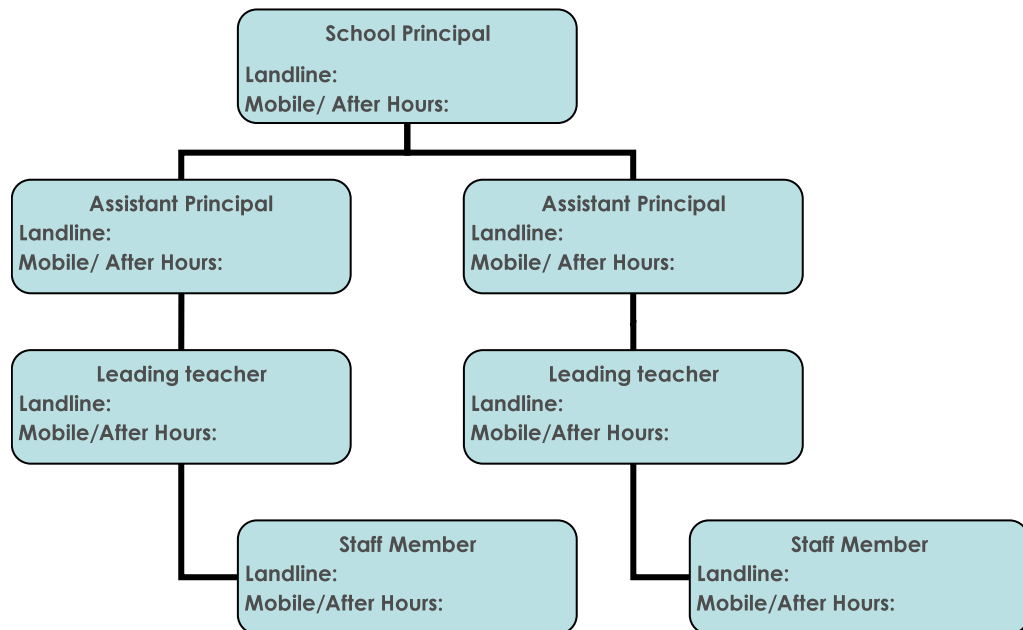


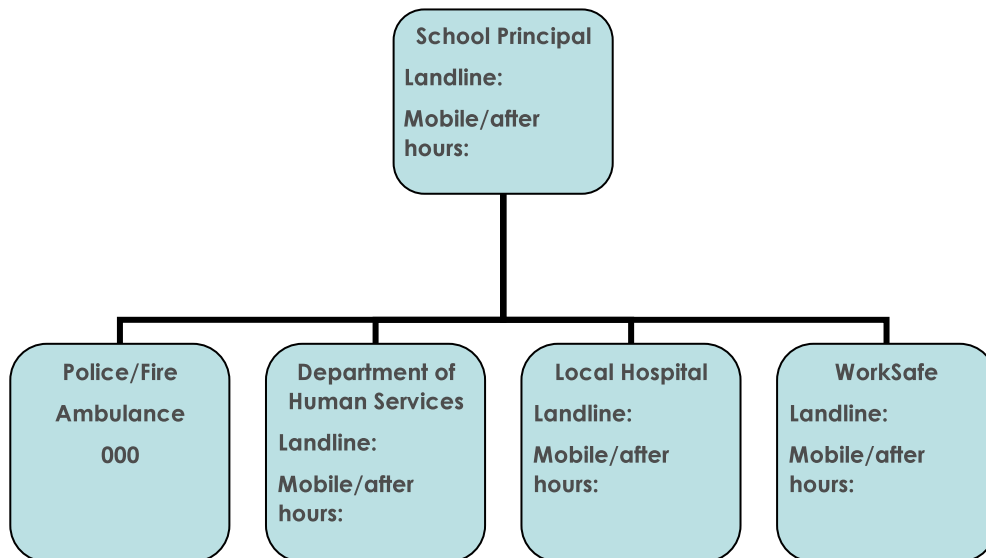
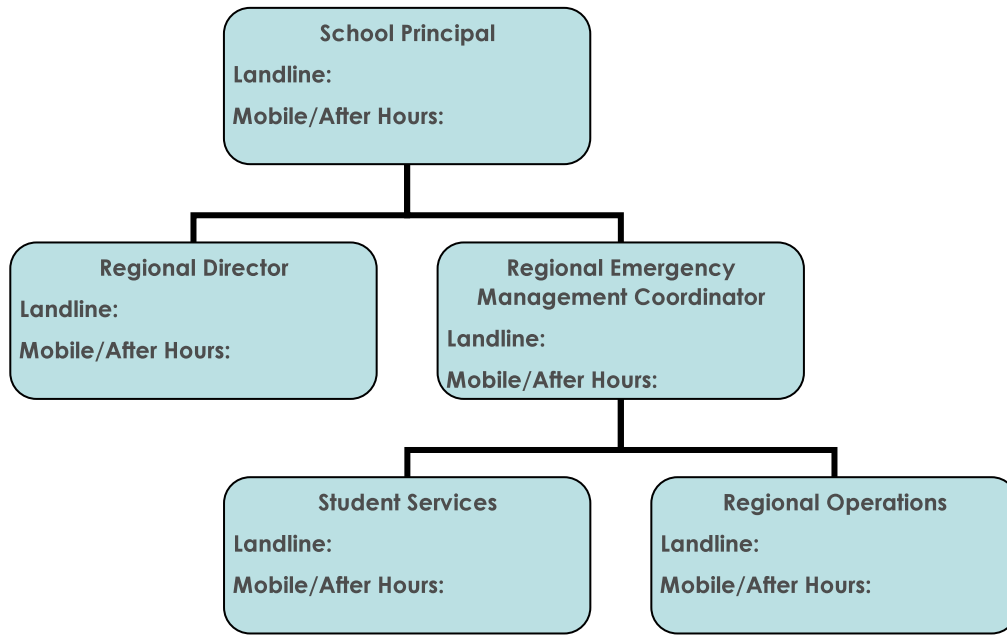
## APPENDIX E: Communication trees

### Schools

A telephone tree allows you to easily identify who will be in contact with whom during an emergency. Adapt this tree to identify which role you will make responsible for contacting parents.

### Sample School Communication Trees



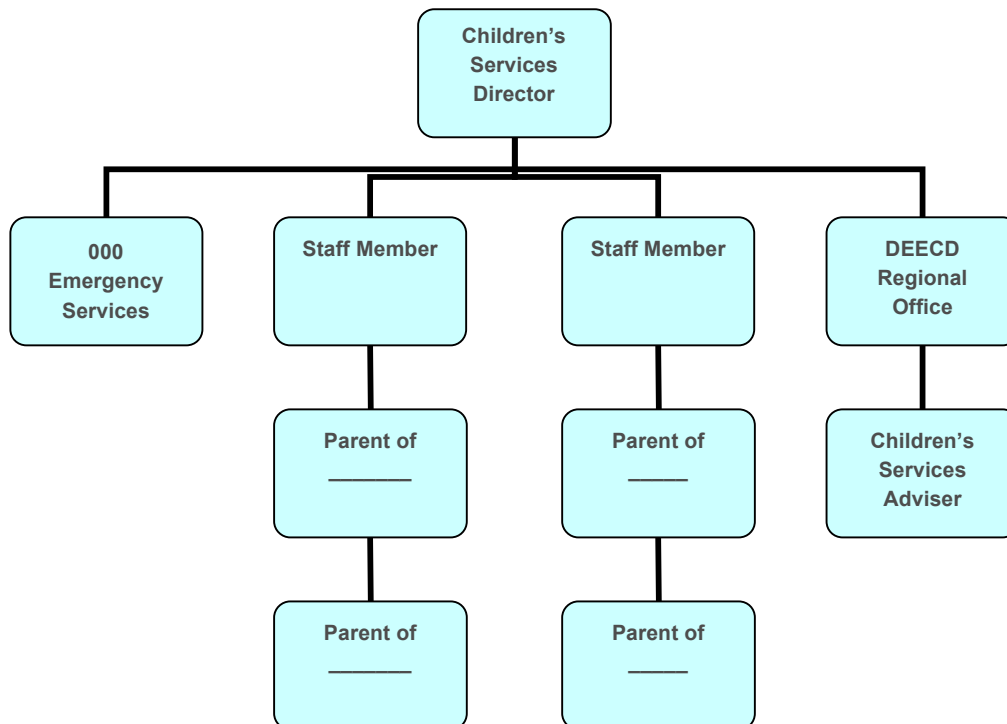


## APPENDIX F: Communication trees

### Licensed Children's Services

A telephone tree allows you to easily identify who will be in contact with whom during an emergency. At the top the Children's Services director or senior staff person calls, for example, a staff member who in turn calls two parents, and so on. For a telephone tree to work each person in the tree needs to know beforehand who they are responsible for calling. Below is an example. You will need to make your own tree based on your particular needs.

### Sample Licensed Children's Services Communication Tree



## APPENDIX G: Post-emergency record

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

## APPENDIX H: Bomb threat checklist

CALL TAKER		CALL TAKEN	
Name		Date:	Time:
Telephone #		Duration of call	
Signature		Number of caller	

Complete the following for a BOMB THREAT

QUESTIONS	RESPONSES
When is the bomb going to explode?	
Where did you put the bomb?	
What does the bomb look like?	
What kind of bomb is it?	
What will make the bomb explode?	
Did you place the bomb?	
What is your name?	
Where are you going?	
What is your address?	

**ACTIONS:** \_\_\_\_\_

**REPORT CALL TO:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

CHARACTERISTICS OF THE CALLER	
Sex of caller	
Estimated age	
Accent if any	
Speech impediments	
Voice (loud, soft, etc)	
Speech (fast, slow etc)	
Dictation (clear, muffled, etc)	
Manner (calm, emotional, etc)	
Did you recognise the voice?	
If so, who do you think it was?	
Was the caller familiar with the area?	

LANGUAGE		
<input type="checkbox"/> Abusive	<input type="checkbox"/> Taped	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Well Spoken	<input type="checkbox"/> Irrational	
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Message read by caller	

BACKGROUND NOISE		
<input type="checkbox"/> Music	<input type="checkbox"/> Local call	
<input type="checkbox"/> Machinery	<input type="checkbox"/> Long Distance Call	
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Other (specify)	



## APPENDIX J: 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:



**R**emove persons from immediate danger.



**A**lert nearby personnel and the Incident Controller, call 000.



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



**E**xtinguish or control fire – (if safe to do so).

- 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 K: Lockdown Checklist

### Actions during lockdown - Principal or Site Manager (Incident Controller)

Actions during lockdown	✓
Liaise with staff, other agencies and the Region in considering a lockdown.	
Activate lockdown using the predetermined activation signal.	
Advise Victoria Police and other appropriate emergency service agencies.	
Advise ESMU (Government schools only) on 24/7 hotline – 9589 6266.	
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 - Principal or Site Manager (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 these to children to take home.	
Advise the ESMU that the lockdown is over (Government schools only).	
Seek support from the Regional EM Coordinator as required.	
Brief staff on the incident.	
Ensure all personnel are made aware of Employee Assistance Program contact details.	
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) ✓	
▪	
▪	
▪	
▪	
▪	
<b>Signature:</b>	

## Appendix L: Bushfire Preparedness

All facilities should regularly review their Emergency Management Plans.

Checklist		✓
<input type="checkbox"/>	Check DEECD website for potential and actual closure notifications	
<input type="checkbox"/>	Check relevant Emergency Services website for current information	
<input type="checkbox"/>	Determine who is responsible for monitoring fire risk information and how	
<input type="checkbox"/>	Complete DEECD Strategic Engineering Risk Assessment Tool (SERA) and review any issues resulting from the assessment	
<input type="checkbox"/>	Review Emergency Management Plan prior to the official start of the bushfire season	
<input type="checkbox"/>	Ensure communication procedures are in place to contact parents/guardians in the event of closure or evacuation	
<input type="checkbox"/>	Allocate roles and responsibilities of Principals, staff and parents in executing emergency evacuation procedures	



## Appendix N: Bus Coordinating Schools Emergency Contacts



In the event of an emergency, Principals of Bus Coordinating Schools are responsible for final decisions on route cancellations and modifications. Complete the following table to reflect bus routes servicing your facility, and contact details for Bus Client Schools.

Bus Route	Schools Serviced	Contact Details	Areas Serviced
Route 776	Lake Valley Primary School	Principal: Luke Dawson Phone: 0411 111 111	Lake Valley
	Spring Gully Primary School	Principal: Mary Contrary Phone: 0422 222 222	Cheshire
Route 546	Tally Ho Primary School	Principal: Katherine Inthahat Phone: 0433 333 333	Armadale
	Villageville Primary School	Principal: Ched Flego Phone: 0444 444 444	Legadale