



Emergencies Management Plan

Emergency Evacuation – is the urgent immediate egress or escape of people away from an area that contains an imminent threat, and ongoing threat or a hazard to lives or property.

Education and Care Services National Law or Regulations (R.12, 85, 86, 87, 88, 89, 97, 136, 161 & 162) NQS QA 2: Element 2.1.2, 2.2.1 and 2.2.2

Element 2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.

Element 2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

Element 2.2.2 Plans to effectively manage incidents and emergencies are developed in consultations with relevant authorities, practised and implemented.

NOMINATED EMERGENCY PERSONNEL

Responsible person on day – Overall responsible – to complete paperwork once everything is back to normal

Nominated Health & Safety Officer: Hayley Clerk

Nominated Principal First Aid Officer for all emergencies: Nursery Educator

Nominated first aid officer in the absence of principal first aid officer: Floater

Evacuation Emergency Roles:-

Pre-kindy educator – grab phone/sign in tablet – on front counter

First Aid officer – grab emergency bag

Nursery educator – ensures children in evacuation cot are calm

Toddlers educator – head count/roll call

Responsible person – makes necessary phone calls

- a. emergency services
- b. approved provider
- c. emergency contacts

Whistles are hanging in each room:

Nursery & Toddlers: Next to **NOTICE BOARD**

Preschool & Pre-kindy: Next to **FIRST AID BOX**

Children's toilets: On the side of **SHELVING**

Verandah: Next to **FIRST AID BOX**

Playground: On **SHADESAIL POLE**

Laundry: On the inside of **BACK DOOR**

Car park: Above **HAND SANITISING STATION**

EMERGENCY BAG contents (Medicine box has to be locked box.)

- ✓ Contact numbers of emergency services, emergency contacts for children in care and staff members
- ✓ Basic First Aid kit **inclusive** of emergency medication such as Panadol, Ventolin and EpiPen
- ✓ Personal protective equipment
- ✓ Nappies, wipes, tissues & hand sanitiser
- ✓ Blanket
- ✓ A book/activity to distract children
- ✓ Water and cups
- ✓ Sun screen, insect repellent and an umbrella

Contents must be checked every drill.

Emergency contacts lists are current
Medicine, suncream and insect repellent not expired
Food & water within expiry/best before date



Emergency bag

The Emergency Bag is **attached to the evacuation cot.**



Emergency lockdown nominated personnel:-

Responsible person on day – Overall responsible – including completing paperwork once everything is back to normal

Pre-kindy educator turn off all lights

Preschool educator – close all blinds and lock doors

Nursery & Toddlers educators – guide children calmly into cot room

LOCKDOWN package

In cot room – under cot no 3

- ✓ Nappies & wipes
- ✓ Tissues
- ✓ Books
- ✓ Water
- ✓ Small first aid kit
- ✓ Potty



Sheet & blankets storage in cot room- 2nd shelf from bottom

SPILLS KIT contents – person noticing/identifying spill

Spill absorbent product – cat litter
Containment boom – flexible foam filled tubes
PPE – gloves, apron, safety glasses
Disposable bags
Disinfectant
Glen 20



Spill Kit stored in Children's bathroom – left hand side corner cupboard.

The evacuation procedure is practised by everyone every quarter and documented as stated in the policy.

1. Immediate but calm advise of emergency – RAISE ALARM
2. Assess dangers – TRY TO KEEP CHILDREN CALM AS MUCH AS POSSIBLE
3. Head count and make way to nearest exit point, move to designated assembly area
Key educators – ENSURE A SAFE EGRESS OF YOUR GROUP, HEADCOUNT EVERY 10 MINUTES
Nominated first aid officer – GET HOLD OF EMERGENCY FIRST AID EQUIPMENT, assist team as needed
Nominate responsible person – GRAB PHONE, and SIGN IN TABLET, CALL EMERGENCY SERVICES AS NEEDED, IF APPROVED PROVIDER IS AWAY, CALL APPROVED PROVIDER, assist team as needed

Emergency hotline: 000

Alternative emergency hotline (mobile): 112

Nearest medical centre: Vincentia Bay Medical: 4443 9888

Poisons Information Centre: 131126

Approved provider: 0492986475

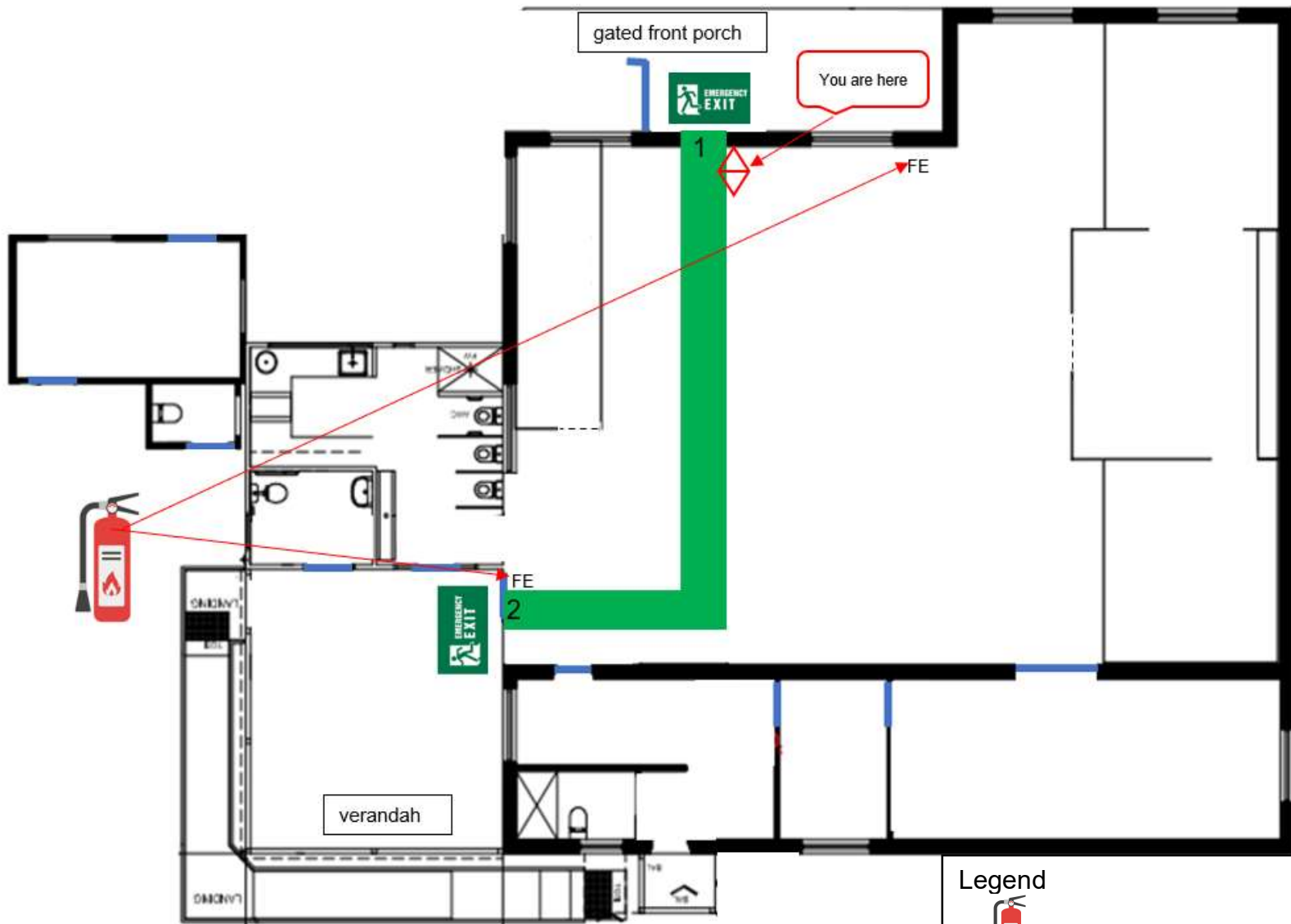
Contact emergency contacts of INJURED CHILDREN first

Contact emergency contacts of DISTRESSED CHILDREN next

Contact emergency contacts of ALL OTHER CHILDREN PRESENT next

Floater/Casual educators – ASSIST as necessary and once children are all safely gathered at meeting point, if safe, check the safety of centre pets

4. Once gathered at meeting place, WORK AS A TEAM – keep children calm, ENGAGE CHILDREN IN QUIET ACTIVITIES to minimise anxiety, ATTEND TO INJURED CHILDREN AND/OR COLLEAGUES, identify severity of injury and prioritise accordingly
5. Complete roll call
6. Wait for the 'all clear' from emergency services before re-entering the building
7. Complete necessary paperwork
8. Forward all documents to approved provider

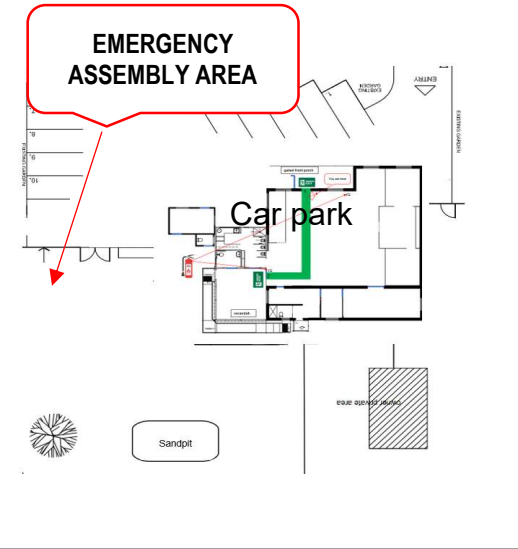


Emergency hotline: **000**
 Vincentia Bay Medical: **4443 9888**
 Poisons Information Centre: **131126**
 Approved provider: **0492986475**


Fire Emergency:
Remove everyone from immediate danger
Alert people in the nearby area, raise alarm
Contain the fire if safe to do so
Extinguish the fire only if trained & safe to do so


Evacuation Procedure:

1. Sound alarm
2. Guide children to safest exit
3. Head count
4. Grab required equipment
5. Head to emergency assembly area
6. Head count
7. Keep children calm
8. Call Emergency services
9. Head count
10. Wait for ALL CLEAR instructions



Legend

FE  Fire Extinguisher

 **EMERGENCY EXIT**

1. Exit to carpark
2. Exit to backyard

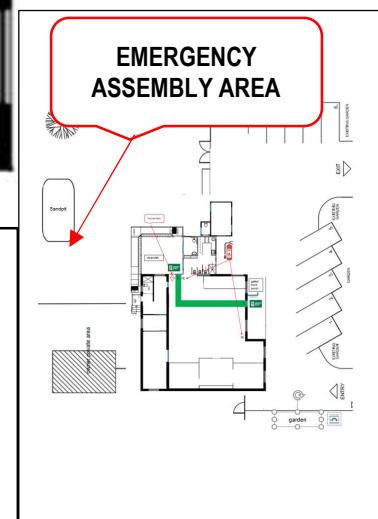
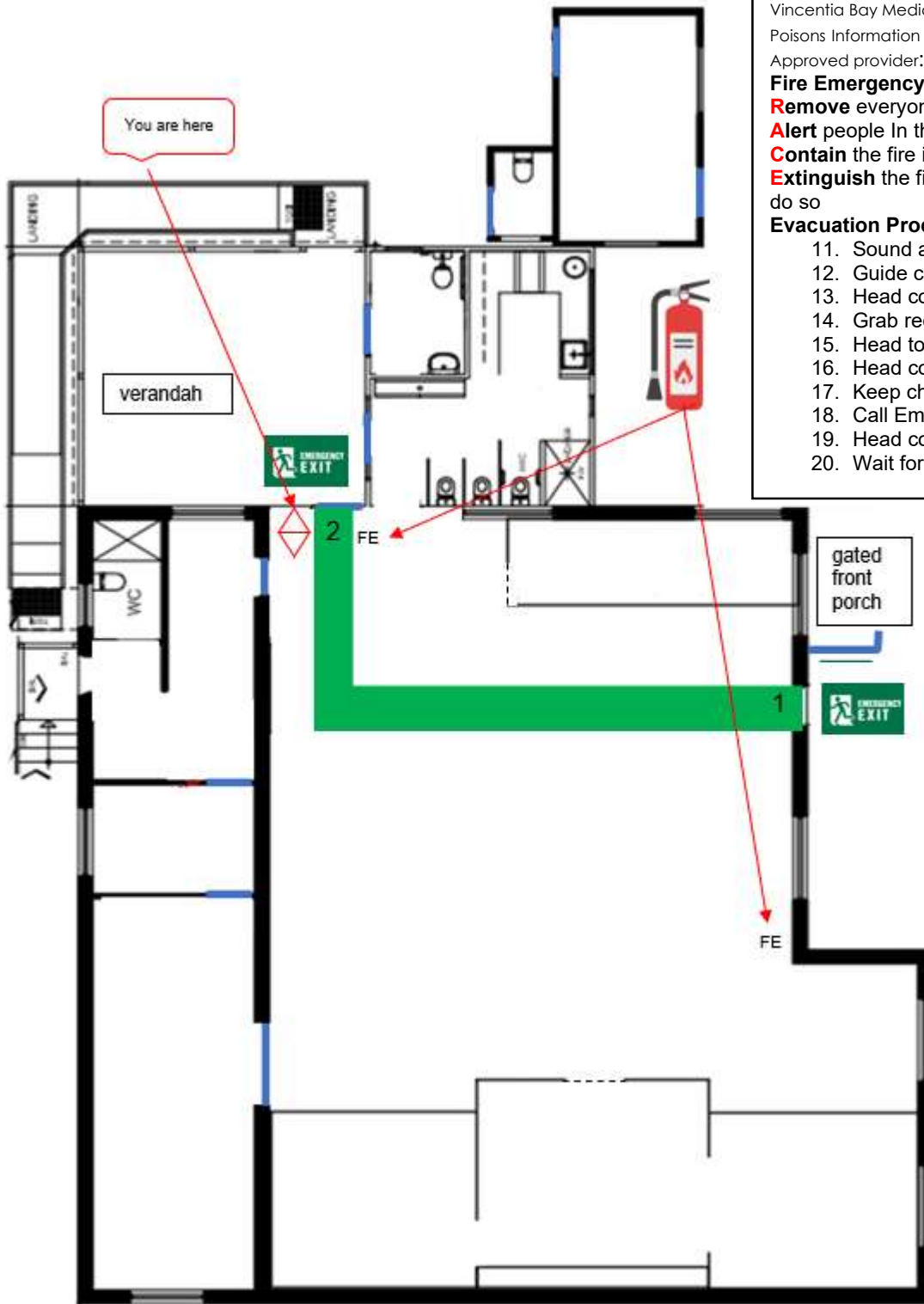
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Evacuation Procedure:

11. Sound alarm
12. Guide children to safest exit
13. Head count
14. Grab required equipment
15. Head to emergency assembly area
16. Head count
17. Keep children calm
18. Call Emergency services
19. Head count
20. Wait for ALL CLEAR instructions



Legend

 FE  Fire Extinguisher

 1. Exit to carpark
 2. Exit to backyard



EMERGENCY EVACUATION REHEARSAL

The emergency evacuation/lockdown plan is to be evaluated following each emergency evacuation rehearsal by assessing how well the plan was implemented and reflecting on areas for improvement.

Date of rehearsal	/ /	Type of emergency for evacuation rehearsal (Fire/Dangerous Spills)			
Emergency Identification			YES	NO	N/A
Initial response- Did the person who discovered the emergency alert other educators/staff/visitors?					
What method was used?					
Did educators direct persons from the building as per evacuation procedure?					
Were isolated areas searched?					
Was the rehearsal logical and methodical?					
Were job roles adhered to during the evacuation?					
Was a roll call conducted? 1. Children 2. Staff 3. Visitors					
Did anyone refuse to leave the building?					
Were the children calm during the rehearsal?					
What exit was used?					
Was the 1. emergency bag collected on the way? 2. mobile phone 3. medication 4. sign in tablet					
Was the door closed after everyone was out of the building?					
Was anything used out of the Emergency Evacuation bag?					
Who is responsible to replace any used items? By which date?					
Were parents/families informed about the rehearsal?					
Were there any family or community concerns about the rehearsal?					

EMERGENCY EVACUATION Reflection

What worked well during this rehearsal?

What did not work well during this rehearsal?

Future modifications: Effectiveness of the process, communications methods, children's anxiety, parent feedback etc.

Consultation with relevant authorities/stakeholders:

Time started		Time ended	
Date of last drill:		Date fire equipment/spill kit was checked:	
Is the emergency contact list current?		Are snacks and water in emergency bag within expiry date?	
Is signage adequate to help in emergencies?		Is the meeting place safe and unobscured?	
Responsible Person		Responsible Person's signature	
Full names of participating educators and staff			
Number of children:			
Next drill:			

FOLLOW UP:

Date:



LOCKDOWN

QA2 – Children’s Health and Safety

Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultations with relevant authorities, practised and implemented.

Related Policies: - Emergency and Evacuation

A lockdown may be required in the following instances but not limited to:

- children/educator being taken hostage
- a disaster in the local community
- an intruder
- aggressive, intoxicated and or drug affected persons
- toxic chemical spills
- dangerous animals
- non-custodial parent in attendance at the service – breaching current court orders.

Procedure

If lockdown is determined necessary,

- Raise appropriate alarm - inform all educators and staff present
- Close/lock windows and doors, switch off all lights
- If emergency services are required, nominated personnel to make the phone call
- Nominated emergency supervisor to make efforts to seal and lock all doors and windows whilst educators gather children in COT ROOM
- Head count and staff check
- Educators keep children calm, quiet and out of sight
- Everyone stays together in cot room until an ‘all clear’ is given
- Parents to be informed of incident to keep an eye out for children experiencing anxiety
- A report is to be prepared by the director for the approved provide to decide whether it is notifiable to the department.





EMERGENCY LOCKDOWN REHEARSAL

The emergency lockdown plan is to be evaluated following each emergency lockdown rehearsal by assessing how well the plan was implemented and reflecting on areas for improvement.

Date of rehearsal	/	/	Type of emergency for lockdown rehearsal (Weather Cond/Pests/Unauthorised person)		
Emergency Identification				YES	NO
Initial response- Did the person who discovered the emergency alert other educators/staff/visitors?					
What method was used?					
Was communication 'word' or 'signal' with all relevant staff effective?					
Decision to lockdown was made by Responsible Person/Approved Provider?					
What Emergency Services were contacted?					
Was communication with Emergency Services effective?					
Did the Emergency Lockdown Procedure effectively address the situation?					
Did all staff understand their roles as identified in the Emergency Lockdown Plan?					
Was the outside area checked to ensure no children, staff, visitors, or students were exposed to the danger?					
Were isolated areas searched?					
Where there areas that were potentially missed? Amend the plan as required. (kitchen, bathrooms)					
Was the rehearsal logical and methodical?					
Was the attendance record checked for					
1. Children 2. educators/staff member 3. visitors/volunteers/students?					
Were children with disabilities accounted for? Are there any modifications required to evacuate non-ambulant children more effectively?					
Did anyone refuse to participate in the lockdown rehearsal?					
Were the children calm during the rehearsal?					
Was anything used out of the Emergency Lockdown bag?					
Who is responsible to replace any used items? By which date?					
Were all doors in all rooms closed and locked?					
Were all curtains/blinds closed to limit visibility from outside?					
Was the 'all clear' given when the rehearsal was over?					
Did any staff member pre-empt the 'all clear' and allow children to continue playing?					
Were parents/families informed about the rehearsal?					
Were there any family or community concerns about the rehearsal?					

EMERGENCY LOCKDOWN Reflection

How can this plan be amended or improved?

Future modifications: Effectiveness of the process, communications methods, children's anxiety, parent feedback etc.

Consultation with relevant authorities/stakeholders:

Time started		Time ended	
Responsible Person		Responsible Person's signature	
Full names of participating educators and staff			
Number of children:			
Next drill:			

FOLLOW UP:

Date:



MANAGING SPILLS OF BLOOD AND BODY FLUIDS & OTHER DANGEROUS SPILLS

Body fluids include blood, faeces, urine, vomit, saliva, broken skin, mucous membranes and any other fluids that instigate from the human body.

Other dangerous spills refer to chemical spills or other spills that may pose a risk to the health and safety of children, staff and visitors.

Procedure:

1. Educators are to ensure children are supervised at all times
2. The responding educator is to comfort the child and move them to safety if required
3. Educators are to avoid contact with blood or body fluids and wear gloves when administering first aid and cleaning spills
4. The responding educator is to contact the first aid officer to administer first aid if required
5. Educators are to use tissues to wipe children's noses and thoroughly wash hands each time to reduce the spread of colds/germs
6. Educators MUST use disposable gloves
7. The first aid officer is to apply pressure to the bleeding area with bandage or paper towel. When the wound is no longer bleeding, remove gloves, paper towel and place in double sealed bag in a garbage bin away from children
8. If an educator comes into contact with blood or body fluid in the eyes, rinse the area gently, but thoroughly with water while the eyes are open. Report the incident to Nominated Supervisor/Responsible Person and complete an *Incident, Injury, Trauma and Illness Record* and seek medical advice
9. If an educator comes into contact with blood or body fluid in the mouth, spit it out and rinse the mouth with water several times, spitting the water out each time. Report the incident to Director/Nominated Supervisor and complete an *Incident, Injury, Trauma and Illness Record* and seek medical advice
10. Person attending to the injury is to complete an *Incident, Injury, Trauma and Illness Record* and notify the parent/guardians.

CLEANING THE SPILL

Educators will: -

- ensure the blood or body fluid is dealt with as soon as possible
- manage the risk to other children and staff, if required move children to another area
- ensure standard precautions are applied, including wearing personal protective equipment (PPE) such as disposable gloves, eye protections, plastic apron, face shield etc.
- remove as much blood or body fluid as possible with paper towel, for larger spills, place paper towel over the spill and allow spill to soak into towel
carefully remove paper towel and any solid matter, place into a sealed plastic bag with gloves and dispose in garbage bag
- clean the area with warm water and detergent using paper towel/disposable sponge, dispose of paper towel/disposable sponge and gloves into a sealed bag and place in garbage bag

warm water and detergent is adequate to clean surfaces for most small spills however if a spill is from a person who is known to have an infectious disease or involves blood, vomit or faeces, use a disinfectant to clean the surface with warm water and allow to dry.

disinfectant must remain on the surface for at least 10 minutes before rinsing

- ensure the area is left clean and dry with a caution/wet floor sign or barricaded from children and staff

For larger spills (more than the size of the palm of your hand)

- put on ppe
- cover the area with an absorbent agent (e.g., kitty litter or sand) and allow the spill to soaked in
- use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids
- carefully remove the paper towel and solid matter and place in plastic bag
- plastic bag should be double bagged and placed in the garbage bin
- remove gloves and place in garbage bin
- mop area with warm water and detergent; wash the mop after use
- using gloves, wipe area with diluted bleach and allow to dry
- dispose of gloves in garbage bin
- wash hands thoroughly with soap and warm water

Using bleach for cleaning:-

Read and follow the safety and handling directions on the label

Dilute bleach according to directions

Wear gloves when handling and preparing bleach

DO NOT

Use bleach in a spray bottle

Use hot water to dilute bleach

Mix bleach with other chemicals

BOMB THREAT CHECKLIST (Keep near all telephone sets)

STAY CALM and ask the following questions:

- 1. When is bomb going to explode? _____
- 2. Where is it? _____
- 3. What does it look like? _____
- 4. What kind of bomb is it? _____
- 5. What will cause it to explode? _____
- 6. Why? _____
- 7. What is your name? _____

CALLER'S VOICE: Calm Nasal Angry Stutter Excited Slow
 Rapid Deep Soft Loud Clearing Throat
 Laughter Deep Breathing Crying Cracking voice
 Disguised

THREAT LANGUAGE: Distinct Accent Well Spoken (educated) Slurred
 Familiar Whispered Taped
 Message read by threat maker Irrational

If voice is familiar, who did it sound like? _____

Write the Exact Wording of the threat: _____

BACKGROUND SOUNDS: Street noises Factory machinery Crockery
 Animal noises Voices PA System
 Static Music Long distance
 House noises Motor No noise
Other _____

CALLER INFORMATION: Sex of Caller: _____ Race/Dialect/Accent: _____ Age: _____

Date: _____ Time: _____

Number at which call is received: _____

Remarks: _____

Name and signature of person taking the call : _____ Position: _____