

# Medical Evacuation and Emergency Plan - Recreation Events pg.1

**Complete this form and return it with your Special Purpose Permit Application Form**

Name of Event Supervisor		Name of Safety Supervisor	
Will there be emergency services, a first aid provider and/or ambulance on site?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If not on site, how will emergency medical staff be notified?			
<input type="checkbox"/> Phone (land line)	<input type="checkbox"/> Phone (mobile)*	<input type="checkbox"/> Radio	
<input type="checkbox"/> Driving Victim to Hospital	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> * if Phone (mobile) have you checked that coverage is available from event location?			
Are there event staff or certified volunteers with first aid training?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, what level of training? <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> CPR			
Identify the Staff with training			
Is there a first aid kit on site?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will police or security services be on site?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, Who? (name of Police station or security firm)			
Are emergency medical staff at event site clearly identified?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
How?			
Are First Aid and emergency medical stations identified?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
How?			
Is there easy access for emergency medical staff and emergency vehicles?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
What is the designated emergency medical transportation?			
Who is the designated driver?	Name:		Phone Number:
Where is the nearest Hospital?	City	Ph:	KM: Minutes:

## Medical Evacuation and Emergency Plan - Recreation Events pg.2

**Complete this form and return it with your Special Purpose Permit Application Form**

Has the nearest hospital been notified of the event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there emergency air transport available	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Response time (minutes)		
How will air transport be notified?	<input type="checkbox"/> Phone (landline)	<input type="checkbox"/> Phone (mobile)
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Radio	
Has a helicopter landing site been identified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the Rural Fire Service been notified of the event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will the Rural Fire Service be present at the event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there an emergency evacuation plan in the event of a fire?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have evacuation routes been identified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How will they be marked at the event location?		
Will spectators be present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will there be barriers preventing spectators from entering the site/course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Describe the barriers?		
Will road closures be required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will there be warning signs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will there be barricades?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will these be attended at all times?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you completed the attached "Procedure to obtain emergency assistance" form?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name	Signed	Date

Medical Evacuation and Emergency Plan - Recreation Events pg. 3  
 Procedure to obtain emergency assistance

**Complete this form and retain it with you at your event location**

<b>"000' Operator Question "</b>	<b>Your Response</b>
1. Police, Fire, Ambulance?	e.g. NSW Ambulance
2. Suburb?	State Forest Name: Nearest Town/Locality is: Nearest Ambulance Station is at:
3. Address?	(insert name) Road
4. Nearest Road Junction/Cross Street?	(insert name) Road
5. Local Government Area?	(insert name) Shire Council
6. Nature of the Problem?	Give a brief statement of the nature of the accident, number and condition of casualties.
7. Where is the accident	Repeat 3, 4, 5 and 6 above. Provide a grid reference of the event location and/or directions on how to get there. Let them know if a 4WD ambulance is required.
8. Injuries?	Provide detailed information about the condition of the casualties if known.
9. Call back Number?	Provide phone numbers if available (mobile or landline).
10. Name of reporter?	Give your name