

# EMERGENCY PROCEDURES

## OURIMBAH

During any Emergency it is important to remember

**"STAY CALM"** Stop – Assess – Act Ask yourself – What has happened? – Can I be injured?

**EMERGENCY PHONE NUMBER 434 84222**

Security Services staff are the principals to manage **ALL** emergency situations. Contact on ext. 84222, provide them with information and they will instruct you as to what you need to do. For example, they may request that you contact 000 while they instigate other actions. The following covers the basic information.

### CALL Security Services on 84222 and state:

- LOCATION
- NATURE OF EMERGENCY
- IDENTIFY YOURSELF
- YOUR CONTACT NUMBER

#### Get to know your local Emergency Team

#### Familiarise the Emergency Evacuation Map

- Call for a First Aid officer
- State your name, location and what is needed
- Call Security Services on 84222
- Call 000

Security will direct the Ambulance to the building/location

Local site First-Aid Officers

NAME \_\_\_\_\_ EXTENSION \_\_\_\_\_

NAME \_\_\_\_\_ EXTENSION \_\_\_\_\_

### EARTHQUAKE

- **KEEP AWAY FROM** windows, mirrors and overhead fittings
- **TAKE COVER** under an internal door-frame, table or bench
- **KEEP WELL CLEAR**, of buildings, walls, power lines, trees, etc.
- **DO NOT** stand under awnings or parapets as they may collapse
- **MOVE** to open ground when safe

**DO NOT** use machines, lights, open flame appliances, use lighters or matches, use electrical equipment when gas or fuel leaks are suspected

**DO NOT** use the telephone unless there is a **SERIOUS INJURY OR RISK**

**AVOID** driving (keep roadways clear for emergency vehicles)

**BE PREPARED** for after shocks

### FIRE

- **DO NOT USE LIFTS**
- **NO SMOKING** must be observed during any evacuation procedure
- **EXIT THE BUILDING AND FOLLOW THE INSTRUCTIONS OF EVACUATION WARDEN(S)**

GAS EMERGENCY or CHEMICAL SPILLS or RADIATION SPILLS

Remain upwind of the incident scene – Identify the substance involved

Name \_\_\_\_\_ UN number \_\_\_\_\_

Isolate the immediate area. Limit the spread of liquids by using absorbent materials

### BOMB THREAT

**TURN THIS INFORMATION SHEET OVER AND COMPLETE**

**BOMB THREAT CHECK LIST** Remember... Keep calm – Don't hang up

**QUESTIONS TO ASK**

- 1 When is the Bomb going to explode? \_\_\_\_\_
- 2 Where is the Bomb located? \_\_\_\_\_
- 3 What type of Bomb is it? \_\_\_\_\_
- 4 What does it look like? \_\_\_\_\_
- 5 What will cause it to explode? \_\_\_\_\_
- 6 Did you place the bomb? \_\_\_\_\_
- 7 Why? \_\_\_\_\_
- 8 Where are you? \_\_\_\_\_
- 9 What is your name? \_\_\_\_\_
- 10 What is your address? \_\_\_\_\_

**EXACT WORDING OF THREAT** \_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ON CALLER** Sex \_\_\_\_\_ Age \_\_\_\_\_ Length of call \_\_\_\_\_

**CALLER'S VOICE**

- |  |                                     |                                  |   |                                   |                                  |
|--|-------------------------------------|----------------------------------|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Calm            | <input type="checkbox"/> Angry      | <input type="checkbox"/> Excited | <input type="checkbox"/> Slow           | <input type="checkbox"/> Rapid    | <input type="checkbox"/> Soft    |
| <input type="checkbox"/> Loud            | <input type="checkbox"/> Laughing   | <input type="checkbox"/> Crying  | <input type="checkbox"/> Normal         | <input type="checkbox"/> Distinct | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Intoxicated     | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Lisp    | <input type="checkbox"/> Cracking Voice | <input type="checkbox"/> Deep     | <input type="checkbox"/> Ragged  |
| <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Disguised  | <input type="checkbox"/> Accent  | <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Familiar | <input type="checkbox"/> Raspy   |

If voice is familiar, who did it sound like? \_\_\_\_\_

**ACTION ON CALL**

Number & call received at \_\_\_\_\_ Recipient \_\_\_\_\_  
Time \_\_\_\_\_ am/pm Date \_\_\_\_\_ Call reported to \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

**THREAT LANGUAGE**

- |                                       |   |  |                                     |
|---------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Incoherent   | <input type="checkbox"/> Well spoken/Educated         | <input type="checkbox"/> Taped message | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Abusive/foul | <input type="checkbox"/> Message read by threat maker | <input type="checkbox"/> Other _____   |                                     |

**BACKGROUND NOISES**

- |  |  |                                       |  |                                       |
|--|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Factory machinery | <input type="checkbox"/> Crockery     | <input type="checkbox"/> Animal noises | <input type="checkbox"/> Voices       |
| <input type="checkbox"/> Clear         | <input type="checkbox"/> PA System         | <input type="checkbox"/> Static       | <input type="checkbox"/> Music         | <input type="checkbox"/> House noises |
| <input type="checkbox"/> Motor noises  | <input type="checkbox"/> Office machinery  | <input type="checkbox"/> Public phone | <input type="checkbox"/> Local Call    | <input type="checkbox"/> STD Call     |
| <input type="checkbox"/> Aircraft      | <input type="checkbox"/> Other _____       |                                       |  |                                       |

**REMARKS** \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**

**Ourimbah Campus**

Report call **IMMEDIATELY** to Security or Chief Warden on 4348 4222 (Emergency Number only)  
**DO NOT** discuss with other personnel.  
**DO NOT** return to the area until advised by the Chief Warden or Emergency Services personnel.  
**IMMEDIATELY** after receipt of call, please complete this form.

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Date \_\_\_\_\_