

University of Newcastle - Sydney Campus

EMERGENCY PROCEDURES

During any emergency it is important to remember

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

EMERGENCY PHONE NUMBERS

Call Emergency Services - triple Zero
or from a University Phone - Call 0 000 (Zero Zero Zero Zero)

Contact University Security on 02 8262 6488

LOCAL EMERGENCY - Call Security Services on 02 8262 6488

[Get to know your local Emergency Team](#)

[Familiarise the Emergency Evacuation Map](#)

First Aid Officer _____	Extension _____	Location _____
Emergency Warden _____	Extension _____	Location _____

MEDICAL Serious injury or illness CALL 000 and state:

LOCATION

• NATURE OF EMERGENCY

• IDENTIFY YOURSELF

• YOUR CONTACT NUMBER

MEDICAL Minor injury or illness - Contact the local first aid officer

EARTHQUAKE

- KEEP AWAY FROM windows, mirrors and overhead fittings
- TAKE COVER beside 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, lighters or matches, or 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

FLOOD

- Follow any instructions of State Emergency Services (SES), Police, or Security Services
- Do not attempt to drive through water of unknown depth
- Listen for flood advice from SES or Campus Administration
- Local radio stations will give advice if access to the campus is likely to be affected

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)

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. _____

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

Sydney
Report call IMMEDIATELY to Chief Warden and 000
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 _____