



## **Geelong R.C. Offroaders Inc.**

# **EMERGENCY RESPONSE PLAN**

for

Geelong R.C. Offroaders (GRCOR)  
events at Geelong Motorsport Complex

Address:

55 Beach Rd.  
Avalon Vic. 3212

Prepared By:

Andrew Park DipOHS, DipApSc, DipBus, AsDipEng  
President

DATE PREPARED: 04/04/2017



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## EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

### DESIGNATED RESPONSIBLE OFFICIAL

Name: Andrew Park  
Role: President  
Emergency Role: Lead Investigator, Emergency Management Liaison Officer  
Phone: 0412 856 156

### EMERGENCY COORDINATOR:

Name: Michael Drummond  
Role: Committee, Site Emergency Co-ordinator  
Phone: 0427 213 215

### WARDEN

Name: Dean Crawford  
Role: Vice President, Emergency Evacuation Warden  
Phone: 0419 587 261

### FIRST AIDER:

Name: Andrew Park  
Role: President  
Phone: 0412 856 156

Name: Michael Drummond  
Role: Committee  
Phone: 0427 213 215



## EVACUATION ROUTES

Evacuation point and emergency provisions maps have been posted on the wall of the Office.

A copy is contained as a draft template in the appendices of this document.

The following information is marked on evacuation maps:

- Emergency notification process
- Location of fire extinguisher/s
- Assembly point
- First Aid Kit location

The site may invoke use of UHF radio communication on the

Nominated UHF Channel 15



## **EMERGENCY PHONE NUMBERS**

**POLICE FIRE AMBULANCE: 000 or mobile 112 or 106**

**GEELONG HOSPITAL LOCATION: 21 Minutes via M1**

University Hospital Geelong  
Ryrie Street (emergency entrance)  
(03) 4215 0000

**WERRIBEE MERCY HOSPITAL: 19 Minutes via M1 (Hoppers Exit)**

300 Princes Highway, Werribee  
03 8754 3000

**DOCTOR / MEDICAL CLINIC:**

Corio Medical Clinic  
1 Bacchus Marsh Rd, Corio  
03 5274 9499

**DENTIST LOCATION:**

Around Geelong Dental Care  
62 Princes Hwy. Norlane  
03 5277 2244

**POISONS INFO.: 13 11 26**

**SNAKE CATCHER: Jay Baynes 0401 853 345, Darren Keiller 0425 751 706**

**GEELONG MOTORSPORT COMPLEX MANAGEMENT**

**GRAEME HARRISON: 0419 875 834**  
(REFER OTHER NUMBERS ON FRONT GATE)

**AVALON AIRPORT: 03 5227 9100**

**CITY OF GREATER GEELONG:** For any emergencies to do with City property or services, phone 03 5272 5272 (out of hours i.e. weekends calls will be diverted to an out-of-hours service to be responded to as soon as possible)



**VICROADS:** 13 11 70

**STATE EMERGENCY SERVICES:**

VicEmergency Hotline 1800 226 226

Flood, Storm, Tsunami and Earthquake Emergency 132 500

**BARWON WATER:** 1300 656 007

**POWERCOR:** 13 24 12 CitiPower 13 12 80

**SP AUSNET GAS:** 1300 360 795

**RACV Roadside Assistance:** 13 11 11

**TOW TRUCK 24 hr:** 0431 298 339

**WORKSAFE NOTIFICATION LINE:** 132 360

**AARCMCC LARGE SCALE DELEGATE:** Dean Roworth 0411 691 085

**INSURANCE COMPANY VIA AARCMCC SECRETARY:**

Clive Silva 0402 223 335

**We currently have a group policy covering the following;**

- Injury And Personal Accident Insurance
- Public And Products Liability Insurance
- Professional Indemnity Insurance
- Management Liability Insurance (coverage of committees)
- Domestic & International Travel Insurance



## EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported to Emergency Coordinator **immediately** by Members are:

- MEDICAL INJURY OR ILLNESS (HOWEVER MINOR)
- FIRE
- SEVERE WEATHER
- CHEMICAL / FUEL SPILL
- STRUCTURE CLIMBING / DESCENDING
- WATER OR SERVICE LEFT ON DISRUPTED
- SANITATION TANK OVERFLOWING
- WATER CONNECTION LOSS
- GAS LEAK
- LIPO BATTERY EXPLOSION OR FIRE
- PUBLIC NUISANCE
- VEHICLE ACCIDENT IN CAR PARK
- SLIP TRIP FALL CAUSING INJURY
- FORCE MAJEUR (CATASTROPHIC EVENT)
- SECURITY BREACH, THEFT OR WILFUL DAMAGE
- BOUNDARY FENCING BREACH
- TREE INSTABILITY
- SERVICE STRIKE OR DAMAGE
- PESTS AND VERMIN
- NOTIFIABLE EVENTS TO WORKSAFE

Members are not to intervene or assist in Emergencies that are not the responsibility of the Club – ie Road Accidents outside the Boundary fence, GMSC internal crash or rescue situation. Members who intervene outside the scope of this Plan are to inform the GRCOR Emergency Controller and are responsible to be Trained, Competent and Do Not hold GRCOR or their Representatives Liable for their Actions or Negligence. Parties shall assess the level of risk and control measures adopted prior to intervening.

First Aiders are to gain consent from patients prior to treating them and must complete a First Aid report and provide it to the Emergency Controller who will send to the Club Secretary after notifying the Vice President or President.

All incidents are to be investigated and a report must be provided to the Emergency Controller who will send to the Club Secretary after notifying the Vice President or President. Notifications / escalation to the President shall happen immediately by discussion in person or via phone calls.



## MEDICAL EMERGENCY

- Implement DRABCD per attached Chart
  - Emergency Coordinator to Call medical emergency phone 000
- Provide the following information:
- a. Nature of medical emergency,
  - b. Location of the emergency (address, building, room number),  
and
  - c. Your name and phone number from which you are calling.
- Do not move victim unless absolutely necessary
  - Call the First Aider to provide the required assistance prior to the arrival of the professional medical help
  - Ensure there is a spotter to assist the ambulance in to the site and that the Ambulance bay / pathway is clear
  - Notify the President who will co-ordinate and investigation once initial response achieved and the site is safe





## **FIRE EMERGENCY**

*When fire is discovered:*

- Notify Race Control who will announce Emergency, Emergency, Emergency, there is a Fire, please proceed to the Emergency assembly point or other nominated safe zone – Emergency Coordinator to advise.
- Site team / Track Coordinator to utilize fire extinguishers / water pump and hoses to extinguish fire if safe enough to respond to
- Notify the Fire Department Call 000

If the office PA system is not available, notify the site personnel about the fire emergency by the following means

- Voice Communication / Yelling FIRE! FIRE! FIRE!

***Fight the fire ONLY if:***

- The fire is small and is not spreading to other areas. Stay up wind of flames.
- Escaping the area is possible
- The fire extinguisher is in working condition and personnel are trained to use it.

*Upon being notified about the fire emergency, occupants must:*

- Leave the area / building using the designated routes.
- Assemble in the Emergency Muster Point
- Remain outside until the President or Vice President announces that it is safe to re-enter / recommence.

*Emergency Coordinator must:*

- Disconnect utilities and equipment unless doing so jeopardizes his/her safety.
- Coordinate an orderly evacuation of personnel.
- Perform an accurate head count of personnel reported to the designated area against the Induction Sheet.
- Determine a rescue method if applicable.
- Provide the Fire Department personnel with the necessary information about the facility.
- Perform assessment and investigation

**FOR BUSH / GRASS FIRES, THE CLUB SHALL EVACUATE VIA ROAD WHERE THERE IS ANY LOOMING THREAT**



## FUEL SPILL

*When a Spill has occurred:*

- Immediately notify the Emergency Coordinator
- Contain the spill with available equipment (e.g., soil bund, absorbent materials, rags), wear gloves / other protective equipment to avoid contamination.
- Ensure no smoking near spill
- Retrieve fire extinguisher and have on stand by
- Secure the area and alert other site personnel
- Do not attempt to clean the spill unless trained to do so
- Call 000 if a spill is likely to be an uncontrolled release to other environmental receptors or may impact others
- Evacuate container / site as necessary



## **SEVERE WEATHER / CATASTROPHIC EVENT**

### ***Earthquake:***

- Stay Calm
- Evacuate as instructed by the Emergency Coordinator / emergency services

### ***Windstorm / hail:***

- Stay calm and await instructions from the Emergency Coordinator
- Move to a safe place if time allows ie Toilet block, Shipping Container
- Continue to monitor local TV and radio stations for instructions
- Secure windows and doors, secure loose items
- Move early / Evacuate from site

### ***Lightening:***

- Consider moving into Cars or toilet block
- Do not stand under trees or touch shipping container
- Consider crouching into a ball on the ground

### ***Plane crash:***

- Evacuate to muster point / safe area
- Call 000
- Await Avalon Airfield response
- Stay clear of potential explosion / av gas
- Turn off ignition sources
- Remain calm
- Render assistance only if safe to do so / as directed by Emergency Coordinator
- Keep children at muster point

### ***Car crash into site from roadway:***

- Evacuate to muster point / safe area
- Call 000
- Emergency Co-ordinator / First Aider to assess situation and attend to injuries
- Await Emergency Services
- Render assistance only if safe to do so / as directed by Emergency Coordinator
- Keep children at muster point

### ***Person struck by vehicle in complex:***

- Emergency Co-ordinator / First Aider to assess situation and attend to injuries
- Provide room for Coordinator / First Aider and Emergency services
- Initiate rescue if safe to do so
- Stay Calm
- Keep children at muster point



# SITE EMERGENCY MAP





## DRABCD PROCESS

# CPR Rapid Action Plan

<b>D</b> Danger	<b>Check for hazards to:</b> <ul style="list-style-type: none"><li>• Yourself</li><li>• Bystanders</li><li>• The Casualty</li></ul>
<b>R</b> Response	<b>Check response:</b> <b>'ARE YOU OK?'</b> <b>SQUEEZE HAND</b>
<b>S</b> Send For Help	<b>If no response:</b> <b>PHONE 000</b> for ambulance
<b>A</b> Airway	<b>CHECK AIRWAY</b> Look in mouth for obstruction, Clear then Open Airway. Head Tilt for Adults, Head in line with body for Small Children.
<b>B</b> Breathing	<b>LOOK, LISTEN &amp; FEEL</b> <b>for normal breathing</b> If not breathing normally begin CPR
<b>C</b> Compression	<ol style="list-style-type: none"><li>1. Position heel of hand in centre of the chest &amp; grasp wrist with spare hand.</li><li>2. Depress hands to 1/3rd the depth of chest at rate of 100 per minute.</li></ol>
<b>D</b> Defibrillation	<b>If a defibrillator (AED) is accessible:</b> As soon as possible, switch on unit and follow the instructional prompts. Continue cycle until assistance arrives.



# FIRST AID FORM

## Incident Report Form

**Casualties Information**

Casualties Name: Mr / Mrs / Miss / Ms ..... Nick Name: .....

Sex: Male / Female      Date of Birth: ...../ ...../ .....      Nationality: .....

Contacts: Home (+.....) ..... Mobile (+.....) ..... Other (+.....) .....

**Incident details**

Location: ..... Date: ...../ ...../ .....

Time: ..... am / pm      Indoor / Outdoor (Weather): .....

.....

Location overview:

.....

.....

What happened?

.....

.....

Is the Casualty allergic to anything?

.....

.....

Does the casualty take any medication?

.....

.....

Has the casualty suffered from any other medical history before?

.....

.....

When was the last time the casualty ate or drank?

.....

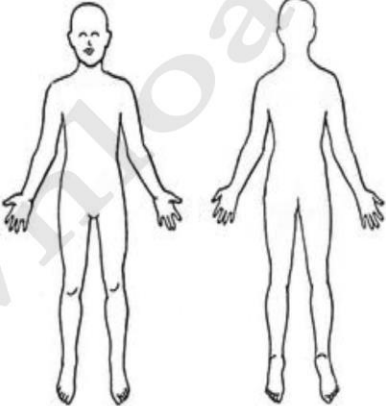
.....

Why did this incident happen / events leading up to the incident:

.....

.....

**Parts of body affected**



Note:

.....

.....

.....

**Release Details**

Was the casualty taken to hospital? No / Yes .....

Release signature if no: .....

Name: ..... Date: ...../...../.....

**First Aiders Information**

Name: Mr / Mrs / Miss / Ms .....

Sex: Male / Female

Date of Birth: ...../ ...../ .....

Contacts: Home (+.....) .....

Mobile (+.....) .....

Other (+.....) .....

Time: ..... am / pm

Signature: .....





## INCIDENT INVESTIGATION FORM

### Incident Investigation Report

DATE OF REPORT: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF INCIDENT: \_\_\_\_/\_\_\_\_/\_\_\_\_

TIME OF OCCURRENCE \_\_\_\_:\_\_\_\_ (24HR FORMAT)

LOCATION OF INCIDENT: \_\_\_\_\_

#### INVESTIGATION TEAM

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Emergency Co-ordinator: \_\_\_\_\_

Witnesses: \_\_\_\_\_

#### DETAILS OF INJURY:

_____
_____
_____
_____
<b>CHECK AS APPROPRIATE:</b> <input type="checkbox"/> Personal Illness <input type="checkbox"/> Medical Treatment
<input type="checkbox"/> First Aid <input type="checkbox"/> None

**ATTACH WITNESS STATEMENTS TO THIS REPORT**  
**NOTIFY COMPLEX MANAGEMENT, AARCMCC AND INSURER**  
**PRESERVE THE SCENE AND NOTIFY PRESIDENT**



**DETAILS OF DAMAGE: (PLANT / EQUIPMENT / PROPERTY/ENVIRONMENT)**

Four horizontal lines for text entry within a rectangular box.

**DECRPTION OF ACCIDENT / INCIDENT:**

Thirteen horizontal lines for text entry within a rectangular box.

**KEY CONTRIBUTORY FACTORS:**

Four horizontal lines for text entry within a rectangular box.





**IMMEDIATE CAUSES:**

_____
_____
_____
_____

**WHY DID IT HAPPEN? UNDERLYING CAUSES:**

_____
_____
_____
_____

**RECOMMENDATIONS / CORRECTIVE ACTION PLAN:**

_____
_____
_____
_____

**RESPONSIBILITIES:**

_____
_____
_____
_____

**COMPLETION DATE:**    \_\_\_/\_\_\_/\_\_\_

**SIGNED BY PRESIDENT:** \_\_\_\_\_

**EXTERNAL NOTIFICATION NAME:** \_\_\_\_\_  
**ORGANISATION:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_  
**CONTACT No.:** \_\_\_\_\_