**Emergency Management Plan**

**< Event Name>**

**<Event Date>**

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**NOTE:** Content contained within is current as at the time of print. Content is subject to change and will be updated as planning progresses.

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# Introduction

## Purpose of Plan

The objective of this emergency management plan is to prepare the event workforce, contractors, officials, volunteers and related agencies at the event for emergencies and evacuations, and provide a clear course of action to eliminate or minimise loss of life, injuries, and property damage. This plan should be compiled in conjunction with the following documentation:

* Event Management Plan
* Risk Management Plan
* Covid Safe Plan
* AusCycling Fatality Plan
* AusCycling Incident Report Form
* AusCycling Extreme Weather Policy

While these guidelines have been developed to deal with emergencies, it is important to remember that emergencies can occur in various locations at any time, vary greatly in magnitude, scope, timing, and form. Common sense, a calm demeanour, clear communication lines and sound decision making are the important elements in an emergency.

At the onset of an emergency, or when a pre-evacuation alert or evacuation is declared, all nonessential operational communication must cease. Only communication directly relating to the emergency should be made, and those messages must be kept as brief as possible.

Importantly, the plan also identifies the process by which there are official announcements made on behalf of the event and/or key agencies in the case of an emergency incident or significant decision.

## Event Overview

<Insert Host> is hosting the <Insert Event Name>. This will be a <Gold/Silver/Bronze> event and therefore will be conducted under the guidance of the [AusCycling Technical Regulations](https://auscycling.org.au/page/about/governance-rules-policies).

<Provide details on event format i.e. disciplines and categories)

## Schedule & Key Timings

Competition will be held on <Insert days/times>

Official Practice will be held on <Insert days/times>

Event set up will occur from held on <Insert days/times>and bump out will be completed by <Insert days/times>

The full event schedule can be found in Appendix A <Insert schedule into Appendix A>.

# Event Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Event Name | Enter event name | | | | |
| Host Club/Private Organiser | Enter Host/Private Promoter Name | | | | |
| Contact Details |  | | | | |
| Name | Enter contact name | | | | |
| Email | Enter event name | | | | |
| Mobile | Enter event name | | | | |
| Start Date | Use arrow to select start date | | Finish Date | | Use arrow to select finish date |
| Location/Address of Event | Enter address of event location | | | | |
| Site Venue/Capacity | Enter venue capacity | | Expected Attendance | | Enter expected attendance number including participants, officials, volunteers & spectators |
| Event Times | Bump-in | Date/s: Enter bump-in date/s | | Start: Insert time Finish: Insert time | |
| Event days | Date/s: Enter actual event dates | | Start: Insert time Finish: Insert time | |
| Bump-out | Date/s: Enter bump-out date/s | | Start: Insert time Finish: Insert time | |
| Event Description/Summary | Provide a brief description of the event i.e. discipline, classification (Platinum/Gold/Silver/Bronze), start/finish locations (if applicable). | | | | |

# Communication & Consultation Details

## Event Management Team

Provide details of those involved in developing the plan and any advice or information provided i.e. Club, local/state government, emergency services, etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organisation/Club/Authority | Contact Name | Position | Contact Details | Email | Comments/Advice/General Info |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Enter comments/advice/general info |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Enter comments/advice/general info |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Enter comments/advice/general info |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Enter comments/advice/general info |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Enter comments/advice/general info |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Enter comments/advice/general info |

## Emergency Management Team

Outline the key people and their roles in your emergency management structure. Where applicable include key person responsible (e.g. Event Manager, Chief Commissaire, marshals, first aid/medical, security/crowd control, emergency services and other personnel).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organisation/Club/Authority | Contact Name | Position | Contact Details | Email | Risk/Safety/Emergency Role |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Provide details of role within emergency management structure |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Provide details of role within emergency management structure |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Provide details of role within emergency management structure |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Provide details of role within emergency management structure |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Provide details of role within emergency management structure |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Provide details of role within emergency management structure |
| Enter name of Organisation/Club/Authority | Enter Name | Enter Position/Role | Enter phone number | Enter email address | Provide details of role within emergency management structure |

## Communications Plan

In the case of an emergency, outline how you will communicate at the event with your event team, emergency services, event visitors and other

stakeholders. E.g. mobile phones, satellite phones, radios, PA system. Outline procedures if proposed communication system does not work (i.e.

back up communications). Outline plan to test communication systems before the event.

|  |
| --- |
| Outline what communication system is in place between the event organisers, staff and volunteers? (Include backup systems) |
| Click or tap here to enter text. |
| What system will be used to communicate with event attendees at your event? (include backup systems) |
| Click or tap here to enter text. |
| How will event staff and contractors be briefed about the event and the emergency management processes? |
| Click or tap here to enter text. |
| Who is the designated Media contact? |
| Click or tap here to enter text. |

# Emergency Management Plan

## First Aid/Medical Plan

Outline the first aid or medical services in attendance at the event including numbers and type. Outline the response to a first aid or medical

emergency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provider/Service | Contact Name | Mobile | Arrival time | Departure time |
| Medical provider name | Enter contact name | Enter on the day mobile number | Enter daily arrival time | Enter daily departure time |
| First aid/medical emergency response | Outline first aid/medical response including access and incident reporting | | | |

\* Please indicate on the site plan locations of first aid stations or equipment.

## Fire Prevention & Response Plan

Outline the potential sources of fire and actions to prevent fires. Include emergency procedures, equipment and personnel in the event of a fire.

|  |  |  |
| --- | --- | --- |
| Potential Fire Sources | Prevention and Treatment Options | Responsibility |
| Enter potential fire source | Enter treatment options | Person/party responsible |
| Enter potential fire source | Enter treatment options | Person/party responsible |
| Enter potential fire source | Enter treatment options | Person/party responsible |
| Enter potential fire source | Enter treatment options | Person/party responsible |
| Enter potential fire source | Enter treatment options | Person/party responsible |
| Enter potential fire source | Enter treatment options | Person/party responsible |
| Enter potential fire source | Enter treatment options | Person/party responsible |
| Enter potential fire source | Enter treatment options | Person/party responsible |
| Enter potential fire source | Enter treatment options | Person/party responsible |
| Enter potential fire source | Enter treatment options | Person/party responsible |

## Crowd Control/Security Plan

Outline crowd control and security plans, personnel numbers and roles. Where used, include details of professional security/crowd control companies

(company name, number of personnel and roles).

|  |  |  |
| --- | --- | --- |
| Provider/Service | Contact Name | Mobile |
| Security provider name | Enter contact name | Enter on the day mobile number |
| Crowd Control/Security Plan i.e. locations, times on site, number of guards | Outline security plan details e.g.   |  |  |  |  | | --- | --- | --- | --- | | **Day/Date** | **Location** | **Number of guards** | **Times** | |  | Village |  |  | | Track |  |  | | Bar |  |  | | Overnight |  |  | | |

## Emergency Evacuation Procedures

Outline emergency evacuation procedures including who will authorise an evacuation, under what circumstances, and how this will be done.

|  |  |
| --- | --- |
| Emergency Evacuation Procedures | Outline evacuation procedures |

\* Please indicate on site plan emergency evacuation routes & sites

## Weather Monitoring & Response Plan

Outline how you will monitor and respond to weather events that may impact your event (e.g. extreme heat, wind, flooding etc).

|  |  |
| --- | --- |
| Weather Monitoring | Outline how the weather will be monitored during the event and who is responsible |

|  |  |
| --- | --- |
| Weather Conditions | Response |
| Extreme Heat | Response Actions |
| High Winds | Response Actions |
| Rainfall/Flooding | Response Actions |
| Extreme coldness | Response Actions |
| Storms | Response Actions |
|  | Response Actions |
|  | Response Actions |

## Event Contingency

Outline your event contingency plan if the event needs to be cancelled, postponed, relocated, altered or interrupted on the event day.

|  |  |
| --- | --- |
| Event Contingency Plan | Enter details of the event contingency plan here |

## Other Emergencies

Include plans for specific emergencies that may arise at your event.

|  |  |
| --- | --- |
| Event Specific Plans | Provide details here |

## Training & Briefing

Outline your plan to test your emergency procedures, train personnel, and brief stakeholders on event day.

|  |  |
| --- | --- |
| Emergency Procedures, testing, training and briefing details | Provide details here |

## Post Event Evaluation

Outline how you will evaluate the risk and emergency management plan. Include details of post event debriefs and who is required to attend.

|  |  |
| --- | --- |
| Post event evaluation details | Provide details here |

# Site Plan

Insert site map including first aid locations, evacuation points/routes and incident response centre.

# Emergency Contact List

|  |  |  |
| --- | --- | --- |
| Organisation/Service | Contact Name | Contact Number |
| Police | Enter Name | Enter phone number |
| Ambulance | Enter Name | Enter phone number |
| Fire | Enter Name | Enter phone number |
| Local Hospital | Enter Name | Enter phone number |
| Traffic Management | Enter Name | Enter phone number |
| Electrician | Enter Name | Enter phone number |
| Waste Management | Enter Name | Enter phone number |
| BOM | Enter Name | Enter phone number |
| Water/Toilets | Enter Name | Enter phone number |
| Other supplier/service | Enter Name | Enter phone number |
| Other supplier/service | Enter Name | Enter phone number |
| Other supplier/service | Enter Name | Enter phone number |
| Other supplier/service | Enter Name | Enter phone number |
| Other supplier/service | Enter Name | Enter phone number |
| Other supplier/service | Enter Name | Enter phone number |