



Emergency Management Plan

Prevention – Response - Recovery

EVACUATION DIAGRAM KEILOR BOWLS CLUB

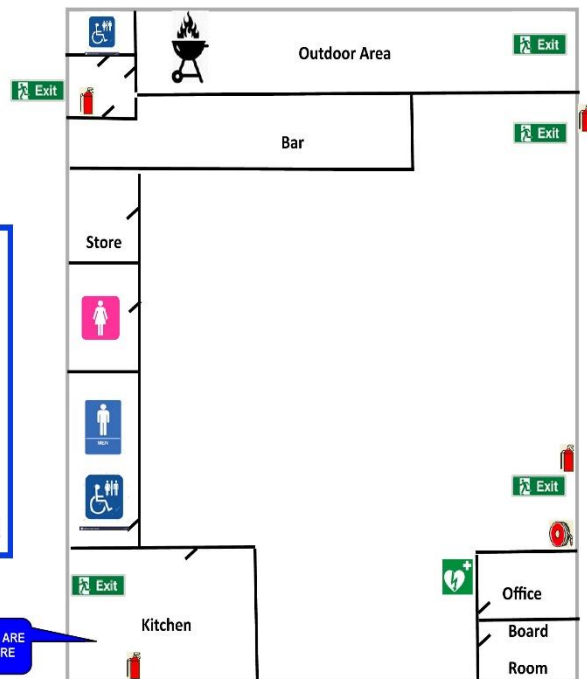


- Discovering An Emergency**
1. Raise the alarm, dial **000**
 2. Attempt to suppress the emergency
If Safe to Do So
 3. Remove any person from danger
If Safe to Do So
 4. Warn everyone to stay away
 5. Evacuate to the Assembly Area if required

Assembly areas are located at:

1. Brimbank Council Offices Car Park
2. Keilor Oval

YOU ARE HERE



First Aid /Defibrillator
 Hose Reel
 Fire Extinguisher
 Internal Door
 Exit
 Entrance & Exit



Keilor Bowls & Community Club

Section 1 Facility

Facility Description

Section 2 Management

Preface

Emergency Planning Committee

Policy Aim & Authority

Media and Debriefings

Distribution & Amendment record

Contact Lists

Checklists & User Guides

Risk Management

Section 3 Prevention Measures

Preparedness Measures

Emergency Risk Assessment

Education Programs

Section 4 Response

Emergency Reporting

Emergency Response Guides

Evacuation & Assembly Areas

Emergency Evacuation Diagrams

Section 5 Recovery

Post Trauma Recovery

Business Continuity



Keilor Bowls & Community Club

Section 1 Facility

Description of Facility

Keilor Bowls & Community Club founded in October 1963 is located within Keilor Village at 2 Mercedes Street. It has 2 Grass Bowling Greens and borders the Brimbank City Council Offices, Keilor Tennis Club, Keilor Sports Club and residential dwellings. Car park access is via Mercedes Street.

Keilor Bowls & Community Club is a licensed club with a capacity of 150 persons seated and 300 standing. The Club House is also used for private functions on a fee for service basis.

The Club House is the property of Keilor Bowls & Community Club while the Greens are a council asset. Other structures include a workshop, storage shed as well as a small garden shed. There is a public path which runs in between the Club House and Bowling Greens from Mercedes Street to Barcelona Ave.

The Club has around 110 members. Pennant is played on Saturdays and Tuesdays during the pennant season. Social Bowls is every Wednesday and also Saturday during the off season. Barefoot Bowls is also a popular activity on scheduled Friday nights.



Section 2 Management

Preface

Emergency planning primary function is to increase safety. It may also may help protect organisations from litigation arising out of the duty of care provisions in common law. The general obligation of fulfilling duty of care, and the specific requirements under legislation indicate clearly the need for organisations to develop and review emergency plans.

A key to minimising the cost and effects of emergencies, after all reasonable risk reduction measures have been taken, is effective emergency planning. The emergency planning process is designed to produce a set of arrangements that will provide the basis for managing emergency impacts.

Emergency plans are therefore essential for preparedness to deal with emergencies.

This Emergency Management Plan applies to the property boundary that encompasses Keilor Bowls & Community Club. While the area outside this boundary is not covered by the Plan, it should be noted that this plan may have to activate this plan as a result of an emergency occurring in the adjoining community.

Emergency Planning Committee (EPC)

This Management Committee will constitute the EPC and are responsible for:

Development of the Plan;

Risk identification;

Identification of key personnel to perform prevention, response and recovery roles;

Training of persons expected to perform a function in prevention, response and recovery;

Scheduling and arrangement of practice exercises;

Review and, if necessary, implement recommendations enhancing the Emergency Management Plan.



Keilor Bowls & Community Club

Plan review is also a function of the Management Committee and takes place annually or after an emergency incident occurs, or when specific advice regarding a deficiency is received.



Keilor Bows & Community Club

Emergency Management Policy

Keilor Bows & Community Club will as far as practicable endeavour to provide an environment that is safe and without risk to health and safety of employees, members, contractors and visitors.

Keilor Bows & Community Club is committed to the effective and efficient discharge of its emergency management responsibilities to assist to ensure:

- safety
- continuity of operations
- compliance with applicable legislation and regulations

Aim of this Plan

The aim of this plan is to reduce the potential for loss or injury to life and property, as a result of an incident that may occur at Keilor Bows & Community Club by the implementation of standard procedures.

Authority

This plan has been produced with the authority of the Management Committee.

Authorised by:

Management Committee

Date:

6th May 2021



Keilor Bowls & Community Club

Media Management

Emergencies in most instances will attract the attention of the media who as result may want to obtain an interview or statement from the Keilor Bowls & Community Club who will seek advice from the emergency services in relation to such a media release if applicable.

Debriefing Arrangements

A debrief will take place as soon as practicable after an emergency. The Management Committee will convene the meeting with a view to assessing the adequacy of the plan and to recommend any changes. It may also be appropriate to conduct a separate recovery debrief to address recovery including business continuity issues.



Keilor Bowls & Community Club

Emergency Contact Telephone Numbers

Fire Brigade	000
Police	000
Ambulance	000
State Emergency Service	132 500
Power Momentum	1800 627 228
Brimbank City Council	9249 4000
Gas Leaks (24 Hours)	1800 427 532
Water Western Water	1300 652 422
Poisons Information Centre	13 11 26
Interpreter Service (24 Hours)	13 14 50



Keilor Bowls & Community Club

Club Telephone Contact Numbers

Position	Name	Contact
Chairperson	Joe Watkins	0417 387 604
Deputy Chair/ Bowls Director	Steve Mc Farland	
Finance Director	Robert Milburn	0422 633 184
Secretary	John Armstead	
Bar Director	Steve Martin	0437 518 855
Functions Director	Maureen Sutton	0458 006 345
Maintenance Director	Barry Dean	0419 537 345




Keilor Bowls & Community Club

Checklists and User Guides




Remember the **PASS** Word

Pull
Pull the pin (or other motion) to unlock the extinguisher.



Aim
Aim at the base (bottom).



Squeeze
Squeeze the lever.



Sweep
Sweep the spray from left to right.



SafetyBanners.com



Keilor Bowls & Community Club



Safety Inspection Checklist

Area:

Date Last Checked

Today's Date:

INSTRUCTIONS:

1. During your safety inspection, record what is observed and any actions taken.
2. When you have finished, complete this checklist and forward it to the office.

Item	Yes	No	N/A
No items blocking passageways, doors and exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Information Signs in a prominent position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Evacuation Floor Plans in all areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency exit signs visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers properly located, signed and checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical appliances in safe working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical appliances switched off (where appropriate), when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen clean and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All areas free from non-essential items and rubbish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store room clean and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled toilets free from obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kit is complete and the contents are not outdated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking policy is adhered to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No smoking signs located at Cameron's Corner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Designated Smoking Areas identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No smoking signs located at entrances to Clubhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas cylinders are in date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas bottles are secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Bomb Threat Checklist
Stay Calm

FIRST QUESTIONS	DETAILS
Where did you put the bomb?	
When is it going to explode?	
What does it look like?	
Exact Wording of the threat?	
Why are you doing this?	
What's your name?	
Where are you	
What's your address?	

THE CALLER	DETAILS
Gender and estimated age?	
Any accent or speech impediment?	
Voice – loud, soft, fast or slow?	
Manner - calm, emotional, abusive?	
Did you recognise the voice?	
Did the caller seem familiar with the Club?	
If so why do you think so?	
Was a caller ID visible on the phone and what was the number?	
Is/was the call recorded?	
Coherent or incoherent?	



Keilor Bowls & Community Club

Date and Time received?	
-------------------------	--

BACKGROUND NOISES	DETAILS
Street or house noises heard?	
Other person/s with caller?	
Any music heard?	
Any machinery noises?	
Aircraft?	
Other?	
WHO RECEIVED THE CALL	DETAILS
Name:	
Contact Details:	
Signature:	Date:

**DO NOT HANG UP
THE PHONE**



Remember the PASSWORD



To operate an extinguisher: (Check your fire extinguisher label for detailed instructions.)

Pull

Aim

Squeeze





Sweep







Keilor Bowls & Community Club



Class & Type of Fire		A	B	C	D	(E)	F	
Type of Extinguisher	Colours	Wood, Paper, Plastic	Flammable & Combustible Liquids	Flammable Gases	Combustible Metals	Electrically Energised Equipment	Cooking Oils and Fats	
Water		✓	✗	✗	✗	✗	✗	Dangerous if used on flammable liquid, energized electrical equipment and cooking oil/fat fires.
Carbon Dioxide (CO2)		LIMITED	LIMITED	✗	✗	✓	✗	Not suitable for outdoor use or large class A fires.
Dry Chemical Powder (ABE/BE)		✓ AB(E)	✓	✓	✗	✓	✗ AB(E)	Look carefully at the extinguisher to determine if it is a BE or ABE unit.
		✗ B(E)					✓ B(E)	
Foam		✓	✓	✗	✗	✗	LIMITED	Dangerous if used on energized electrical equipment.



Keilor Bowls & Community Club

Wet Chemical		✓	✗	✗	✗	✗	✓	Dangerous if used on energized electrical equipment.
Fire Blanket		LIMITED	LIMITED	✗	✗	✗	✓	Fire Blankets effective for oil and fat fires within saucepans and are effective for extinguishing clothes that catch on fire. (Ensure you replace after every use).

FIRE EXTINGUISHER SELECTION CHART



Emergency Risk Management

Emergency Risk Management is a tool or process for analysing risk and deciding on the most appropriate risk treatment to reduce risk. Based upon the following process.

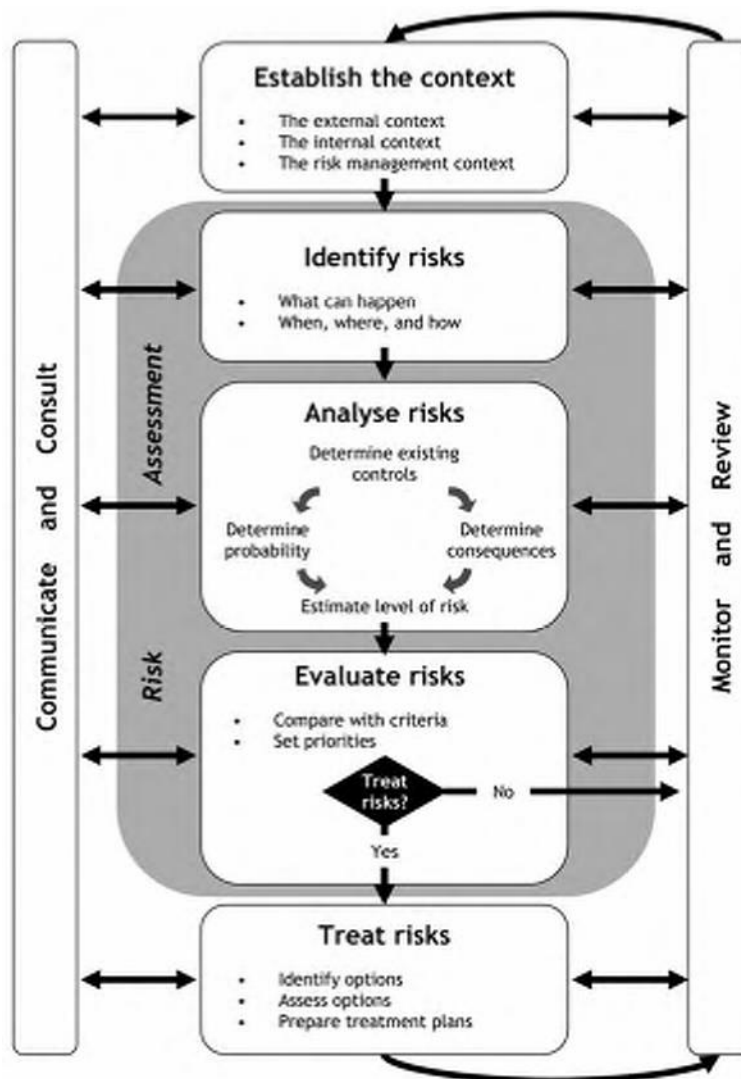


Figure 4:1—The Emergency Risk Management Process



Keilor Bowls & Community Club

Most Probable Threats Risk Analysis Proforma Keilor Bowls & Community Club

THREAT	Source		Consequences	Likelihood	Control Measures	
	Internal	External			Procedures & Documentation	Contact for Advice
Bomb Threat	Yes	Yes	Minor	Unlikely	Evacuation Plan Incident Response Procedures	Police
Dangerous Intruder	Yes	Yes	Minor	Unlikely	Evacuation Plan Incident Response Procedures	Police
Explosion	Yes	Yes	Major	Unlikely	Evacuation Plan Incident Response Procedures Fire Suppression Equipment	Fire Rescue Victoria
Fire	Yes		Catastrophic	Moderate	Evacuation Plan Housekeeping Incident Response Procedures Fire Suppression Equipment Fire Report	Fire Rescue Victoria
Gas Leak	Yes	Yes	Moderate	Unlikely	Evacuation Plan Incident response Procedures	Fire Rescue Victoria
Hazardous Substance	Yes	Yes	Major	Unlikely	Safety Information Incident Response Procedures Evacuation Plan	Fire Rescue Victoria
Letter or Parcel Bomb	Yes	Yes	Minor	Unlikely	Evacuation Plan Incident Response Procedures	Police
Medical Emergency	Yes		Moderate	Moderate	First Aid Kit First Aiders Defib	Ambulance Victoria



Risk Management Matrix Keilor Bows & Community Club

LIKELIHOOD		CONSEQUENCES				
		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost certain	A					
Likely	B					
Moderate	C			Medical Emergency		Fire
Unlikely	D		Bomb Threat Dangerous Intruder Letter/Parcel Bomb	Gas Leak	Explosion Hazardous Substance	
Rare	E					

SEVERE RISK
Detailed research and management planning required at senior levels

SIGNIFICANT RISK
Senior management action required

MODERATE RISK
Manage by routine procedures



Keilor Bowls & Community Club

DESCRIPTORS

Likelihood

Almost Certain – A

The event is expected to occur in most circumstances

Likely – B

The event will probably occur in most circumstances

Moderate – C

The event should occur at some time

Unlikely – D

The event could occur at some time

Rare – E

The event may occur only in exceptional circumstances

Consequences

Insignificant – 1

No physical damage, low financial loss.

Minor – 2

Controlled on site with no outside assistance, medium financial loss.

Moderate – 3

Controlled with outside assistance, medium/high financial loss.

Major – 4

Extensive injuries, loss of some capabilities, high/major financial loss.

Catastrophic – 5

Death, /injury and loss of majority of capabilities, huge financial loss.



Section 3 Prevention

Preparedness Measures

In the event of an emergency, it is important that those involved are aware of the emergency procedures.

KBCC has developed emergency evacuation diagrams and arranged first aid and emergency warden training for selected members.

Risk Assessment

Emergency management plans need to be able to deal with a large variety and scale of hazards and risks which may impact on KBC regardless whether they are natural or technological.

Natural hazards include floods, earthquakes and windstorms. They have their origin in the environment, in which we live and are often seasonal and regional. Technological hazards include building fires, explosions, and toxic materials releases. These usually result from the failure of systems and the outcomes of human action. They are often unpredictable, and can occur almost anytime and anywhere.

As part of the planning process a risk assessment was carried out. It is the responsibility of the Committee of Management to re-assess the risk assessment at least once per year as a minimum.

Emergency Education Programs



Keilor Bowls & Community Club

To achieve the appropriate actions from employees, members, contractors and visitors during emergencies will require them to have an understanding of the emergency procedures.

Implementing activities to achieve this level of awareness will be the responsibility of the Management Committee. To support this the following Safety/Emergency information is available at the club.

- Emergency Evacuation Diagrams
- Fire Extinguisher Selection Guide
- Fire Response Guide
- Fire Extinguisher Selection Guide
- Fire Extinguisher User Guide
- Medical Emergency Guide
- DRABCD

Section 4 Response

Emergency Reporting

Any person observing an emergency or potential emergency should contact **000**.

When reporting an emergency, the following information should be included:



Keilor Bowls & Community Club

Exact nature of the emergency

Exact location

Name of person reporting the emergency

Contact number (where applicable)

Nature of the assistance required.

In the event of an outbreak of an emergency control of the site will be under the direction of the appropriate emergency service. Keilor Bowls & Community Club will assist and follow all instructions of the Incident Controller.

Specific Emergency Response Guides





Keilor Bowls & Community Club





Keilor Bowls & Community Club

Bomb Threat & Suspicious Package Response Guide

WRITTEN BOMB OR SUBSTANCE THREAT

- A bomb threat received in writing should be kept including any envelope or container. Avoid unnecessary handling - place it in a paper envelope or folder to protect it.
- Immediately report the threat to Police 000.
- **DO NOT** discuss the threat with anyone else. **DO NOT** evacuate unless instructed to by the Police.

PHONE THREATS

- Try to remain calm - let the caller finish the message.
- Try to attract someone's attention to raise the alarm
- Keep the caller on line - **DO NOT Hang Up the Phone!** Even after the call has ended. It may be possible to trace the call.
- Use the ***bomb threat checklist***.
- Immediately report the threat to Police 000.
- **DO NOT** discuss the call with anyone else.
- **DO NOT** evacuate unless instructed by Police.

SUSPICIOUS ITEMS

A suspicious item may be anything that looks unusual and is deemed a possible threat due to its characteristics, location and circumstances.

If you believe an item may be suspicious:

- **DO NOT** touch it, or move it.
- Immediately evacuate the area and report the item to Police 000.
- Stay nearby behind a solid barrier and prevent others entering the area.
- Wait for Police to arrive and tell them where the item is.

IF YOU HAVE OPENED A SUSPICIOUS LETTER OR PARCEL THAT CONTAINS A POWDERY SUBSTANCE:

- Cover the object without touching or disturbing it – place a garbage bin over the top.
- If any material has spilt from the item **DO NOT** try to clean it up.
- **DO NOT** brush powder off your clothing or off any other surface.
- Turn off any fans in the immediate area.
- Stay in your immediate area and prevent others from entering the area.
- Ensure that persons in the same room also stay where they are. **DO NOT LEAVE.**
- Immediately report the item to Police 000.
- DO wash your hands if you are able to access facilities in your immediate area.
- **DO NOT** touch your face with your hands or any part of your body that has open wounds.

IF YOU BELIEVE A LETTER OR PARCEL IS SUSPICIOUS AND YOU HAVE NOT OPENED IT:

- **DO NOT** open it or shake it.
- Place the item into a plastic bag and seal it.
- Stay in the immediate area and prevent others from entering the area.
- Turn off any fans in the immediate area.
- Immediately report the item to Police 000.
- Wash your hands if you are able to access facilities in your immediate area.
- **DO NOT** touch your face with your hands or any part of your body that has open wounds.

Moderate Risk



Identifying Suspect Mail

Delivery of a package by post or courier does not imply any guarantee that the item is not dangerous. The size of explosive packages can vary greatly; the following information may assist individuals and organisations to recognise a letter or parcel bomb.

A suspect letter or parcel could exhibit one or more of the following features:

Oily stains on wrapper

Ridged or bulky envelope

Excessive postage

Wrong name or title

Address – handwritten or badly typed

Restrictive markings eg. “Personal / Special Delivery”

Mailed from a foreign country

No return address

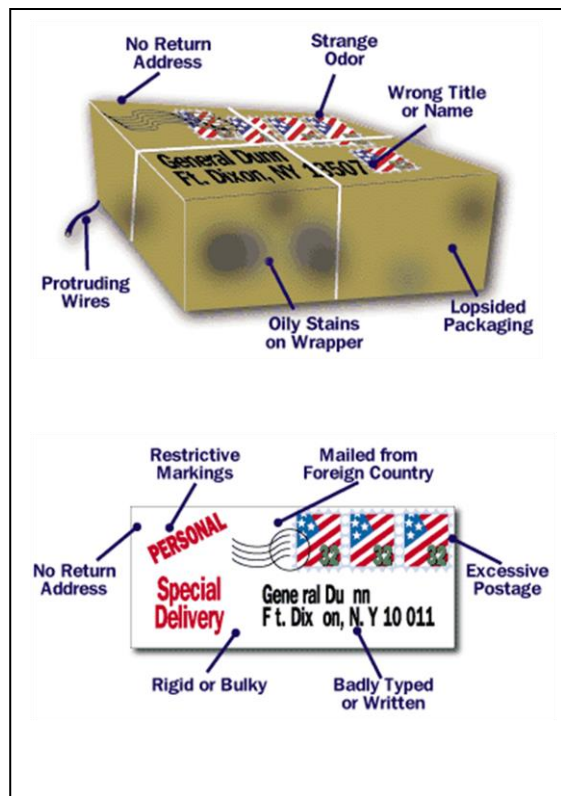
Excessive securing material

Excessive weight

Protruding wires

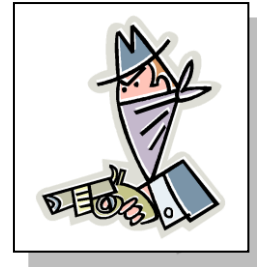
Lopsided packaging

It is unexpected





Dangerous Intruder Response Guide



Stay calm.

Your safety and the safety of those around you are of paramount importance.

Don't argue - obey the offender's instructions.

But do only what you are told and no more.

Be deliberate in your actions.

If you are ordered to do something by the offender avoid sudden movements.

Don't stare at the offender.

Avoid direct eye contact.

Make a mental note of everything you can about the offender.

In particular note speech, mannerisms, clothing, scars or any other distinguishing features such as tattoos.

After the Offender has Left

Contact Police 000

Moderate Risk

Help any person who has been injured

Record your observations in writing as quickly as you can after the incident.



Explosion Response Guide

Stay Calm

Ensure the alarm has been raised.

Call 000.

Remove persons in danger if safe to do so.

Isolate the danger area if safe to do so.

Consider evacuation.

Evacuate if appropriate.

Isolate the danger area if safe to do so.

Significant Risk



Fire Emergency Response

RACE Procedures:

Remove

Any persons in danger If Safe to Do So.

Alarm

Alert other persons and Call 000.

Confine

Close doors and windows If Safe to Do So.

Extinguish/Evacuate

Only attempt to put the fire out If Safe to Do So

or

Evacuate to Assembly Area and do not re-enter Building
until authorised by the Emergency Services

Severe Risk



BBQ Gas Leak Response Guide



Stay Calm

Remove any persons in danger if safe to do so.

Isolate the danger area if safe to do so.

Isolate the gas leak if safe to do so.

Extinguish Gas Fire if required and if safe to do so.

Call MFB if required

Evacuate if required.

Moderate Risk



Hazardous Substance Spill Response Guide

Stay Calm

SAFETY PRECAUTIONS – RESIST RUSHING IN!

RAISE THE ALARM

- Move upwind and get help
- If you are alone, raise the alarm before you take any action
- Stay clear of **Vapour, Fumes, Smoke and Spills**

SECURE THE SCENE:

- Isolate the area and protect yourself and others

IDENTIFY THE HAZARDS USING ANY OF THE FOLLOWING:

- Placards
- Container labels
- Transport Documentation (Shipping documents)
- Safety Data Sheets (SDS)
- Knowledge of persons on scene

ASSESS THE SITUATION:

- Is there a fire, a spill or a leak?
- What are the weather conditions?
- Who/what is at risk: people, property?
- What actions should be taken – evacuation?
- What safely can be done immediately?

Significant Risk

Medical Emergency Response Guide



If you come across a person requiring medical assistance, the first rule is to ensure that you check for danger. Check for danger to you, the injured / ill person and any others who may be present.

The injured person should only be moved if they are in further immediate danger.

1. Remain Calm

Assess the patient (DRSABCD).
If Safe to Do So commence CPR if required.

2. Raise the Alarm

If required, immediately call an Ambulance 000.

- Incident details
- Location
- Name
- Contact

Advise patient details

- Age
- Sex
- Description of injury/symptoms

Moderate Risk

Follow instructions from Ambulance Operator
Do not hang up phone

3. Meet the Emergency Services

Have someone meet the Emergency Services on arrival.



DRSABCD Action Plan

In an emergency **call triple zero (000)** and ask for an ambulance

D DANGER

Ensure the area is safe for your self, others and the patient



R RESPONSE

Check for response—ask name—squeeze shoulders

No response

Response

Make comfortable

Monitor response



S SEND for help

Call triple zero (000) for an ambulance
or ask another person to make the call



A AIRWAY

Open mouth—if foreign material present

Place in recovery position

Clear airway with fingers



B BREATHING

Check for breathing—look, listen, feel

Not normal breathing

Start CPR

Normal breathing

Place in recovery position

Monitor breathing



C CPR

Start CPR—30 chest compressions : 2 breaths

Continue CPR until help arrives
or patient recovers






D DEFIBRILLATION

Apply defibrillator if available
and follow voice prompts





First Aid for Asthma

1	<p>Sit the person comfortably upright. Be calm and reassuring. Don't leave the person alone.</p>		
2	<p>Give 4 puffs of a blue/grey reliever (e.g. Ventolin, Asmol or Airomir) Use a spacer, if available. Give 1 puff at a time with 4 breaths after each puff Use the person's own inhaler if possible. If not, use first aid kit inhaler or borrow one.</p>	OR	
3	<p>Wait 4 minutes. If the person still cannot breathe normally, give 4 more puffs.</p>		
4	<p>If the person still cannot breathe normally, CALL AN AMBULANCE IMMEDIATELY (DIAL 000) Say that someone is having an asthma attack. Keep giving reliever. Give 4 puffs every 4 minutes until the ambulance arrives. <small>Children: 4 puffs each time is a safe dose. Adults: For a severe attack you can give up to 6-8 puffs every 4 minutes</small></p>		
4	<p>If the person still cannot breathe normally, CALL AN AMBULANCE IMMEDIATELY (DIAL 000) Say that someone is having an asthma attack. Keep giving reliever while waiting for the ambulance: For Bricanyl, give 1 dose every 4 minutes For Symbicort, give 1 dose every 4 minutes (up to 3 more doses)</p>		
HOW TO USE INHALER	<p>WITH SPACER</p>  <ul style="list-style-type: none"> • Assemble spacer • Remove puffer cap and shake well • Insert puffer upright into spacer • Place mouthpiece between teeth and seal lips around it • Press once firmly on puffer to fire one puff into spacer • Take 4 breaths in and out of spacer • Slip spacer out of mouth • Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff • Replace cap 	<p>WITHOUT SPACER</p>  <ul style="list-style-type: none"> • Remove cap and shake well • Breathe out away from puffer • Place mouthpiece between teeth and seal lips around it • Press once firmly on puffer while breathing in slowly and deeply • Slip puffer out of mouth • Hold breath for 4 seconds or as long as comfortable • Breathe out slowly away from puffer • Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff • Replace cap 	<p>BRICANYL OR SYMBICORT</p>  <ul style="list-style-type: none"> • Unscrew cover and remove • Hold inhaler upright and twist grip around and then back • Breathe out away from inhaler • Place mouthpiece between teeth and seal lips around it • Breathe in forcefully and deeply • Slip inhaler out of mouth • Breathe out slowly away from inhaler • Repeat to take a second dose – remember to twist the grip both ways to reload before each dose • Replace cover

Not Sure if it's Asthma?

CALL AMBULANCE IMMEDIATELY (DIAL 000)

If a person stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

Severe Allergic Reactions

CALL AMBULANCE IMMEDIATELY (DIAL 000)

Follow the person's Action Plan for Anaphylaxis if available. If the person has known severe allergies and seems to be having a severe allergic reaction, use their adrenaline autoinjector (e.g. EpiPen, Anapen) before giving asthma reliever medicine.

For more information on asthma visit:
Asthma Foundations – www.asthmaaustralia.org.au
National Asthma Council Australia – www.nationalasthma.org.au





ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

FIRST AID PLAN FOR
Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors - refer to the device label for instructions

Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#ta5

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting
(these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult/noisy breathing**
- **Swelling of tongue**
- **Swelling/tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking and/or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit
 - 2 Give adrenaline autoinjector**
 - 3 Phone ambulance - 000 (AU) or 111 (NZ)**
 - 4 Phone family/emergency contact**
 - 5 Further adrenaline doses may be given if no response after 5 minutes**
 - 6 Transfer person to hospital for at least 4 hours of observation**
- If in doubt give adrenaline autoinjector**
Commence CPR at any time if person is unresponsive and not breathing normally



ALWAYS give adrenaline autoinjector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this plan for the person with the allergic reaction.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.



SEIZURE FIRST AID

Tonic Clonic Seizure

Convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements.

- 1** **Time the seizure.**
Protect from injury, quickly remove any hard objects that could cause injury.
Protect the head as best you can - place something soft under the head.
Do not attempt to restrain the person or to stop the jerking.
Do not put anything in the mouth.
- 2** **Gently roll the person onto one side** as soon as it is practical to do so. This will help keep the airway clear.
Stay with the person until the seizure ends naturally.
- 3** **Calmly talk** to the person until they regain consciousness. Let them know where they are, that they are safe and that you will stay with them while they recover.



Complex Partial Seizure

Non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour. Can be mistaken for alcohol or drug intoxication.

- During a complex partial seizure you may need to gently guide the person past obstacles and away from dangerous places.
- As the seizure finishes, calmly talk to the person and ask if they are OK.

(02) 6287 4555
EPILEPSY ACT

This information is made available as a guide only on the understanding that Epilepsy Australia Ltd shall have no liability arising by reason of any person using or relying on the information and whether caused by reason of any error, negligent act omission or misrepresentation in the information or otherwise.

In the event of a seizure follow instructions in the individual's seizure care plan. However if you do not know the person, or there is no seizure care plan:

Call an ambulance – 000

- ✓ If the seizure lasts more than **5 minutes** or a second seizure quickly follows.
- ✓ If the person remains non-responsive for more than **5 minutes** after the seizure stops.
- ✓ If the person is having a greater number of seizures than is usual for them.
- ✓ If the person is injured, goes blue in the face or has swallowed water.
- ✓ If the person is pregnant.
- ✓ You know, or believe it to be, the person's first seizure.
- ✓ You feel uncomfortable dealing with the seizure.



FIRST AID GUIDE

EXTERNAL BLEEDING



ALSCOFIRSTAID.COM.AU

1 Use Protection

1. Your safety should always come first. Check for any hazards before approaching the victim.
2. Use gloves as a protective barrier. If you do not have gloves, then avoid direct contact with the victim's blood.
3. You can improvise a barrier to prevent direct contact.



2 Identify and Examine

1. Have the victim sit down. Reassure the victim and get their consent.
2. Carefully expose wound and check for foreign objects (do not remove).
3. Remove any clothing that prevents examination of the wounded area.
4. Assess the wound. If the injury is severe, call an ambulance.

5 Dress the Wound

1. Pick the appropriate dressing for the wound.
2. Apply the dressing directly to the wound. Bandage firmly.
3. Make sure the dressing is not too tight to avoid cutting off circulation.
4. If there is a foreign object embedded in the wound, apply a pressure bandage around it.
5. If blood seeps through, apply another/second pad and bandage on top of the injury. Do not remove original padding and bandage. Call for an ambulance.



3 Use Direct Pressure

1. When profuse bleeding occurs, you need to act fast.
2. Using your gloved hand, apply direct pressure to the injured area.
3. If there is a foreign object embedded in the wound, apply pressure around it and call for an ambulance.
4. If the victim is able, allow them to apply the direct pressure on his own.
5. Remember, the victim might go into shock if lots of blood is lost.



6 Clean Up

No matter how many precautions you take, there is still a chance that you can come in contact with body fluids of the victim.

1. Intact skin should serve as a barrier. However, if you have breaks in your skin, ensure they are covered.
2. If you have come in contact with the victim's blood, wash with warm, soapy water.
3. If blood comes in contact with open skin and eyes, wash with warm, soapy water and seek medical assistance immediately.
4. Contaminated gloves or bandages/dressings are a biological hazard. Always dispose of them accordingly.



DISCLAIMER: The information in this poster is not a substitute for proper first aid training.

Get Certified First Aid Training and Quality First Aid Kits at www.alscofirstaid.com.au



FIRST AID GUIDE

FIRST AID FOR BURNS



ALSCOFIRSTAID.COM.AU

Burn Classifications

- 1. Superficial:** Reddening of skin on affected area. Swelling and localised pain.
- 2. Partial thickness:** Characterised by combination of reddening, swelling, and blistering of skin. Clear fluid seeps from blisters if burst and localised pain.
- 3. Full thickness:** Skin looks pitted and charred. Skin surrounding affected area looks wax-like. Blisters will form and clear fluid will leak from affected area. Victim may not feel any pain if the nerve endings are damaged.

1 Evaluate Potential Dangers

1. Make sure you have neutralised any hazard before you try to treat a burn victim. When you are able to reach the victim, check for a response.



2 Treatment of Burns

1. If conscious, reassure victim and calm them.
2. Cool the burn with cool running water for up to 20 mins. Repeat if necessary. No ice.
3. Call for medical assistance, '000'.
4. Remove clothing around area of burn unless sticking to skin. If able, remove any restrictive items such as jewelry.
5. Apply non-adhesive, non-fluffy (wet), sterile dressing.
6. Do not burst blisters or remove damaged skin. Do not use ointments or fats such as butter.

3 Dealing with Chemical Burns

1. Flush the affected area with cool running water for 20 minutes, repeat if necessary. No ice.
2. Make sure chemical does not reach unaffected areas.
3. Clothing that has been contaminated should be removed if it does not cling to the skin of affected area.
4. Check SDS sheet and call for medical assistance and tell them what type of chemical burn



4 Applying Dressing to Burns

1. Apply non-adhesive, non-fluffy (wet) sterile dressings once the burns have cooled down.
2. Dressings soaked in water-based gel may be used to minimise infection.
3. Dressings can be improvised if necessary.
4. Note: majority of chemical burns occur after physical contact.

6 Burning Clothes

1. If victim's clothing is on fire, their airway will be at risk.
2. Try to get the victim on the ground (stop, drop and roll) to put out the flames.
3. If available, use a fire blanket to extinguish flames. Start at the victim's head and work towards their feet.
4. Cool burned areas with cool running water. Cover burned area when cooled.
5. Call for medical assistance, '000'.
7. Monitor and reassure victim. Document incident.

7 Dealing with Complicated Burns

1. Burns that affect the airway are very serious. Inhalation burns are life threatening, call emergency services immediately.
2. Lungs and related areas can be burned by fumes. This requires immediate medical attention.
3. A circle burn affects the skin surrounding a part of the body. As the swelling increases, it can hinder circulation. Treat the burn and call the emergency services.

5 Degrees of Burn Severity

1. The severity of a burn injury depends on the part of the body that is affected and the damage caused by burn (for reference, 1% of body's skin surface is equal to the palm of hand).
 2. The following cases should be referred to a hospital:
 - Superficial burns affecting 5+% of body surface.
 - Partial thickness burns that affect 1+% of body surface.
 - Any kind of full thickness burns.
 - Burns affecting children.
 - Burn cases affecting feet, hands, face, and genitals.
 - Burns covering a limb.
 - Burns with different depth patterns.
 - Any kind of electrical burn.
 - Airway burns.
- Note:** If you are unsure about severity of a burn, it's important to refer victim for proper medical assistance.



DISCLAIMER: The information in this poster is not a substitute for proper first aid training.

Get Certified First Aid Training and Quality First Aid Kits at www.alscofirstaid.com.au



FIRST AID GUIDE

ELECTRICAL SHOCK



ALSCOFIRSTAID.COM.AU

1 Evaluate Potential Dangers

1. Ensure power sources are 'off' before attending to victim.
2. Keep 25 meters from high voltage electricity until power turned off by authorities.
3. For low voltage, turn off mains power.
4. Insulate yourself from ground using books, newspaper, or rubber matting.
5. Remove cables or wires from victim using non-conductive object e.g. (wood, rolled up newspaper)



2 Check the Level of Response

1. When able to reach victim, check for a response to see if they are conscious.
2. Call out to them ask if they can open their eyes or hear you.
3. Give their shoulders a firm squeeze. Ask them to squeeze your hand.
4. Do not move the victim unless there is a hazard that could cause further injury.

3 Call for Help '000'

1. First aid may be required. **Call for help right away.**
2. One person should stay with victim while another calls for help. If alone, stay with the victim and call for help with your phone
3. When dialling emergency, state you need an ambulance. Provide your phone number, description of incident, condition of victim, and exact location.
4. Do not hang up unless directed to by emergency services.



4 Check the Airway

1. Check airway of an unresponsive victim.
2. Open the victims mouth and look for obstructions without tilting the head back.
3. If there is any obstruction/fluid, roll victim into recovery position and clear the mouth/airway.
4. Once the mouth/airway is cleared, check breathing while victim is in the recovery position.

Check for Breathing

1. **Look** at the victim's chest - is it rising and falling?
2. **Listen** for breathing - place your ear near victim's face.
3. **Feel** for moving air on your cheek when near victim's nose and mouth.
4. Place one hand onto the victim's stomach while placing your ear beside their mouth/nose to check for breathing.

5 Unconscious and NOT Breathing

1. Place victim on their back on a firm, flat surface.
2. Kneel so that you are 90 degrees to victim's upper body, with your knees shoulder width apart.
3. Place your hands, one atop the other, on victim's sternum (centre of chest). Compress chest 1/3 depth, at a rate of approx. 100 compressions per minute.
4. After 30 compressions open victim's mouth and tilt head back to open airway.
5. Use face shield/pocket mask and blow in victim's mouth. Look if chest rises. Stop and repeat for 2nd breath.
6. Continue cycle of 30 compressions to two breaths (30:2)
7. Call for a defibrillator.
8. If unable to perform rescue breaths, perform continuous chest compression CPR only, until help arrives.
9. Continue performing CPR until: help arrives, victim shows signs of response, AED says so, you cannot continue due to exhaustion, or, there is danger.

Breathing but Unconscious

1. If victim is breathing, place into recovery position.
2. Check airway again to ensure they are still breathing.

6 Dealing with Burns

Electrical exposure can cause burns to the skin and, in severe cases, internal organs. Proper treatment is vital.

1. If conscious, immerse injured area in cool, running water.
2. Once burn has been cooled, cover with clean, non-adhesive, non-fluffy (wet) dressing.
3. Place unconscious victims in recovery position and cover burned area with wet dressing.
4. Do not remove blisters. Do not use adhesive or fluffy dressings. Do not apply fats, butter or ice.

7 Dealing with Other Injuries

1. Check for muscle spasms and seizures. Can occur after actual shock.
2. Place padding under head and cover victim in blanket.
3. Ensure victim's breathing is unrestricted.
4. If victim breathing but unconscious, place in recovery position. If victim is NOT breathing, perform CPR and call emergency services.
5. Even if victim does not show signs of injury, call emergency services or seek medical advice, as electrical shock can affect internal organs.



DISCLAIMER: The information in this poster is not a substitute for proper first aid training.

Get Certified First Aid Training and Quality First Aid Kits at www.alscofirstaid.com.au



FIRST AID GUIDE

EYE INJURY



ALSCOFIRSTAID.COM.AU

1 Check the Eye

1. Understand the situation. Find out what caused victim's injury. Proceed to appropriate section of the poster.
2. Have the victim sit down and lean back with their head tilted to side of injured eye.
3. If possible, gently open the affected eye and examine the eye and under both eye lids. Ask the victim to move their eye around to help.
4. Check for lodged foreign objects. Most of the eye surface is not visible, so this is important. Keep victim informed.

4 Injured Sockets

1. Check if victim has suffered head or neck injuries. If they have, those should be prioritised.
2. Examine eye as shown in the Step 1.
3. A cold compress can be used to reduce the swelling.
4. If there is any blood leaking into the eye, medical attention is needed right away.

2 Irrigate the Eye

1. Check eyewash package is sealed, not out-of-date, and solution is clear. If not, do not use.
3. If using water, ensure water source is clean and pure.
4. Irrigate eye under cool running water for 20 minutes.
5. If eye shuts, open gently. Ensure contaminated water does not reach unaffected eye.
6. Ask victim to hold a sterile dressing over affected eye.
7. Identify the chemical that has caused injury. Call emergency services or seek medical advice.



3 Chemical Contamination

Make sure there is no risk to yourself before treating the victim.

1. Put on gloves.
2. Keep victim seated with head inclined, towards affect eye.
3. Check the safety data sheet (SDS) relating to the chemical and follow instructions.
4. Irrigate eye as shown in Step 2 for 20 minutes, unless information on safety data sheet states differently.
5. Cover the eye with sterile dressing. Call emergency services or seek medical help.



5 Arc Eye

Arc eye can be caused by overexposure to UV rays e.g. when arc welding.

Victim may complain of severe headache. Eyes may feel gritty and may see black spots.

1. Keep victim in a dark room.
2. Pad the eyes.
3. Take victim to hospital.



6 Application of Dressings

It is not possible to immobilise a single eye - eyes move as one unit. Keep this in mind.

1. If major foreign object lodged in eye, then leave it in place.
2. Lay victim down.
3. If major object is protruding, immobilise with rolled bandage. If foreign object is a minor one, place light dressing over affected eye.
4. Bring victim to hospital, or send for emergency help.

7 Call for Help '000'

1. You should call for help immediately.
2. If you are alone, call for help. If you are with someone, ask them to call while you respond.
3. Be ready to provide information regarding your location and the incident.



DISCLAIMER: The information in this poster is not a substitute for proper first aid training.

Get Certified First Aid Training and Quality First Aid Kits at www.alscofirstaid.com.au



Evacuation

Evacuation is a risk management strategy which can be used as a means of mitigating the effects of an emergency. It involves the movement of people to a safer location.

Although evacuation is considered an important element of emergency response which may be effective in many situations, however there may be occasions when people would be safer to stay and shelter in place. Depending on the nature of the risk, measures such as closing windows, isolation of air conditioning systems and listening to the radio and/or TV to receive information can be taken to reduce vulnerability.

Evacuation Routes

Evacuation routes are not predetermined. Selection of the most appropriate evacuation route and/or Evacuation Assembly Area will be made at the time of the emergency, based on, but not limited to, the following factors:

- location of the emergency;
- nature of the incident;
- weather conditions/wind direction; and
- other potential hazards.

Evacuation Assembly Areas are located at:



Keilor Community Hub Car Park
Old Calder Highway

Keilor Football Club Oval
Old Calder Highway





Version 1

EVACUATION DIAGRAM KEILOR BOWLS CLUB



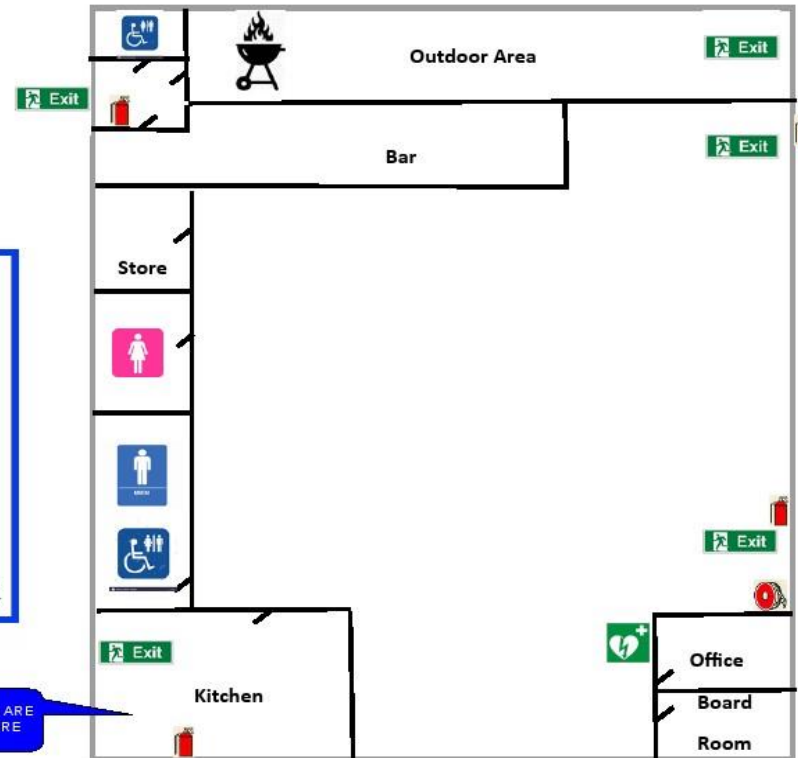
Discovering An Emergency

1. Raise the alarm, dial **000**
2. Attempt to suppress the emergency
If Safe to Do So
3. Remove any person from danger
If Safe to Do So
4. Warn everyone to stay away
5. Evacuate to the Assembly Area if required

Assembly areas are located at:

1. Brimbank Council Offices Car Park
2. Keilor Oval

YOU ARE HERE



First Aid /Defibrillator



Hose Reel



Fire Extinguisher



Internal Door



Entrance & Exit



EVACUATION DIAGRAM KEILOR BOWLS CLUB

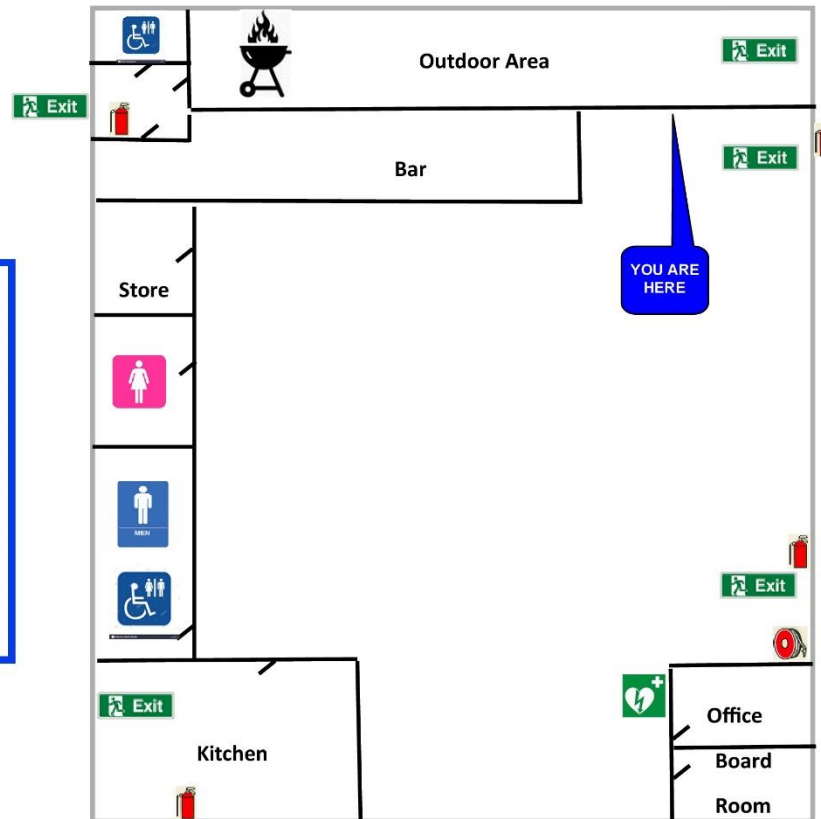


Discovering An Emergency

1. Raise the alarm, dial **000**
2. Attempt to suppress the emergency
If Safe to Do So
3. Remove any person from danger
If Safe to Do So
4. Warn everyone to stay away
5. Evacuate to the Assembly Area if required

Assembly areas are located at:

1. Brimbank Council Offices Car Park
2. Keilor Oval



First Aid / Defibrillator



Hose Reel



Fire Extinguisher



Internal Door



Entrance & Exit



EVACUATION DIAGRAM KEILOR BOWLS CLUB

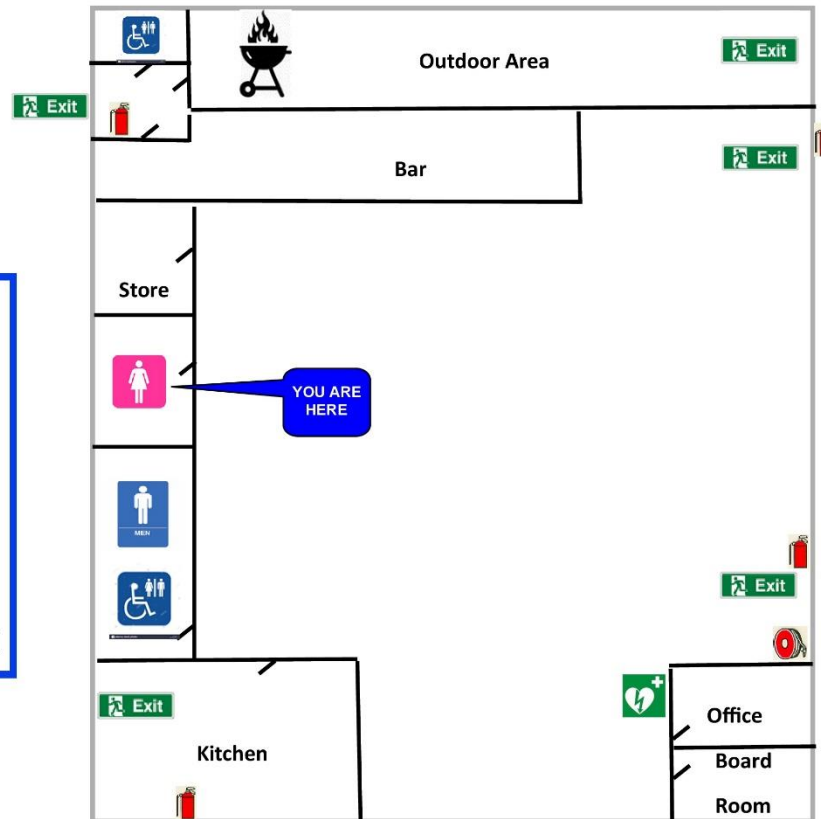


Discovering An Emergency

1. Raise the alarm, dial **000**
2. Attempt to suppress the emergency
If Safe to Do So
3. Remove any person from danger
If Safe to Do So
4. Warn everyone to stay away
5. Evacuate to the Assembly Area if required

Assembly areas are located at:

1. Brimbank Council Offices Car Park
2. Keilor Oval



First Aid / Defibrillator



Hose Reel



Fire Extinguisher



Internal Door



Entrance & Exit



EVACUATION DIAGRAM KEILOR BOWLS CLUB

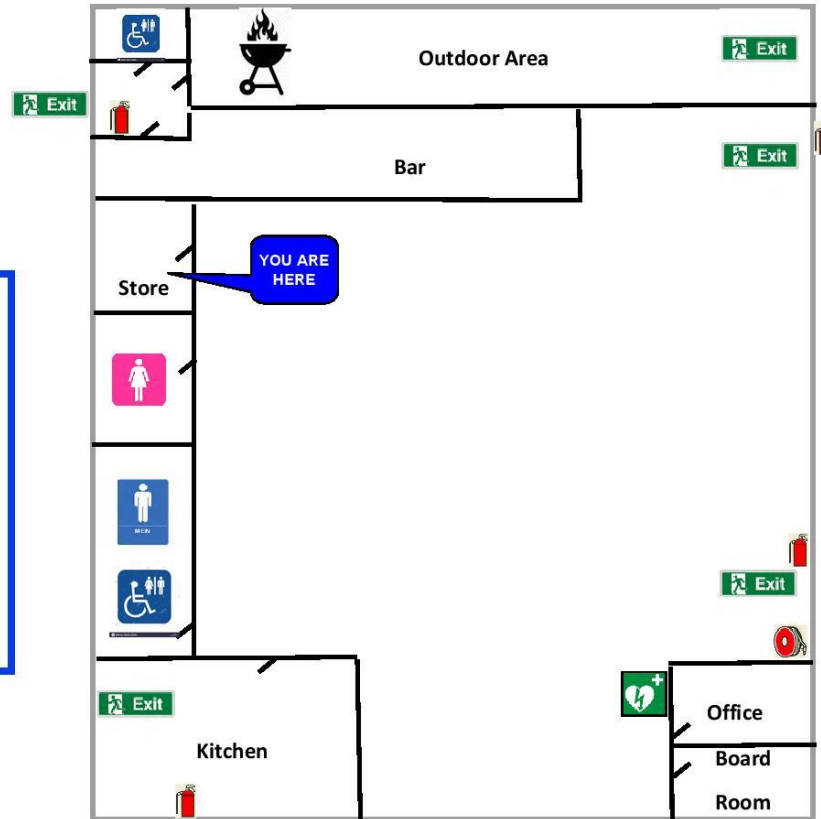


Discovering An Emergency

1. Raise the alarm, dial **000**
2. Attempt to suppress the emergency
If Safe to Do So
3. Remove any person from danger
If Safe to Do So
4. Warn everyone to stay away
5. Evacuate to the Assembly Area if required

Assembly areas are located at:

1. Brimbank Council Offices Car Park
2. Keilor Oval



First Aid / Defibrillator



Hose Reel



Fire Extinguisher



Internal Door



Entrance & Exit



EVACUATION DIAGRAM KEILOR BOWLS CLUB

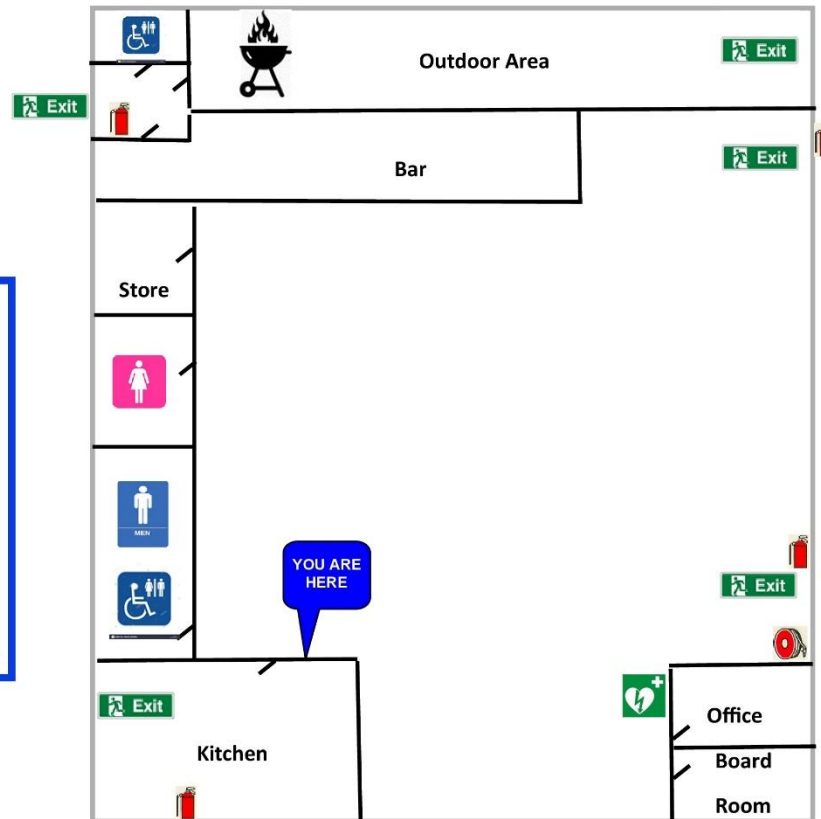


Discovering An Emergency

1. Raise the alarm, dial **000**
2. Attempt to suppress the emergency
If Safe to Do So
3. Remove any person from danger
If Safe to Do So
4. Warn everyone to stay away
5. Evacuate to the Assembly Area if required

Assembly areas are located at:

1. Brimbank Council Offices Car Park
2. Keilor Oval



First Aid / Defibrillator



Hose Reel



Fire Extinguisher



Internal Door



Entrance & Exit



EVACUATION DIAGRAM KEILOR BOWLS CLUB

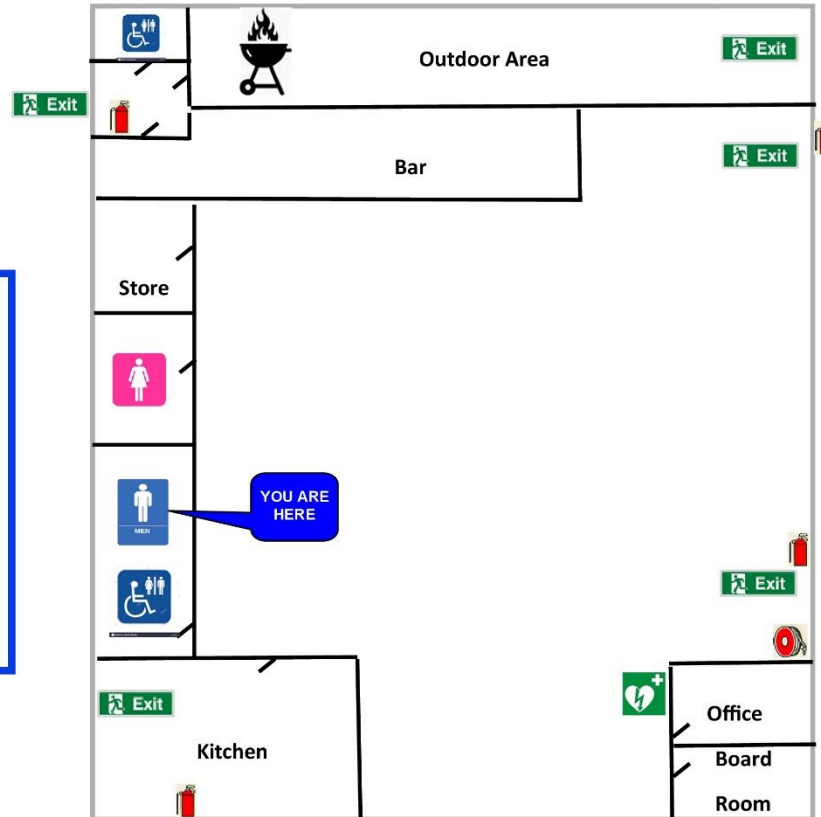


Discovering An Emergency

1. Raise the alarm, dial **000**
2. Attempt to suppress the emergency
If Safe to Do So
3. Remove any person from danger
If Safe to Do So
4. Warn everyone to stay away
5. Evacuate to the Assembly Area if required

Assembly areas are located at:

1. Brimbank Council Offices Car Park
2. Keilor Oval



First Aid /Defibrillator



Hose Reel



Fire Extinguisher



Internal Door



Entrance & Exit



EVACUATION DIAGRAM KEILOR BOWLS CLUB

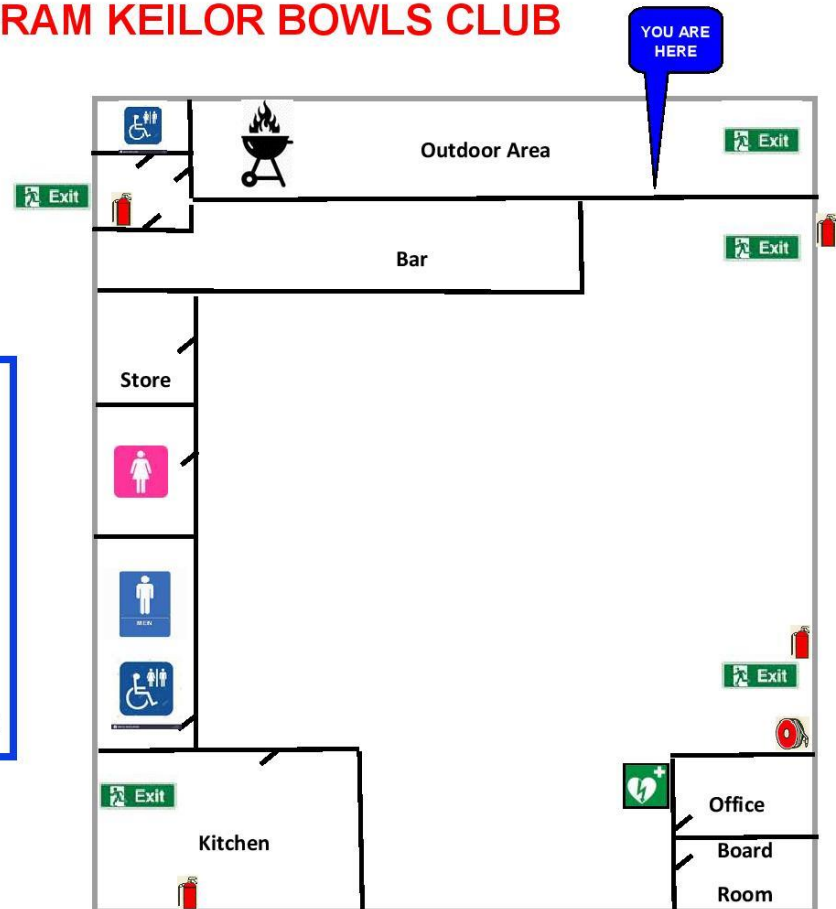


Discovering An Emergency

1. Raise the alarm, dial **000**
2. Attempt to suppress the emergency
If Safe to Do So
3. Remove any person from danger
If Safe to Do So
4. Warn everyone to stay away
5. Evacuate to the Assembly Area if required

Assembly areas are located at:

1. Brimbank Council Offices Car Park
2. Keilor Oval



First Aid / Defibrillator



Hose Reel



Fire Extinguisher



Internal Door



Exit Entrance & Exit



Section 5 Recovery

Post Trauma Recovery

Emergencies, especially those resulting in the death or serious injury, can have an adverse impact on persons involved.

If required, the Management Committee will arrange counselling for affected persons as well as ongoing support.

Business Continuity

After a major emergency, it is the responsibility of the Management Committee to oversee the process of returning the club to an acceptable level of functioning taking into consideration:

- Insurance claims procedure
- Contingency plans and recovery strategies framework around identified risks, threats and responses
- Development of a Business Recovery Plan