Edith Cowan University



People and Culture

**Field, Event or Travel (FET)  
Emergency Response Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TRIP / PROJECT DETAILS** | | | | | |
| **Project / Trip Title** |  | | | | |
| **Field, Event or Travel**  **Supervisor** |  | | | | |
| **Risk Assessment #** |  | | Please note, the Risk Assessment should consider likely emergency scenarios for your location and effective controls / mitigation measures. | | |
| **Risk Assessment reviewed prior to the trip, and it covers likely emergency scenarios?** | | | | ☐ **Yes** | ☐ **No** |
| **Anticipated trip date (or date range)** | |  | | | |

|  |  |  |
| --- | --- | --- |
| **EMERGENCY PROCEDURES** | | |
| **Emergency Contact Number:** |  | |
| **Contact method (mobile phone etc):** |  | |
| **Extraction Method (if remote)** |  | |
| **Expected evacuation time to transport any patient to nearest facility:** | |  |

**Emergency Equipment**

**Will you require any emergency equipment or items (i.e**

**EPERB for remote work, medications, first aid kit etc) If yes, please specify:**

|  |  |
| --- | --- |
| **EMERGENCY CONTACTS** | |
| **Nearest Police Station contact/location and phone #** |  |
| **Nearest Medical contact/location and phone #** |  |
| **ECU contact to notify in the event of emergency and incident?**  **Including contact # / details** |  |