Edith Cowan University

People and Culture

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

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| **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)** |  |

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| **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:**

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| **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** |  |