

Emergency Evacuation Rehearsals Nominated Supervisor OSHC

NQS 2.2.2 Incident and emergency management

Name of the person conducting the checklist: _____ Date: _____

Did the person discovering the emergency alert everyone else?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Was the alarm/whistle/bell activated as soon as possible?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Did someone pretend to contact the emergency services and give the correct information?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Did staff assist children and visitors to move the assembly area correctly in terms of the evacuation procedures? (The assembly may be inside or outside depending on the emergency).	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Did everyone present participate in the rehearsal?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Did staff ensure all areas of the service, including the isolated ones, were searched?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Did the evacuation move in a smooth and calm manner?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Was there anybody who took charge of the evacuation? If yes, who?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Did the children and visitors present follow instructions?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Did all staff know what to do during the emergency and follow the relevant procedure?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Was a roll call conducted at the assembly area for:			
• Children	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
• Staff	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
• Visitors (including contractors and volunteers)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Were all children and adults with additional needs assisted appropriately?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Did someone collect the emergency kit?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Was a mobile phone available for communication?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Did a Responsible Person talk with the emergency service/s?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Did a Responsible Person (or a person they appointed) talk with families?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Was there anyone who re-entered the centre before the "all clear" was given?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Was there anyone who refused to follow instructions and go to the assembly area?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA

Actions required