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Emergency Management Plan

FBFV – Roma, Huracan Pty Ltd

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EMERGENCY MANAGEMENT PLAN

ROMA, QUEENSLAND

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Emergency Response Plan - Roma QLD



Distribution List

MANAGER
HURACAN ADMINISTRATOR
ROMA OPERATIONS MANAGER
HURACAN HIMIS

Glossary

EMP	Emergency Management Plan
EMT	Emergency Management Team

1 SCOPE

This Emergency Management Plan (EMP) addresses Location Emergencies as defined in Section 4 below. This EMP applies to all the emergencies requiring attention at the Roma Location level and specifies individuals defined as the Emergency Management Team (ERT) in Section 5

2 STANDARD

As per Huracan's Health Safety Management Plan, each location requires an Emergency Management Plan outlining response in the event of an emergency.

3 RESPONSIBILITY

The General Manager is responsible for establishing the Roma EMP and its update on an as needed basis, not to exceed two years.

It is the responsibility of the individual members of the ERT, defined in Section 5, to be familiar with the plan. The General Manager is responsible for making new ERT members aware of their responsibilities.

4 DEFINITIONS

Major Emergency

An Emergency requiring support, which can be handled by a single member of the ERT such as:

- Life threatening bodily injury or life-threatening illness.
- Medical evacuation from or within Roma.
- Major environmental or property damage.

Catastrophic Emergency

Events that may require the expertise of all or part of the ERT such as:

- Single or multiple fatalities.
- Major fire or explosion on a drilling rig.
- Surface blowout.
- Catastrophic environmental damage.
- Catastrophic property damage.
- Political or civil unrest, such as war.
- Unplanned evacuation of a rig or location.
- Adverse media publicity
- Epidemic

5 EMERGENCY MANAGEMENT TEAM

The main objective of the Emergency Management Team (ERT) is to:

- Provide managerial and technical support in an emergency.
- Effectively coordinate with external parties such as the clients, medical facilities, police, Families.

The ERT is composed of the following personnel:

- General Manager
- Roma Operations Manager
- Administrator

ERT members should retain a copy of this guide in their offices and homes.

The makeup of the ERT will depend on the emergency and will be decided on a case-by-case basis by the General Manager.

For emergencies, the ERT will meet at the Huracan Office at 151 Warooby Lane, or via telephone or other media hookup in the event all personnel are not available in Roma.

6 ON CALL

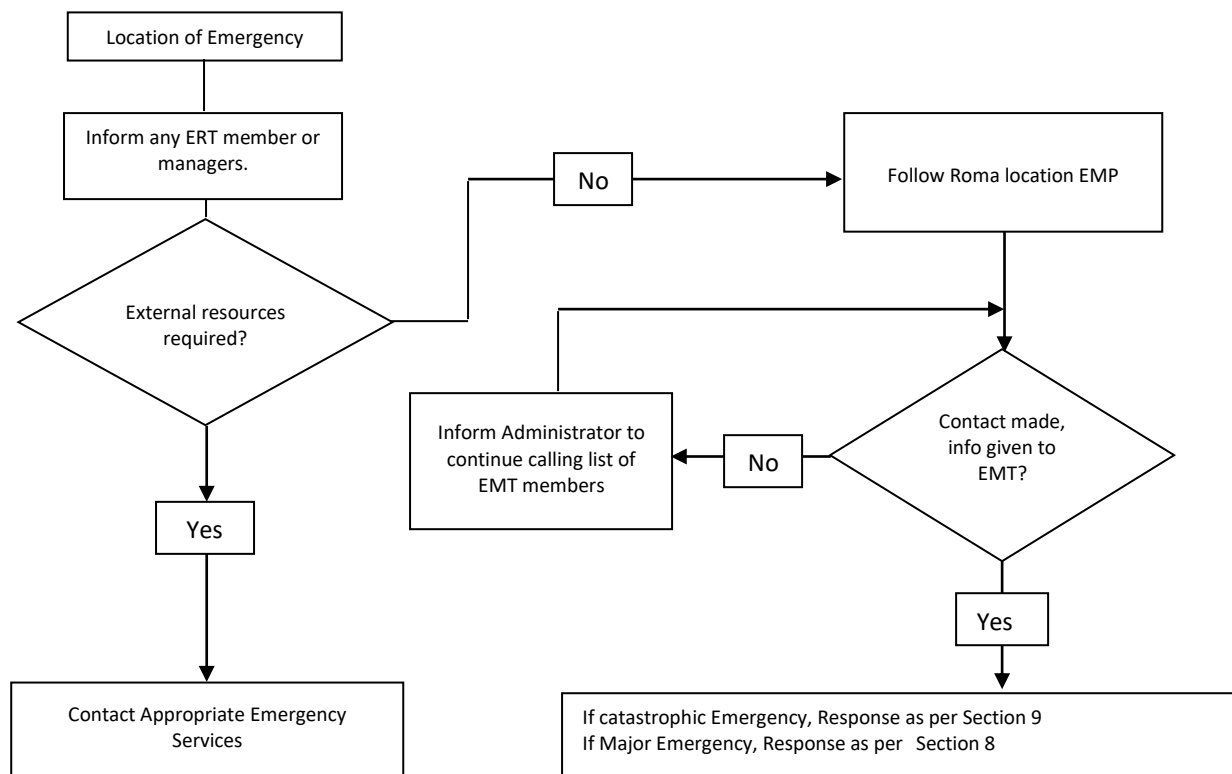
ERT members and other location employees shall be available for ERT duties.

All members of the ERT have phones, whose numbers are listed within this EMP, and should ensure that any travel plans are communicated to the General Manager prior to departure.

On receiving an emergency response call, the ERT member will follow:

- **Section 8** for Major Emergency.
- **Section 9** for Catastrophic Emergency.

7 COMMUNICATION OF EMERGENCY



Huracan EMT Members Contact Numbers

General Manager	Jon Hollingworth	Mobile:	+61-(0)-414-471-907
		Email:	jhollingworth@huracan.com.au
Huracan Administrator	Katrina Hollingworth	Mobile:	+64-(0)-272-728-748
		Email:	admin@huracan.com.au
Roma Operations Manager	Matt Auld	Mobile:	+61-(0)-438-753-973
		Email:	m.auld@huracan.com.au

8 EMT MEMBERS RESPONSE TO A MAJOR EMERGENCY

Record the information in Annex 1 and keep a time log of conversation as per Annex 4 (All EMT members are involved in recording the information).

In the event of bodily injury or illness requiring immediate medical attention, immediately contact the closest First Aider and then dial 000 for emergency services and give relevant details. Alert the EMT and direct manager of casualty.

In the event of an environmental mishap, report the incident to the local authorities and inform client as applicable.

9 RESPONSE TO A CATASTROPHIC EMERGENCY

Record the information in Annex 1 and/or Annex 2 and keep a time log of conversation per Annex 4. Synchronize all watches so all logs are consistent.

Notify the appropriate EMT members and, if necessary, request members to assemble at the Emergency Assembly Area.

Whoever is the first to be made aware of the emergency shall notify as soon as practicable the other members of the EMT.

Issue the instruction outlined in Annex 3 to the duty receptionist (office hours) or to the person assigned to receive calls after office hours

10 THE GENERAL DUTIES OF THE EMERGENCY MANAGEMENT TEAM MEMBERS ARE:

General Manager:

- Managerial support as required.
- Inform clients / third party organizations of situation.
- Issue press statements with support of legal counsel

Operations Manager

- * Correspond with medical support personnel as in Section 7.
- * Assist General Manager
- * Responsible for Roma area and personnel in the event of an emergency

Huracan Administrator

- * Assist Location Manager
- * Retain a log of all incoming information.

Recommendation

ICE – In Case of Emergency

We recommend that all personnel possessing a mobile phone include a “contact” named “ICE”. Then provide a phone number, which can be contacted “In Case of Emergency” and an employee needs assistance because of medical emergency or injury. Emergency service providers recognize “ICE”.

11 ANNEX 1: INFORMATION REQUIRED FOR FATALITY OR MULTIPLE BODILY INJURY

Synchronize Watches!

Record the time at which the emergency message was received ____ Hrs ____ mins.

Record caller's name and contact number

Total number of injured or deceased persons

Name(s) of injured / deceased

Nationality of injured / deceased

Present location of injured / deceased

Field location / Hospital / Doctor - Name, telephone number, fax or email

Brief medical description

Medical treatment given so far (on Field Location, local hospital, etc.)

If possible the following information should also be included:

Position and status of the injured.

Location of the incident

Date and time of the accident

Brief description of the accident

Patients home contact numbers and next of kin

Evacuation / rescue requirements

Action already taken to minimize losses

Action required from the Roma EMT

Note: Roma EMT will request that a list of all personnel currently on the work site as soon as possible.

12 ANNEX 2: INFORMATION REQUIRED FOR CATASTROPHIC PROPERTY OR ENVIRONMENT DAMAGE

Synchronize Watches!

Note: If the event also included fatalities or multiple bodily injuries, the information should also be given on Annex 1.

Record the time of which the emergency message was received ____ Hrs ____ mins.

Record the caller's name and contact number

Name and location of the work site

Date and time of the accident

Description of the accident

Number of personnel at the site

Extent / number of casualties (see above)

Detail of equipment down/ damage

Status of the well bore (position of plugs etc.)

Evacuation / rescue requirements

--

Action being taken to control losses

--

Any external assistance participating

--

Weather Conditions if applicable

--

Has the client been informed?

--

Client contact person and telephone number for this event

--

Action required from the Roma EMT

--

13 ANNEX 3: INSTRUCTION TO ANSWER INCOMING CALLS

General

Any calls pertaining to the emergency must be recorded on the time log (see Annex 4).

Under no circumstances, release or divulge any information other than that supplied officially by Emergency Management Team (EMT) members.

As the emergency evolves, calls may be received from the media, special interest groups and family members, the general public and emergency services. The following action should be taken.

Call from Family or Next of Kin

If you receive a call from relatives or persons possibly involved, refer them in the first to the General Manager.

Inform the administrator of callers and log them, keep them informed if a separate telephone number is made available for family and next of kin.

If a separate number is established, refer all family and next of kin call to it, including those of contractor personnel.

Calls from the Media or Special Interest Groups

The media includes newspapers, TV, radio, press agencies, etc.

Special interest groups include environmental organizations, political groups, public bodies, etc.

Do not discuss any matter at all. Request the name of the organization and the contact number and advise them that an appropriate person will contact them.

Take contact details and inform them that we will contact them with relevant information as it comes to hand, seek legal advice.

Calls from the Public

Holding Statement

"There has been an incident on Field Location _____ in _____. No details are available at present, but our emergency procedures have been initiated. A further statement will be released as information is received. Please give us your name and telephone number, and you be contacted by a member of our staff at the earliest opportunity."

Establish the Caller's concern. If the query is relevant, pass the call to the EMT or the designated separate telephone number.

If the query is not relevant, give the holding statement.

Calls from other Companies

Determine if such calls are relevant to the emergency. If they are, connect the call to the EMT room.

If calls are not relevant, give the holding statement.

Calls from the Location involved in the emergency, the client involved, calls from Roma personnel involved in the emergency will be referred to the EMT room.

Date _____

Work Site _____

EMT Member

[illegible]

15 ANNEX 5: SUPPORT CONTACT NUMBERS

Roma Direct Emergency Services Contact Details

<u>Ambulance</u> Direct Emergency:	000 / 112 Mobile
<u>Police contact</u> Direct Life threatening emergencies only: Roma Police station All other 24 hour police assistance or general enquires:	000 / 112 Mobile (07) 4622 9333 131444
<u>Fire</u> Direct Emergency Roma Country Fire Brigade	000 / 112 Mobile (07) 4622 4139
<u>Doctors - Medical Assistance for employee Injuries</u> Maranoa Medical Centre: 27 Quintin Street ROMA Qld Poisons Information Centre 24 Hours	(07) 4622 2266 13 1126
<u>Hospital – For Ambulance Evacuations</u> Roma Hospital 197-234 Mc Dowall Street ROMA Qld	(07) 4624 2700

16 ANNEX 6: CHEMICAL EMERGENCY RESPONSE SYSTEM

The Emergency Response System is designed to provide immediate response information to the scene of transportation, medical or environmental chemical emergency on a worldwide basis. This system operates 24 hours a day, 7 days a week.

24 Hours Emergency Telephone Number: 000 / 112 from a Mobile

Incident When Emergency Phone Number is to be used:

- a. Chemical or Other Hazardous Material Spills**, from transport vehicles, storage facilities, equipment, or containers at the base or on location.
- b. Motor Vehicle Accidents** in which there is a chemical spill or potential for spill could occur.
- c. Personnel Exposures to Chemical.**
- d. Sudden Release of Chemical Fumes.**

Action to be Taken Immediately:

- a. First Aid**, for exposure or injury if required.
- b. Isolate Area**, by roping off as appropriate.
- c. Shut off**, source of emissions.
- d. Contain Spill**, if possible.
- e. Do Not** discuss liability with anyone.
- f. Telephone Operations Manager specified in local Emergency Management Plan.**

Description of the incident, location and time, type and quantity of material spilled including MSDS information, personnel injury or exposure, etc.

Stand By, for call back from EMT team member, who will recommend response actions, be a resource for health, safety and environmental hazard information, and assist with required immediate reporting to agencies.

17 ANNEX 7: PATIENT MEDICAL EVACUATION LIAISON FORM

Name:

Age:

Product Line:

History of allergy :(please asks the patient, if possible):

In case of medical illness - nature of illness (e.g. chest pain, stroke, etc):

In case of accident - type of accident (e.g. Snake bite or any job related accident):

GENERAL CONDITION OF PATIENT

Body parts injured (e.g. hand, foot, leg, abdomen, trunk, head etc):

In case of snake or scorpion bite, which part of the body is bitten (e.g. hand, food, leg, face etc):

Evidence of major bleeding: Yes ☐ No ☐ if yes, site of bleeding:

Is the patient Consciousness: Yes ☐ No ☐ Vomiting: Yes ☐ No ☐

In case of unconsciousness, is the patient breathing: Yes ☐ No ☐

FIRST AID GIVEN AT SITE

Date and time of Medevac:

Mode of Medevac: Routine vehicle ☐ Road Ambulance ☐ Air Medevac: ☐

Who will accompany the patient: Name of First Aider or General attendant?

Name and location of Hospital for Initial Medevac:

Initial treatment given:

Admission in hospital: Yes ☐ No ☐ Further Medevac to major hospital: Yes ☐ No ☐

In case of further Medevac to major hospital – Name and location of the hospital:

Mode of Medevac for major hospital: Routine vehicle ☐ Road Ambulance ☐ Air Medevac: ☐

Name & Signature First aider / Supervisor:

Location:

18 ANNEX 8: BOMB THREAT CHECKLIST

Number call was received on: _____

Time of Call: _____ Date: _____ Duration of Call: _____

1. Exact words of the threat?

2. Inform Caller:

"The building is occupied and the detonation of a bomb could result in death or serious injury to many people."

3. Questions to Ask:

- When is the bomb going to explode? _____
- Where is it right now? _____
- What does it look like? _____
- What kind of bomb is it? _____
- What will cause it to explode? _____
- Did you place the bomb? _____
- Why? _____
- What is your address? _____
- What is your name? _____

1. Message Style

- ☐ Well Spoken (educated)
☐ Foul language

- ☐ Message Read
☐ Incoherent

- ☐ Taped
☐ Irrational

2. Callers Voice

- | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Familiar | <input type="checkbox"/> Normal | <input type="checkbox"/> Disguised | <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Distinct | <input type="checkbox"/> Ragged | <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Rapid |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Slurred | <input type="checkbox"/> Accent | <input type="checkbox"/> Lisp | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Nasal | <input type="checkbox"/> Soft | <input type="checkbox"/> Loud | <input type="checkbox"/> Laughter | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Young | <input type="checkbox"/> Old | Race? _____ |

If voice is familiar, what/who does it sound like? _____









If voice has an accent, what type? _____

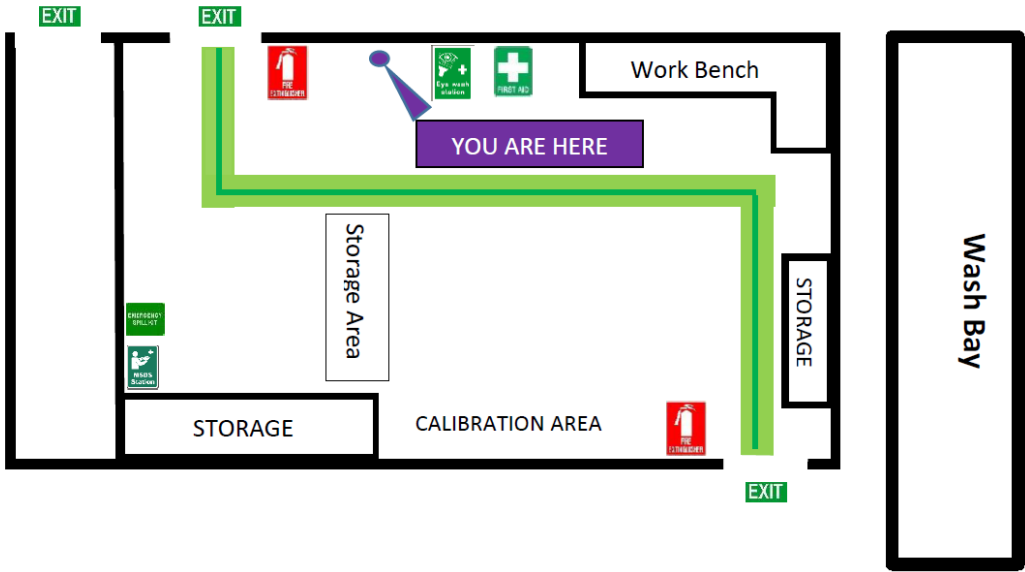
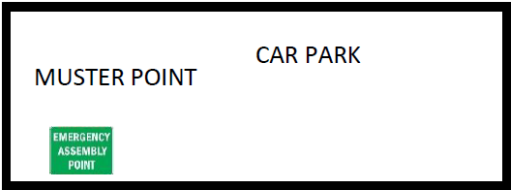
3. Background Sounds:

- | | | | |
|--|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Music | <input type="checkbox"/> Typewriter |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Vehicle Engines | <input type="checkbox"/> PA system | <input type="checkbox"/> Machinery |
| <input type="checkbox"/> Local | <input type="checkbox"/> Long Distance | <input type="checkbox"/> Clear | <input type="checkbox"/> Static |
| <input type="checkbox"/> Booth | <input type="checkbox"/> House Noises | <input type="checkbox"/> Dishes | <input type="checkbox"/> Children |

Emergency Contacts	
Fire Brigade	000
Ambulance	000
Police	000
(Manager) Jon Hollingworth	0414 717 907
Hospital	07 4624 2700

IN CASE OF Emergency	
Remain Calm and Call 000	
Follow the Route Highlighted out of the Workshop	
Wait at the Muster Point for Emergency Services	

Escape Route		First Aid Station	
Exit		Eye Wash Station	
Fire Extinguisher		Emergency Assembly Point	
Emergency Spill Kit		MSDS Station	



Basic Emergency Response	
Initial Responder	EMT
<p>Do not put yourself at risk.</p> <ul style="list-style-type: none"> ▪ Remove yourself and others from danger; ▪ Activate ESD/isolate equipment as necessary if safe to do so; ▪ Provide First Aid to any injured persons, as required and if qualified to do so; ▪ Raise the alarm (report location, type and extent of incident) by radio or telephone to Direct Supervisor and/or Operations Manager 	<ul style="list-style-type: none"> ▪ Account for all personnel. ▪ Escalate to Emergency services, if required. ▪ Ensure a log is maintained of emergency events, actions, communications.
Bomb Threat / Suspicious Object	
Suspicious Item of Bond Threat Receiver	EMT
<p>Do not put yourself at risk.</p> <ul style="list-style-type: none"> ▪ Do not touch a suspicious object or package. ▪ Obtain information about the threat. <ul style="list-style-type: none"> ▪ Number of people. ▪ Location. ▪ Damage or type of protest. ▪ Muster & Evacuate the site if appropriate. ▪ Make contact with the Police. ▪ If at a 3rd party or operating company's location, inform the direct supervisor as soon as practicable and follow instructions provided. 	<p>Do not put yourself at risk.</p> <ul style="list-style-type: none"> ▪ Muster if required. ▪ If not already done, make contact with the police or provide updates. ▪ Undertake Site ERT Member roles as directed, (Scribe, Communications, Logistics, field response.)

Bushfire		
Evacuate	Unable to Evacuate	EMT
<ul style="list-style-type: none"> ▪ Raise the alarm by UHF Radio to all personnel in the immediate area. ▪ If safe to do so evacuate as soon as possible from the area in the direction away from the fire if possible. ▪ Prior to departure agree on a primary and secondary muster location. ▪ Travel in a convoy if in multiple vehicles. ▪ In low visibility turn on headlights and hazards lights. ▪ If at a 3rd party or operating company's location and under their SSM, follow instructions as provided. 	<ul style="list-style-type: none"> ▪ Notify the Office of your location ▪ Park the vehicle in the centre of the cleared area. ▪ Face least exposed part of vehicle towards the fire. ▪ Any flammables should be carried into the bush downwind. ▪ Close all vehicle windows and vents. ▪ Headlights and hazard lights on. ▪ Start drinking water and continue to do so through the fire. ▪ Cover your body with a fire blanket or cotton/wool blankets to protect from radiant heat. ▪ As the fire approaches, engine on and AC on full (recycle mode). ▪ Get down low with the fire blanket covering you. ▪ After the fire front passes, notify the office of your situation. 	<ul style="list-style-type: none"> ▪ Initiate contact with emergency services. ▪ Undertake Site ERT Member roles as directed, (Scribe, Communications, Logistics, field response.) ▪ If on scene, move to safe position as directed and provide regular updates.

Civil Disturbance / Criminal Activity	
First Responder	EMT
<p>Do not put yourself at risk and avoid physical confrontation.</p> <ul style="list-style-type: none"> ▪ Obtain information about the emergency. <ul style="list-style-type: none"> ▪ Number of people. ▪ Location. ▪ Damage or type of protest. ▪ Muster the site if appropriate. ▪ Make contact with the Police. ▪ If at a 3rd party or operating company's location and under their SSM, follow instructions as provided. 	<p>Always avoid physical confrontation.</p> <ul style="list-style-type: none"> ▪ Muster if required. ▪ Undertake Site EMT Member roles as directed, (Scribe, Communications, Logistics, field response.)
Fire	
Initial Responder	EMT
<p>Do not put yourself at risk.</p> <ul style="list-style-type: none"> ▪ Initiate Muster & Evacuate if necessary. ▪ Remove people from danger if safe to do so. ▪ Call Emergency Services. ▪ Fight fire if trained and within your capability. ▪ If at a 3rd party or operating company's location and under their SSM, follow instructions as provided. 	<ul style="list-style-type: none"> ▪ Call Emergency Services if not already called. ▪ Obtain information about the incident. <ul style="list-style-type: none"> ▪ Location. ▪ Damage or type of failure. ▪ Any injuries to personnel ▪ Undertake Site ERT Member roles as directed, (Scribe, Communications, Logistics, field response.) ▪ If on scene, move to safe position and provide regular updates. ▪ Provide basic fire fighting activities if safe to do so - only small fires.

Medical Emergency	
Initial Responder / First Aider	EMT
<p>Do not put yourself at risk.</p> <ul style="list-style-type: none"> ▪ Provide first aid treatment within own ability and training. ▪ Initiate contact with emergency services. ▪ Ensure all activities are recorded. 	<ul style="list-style-type: none"> ▪ Obtain information about the medical emergency. <ul style="list-style-type: none"> ▪ Name / names of the person. ▪ Nature of Illness / Injury and First Aid ▪ Type and special conditions for transport. ▪ Emergency services mobilised. ▪ Undertake Site EMT Member roles as directed, Scribe, Communications, Logistics.

Medical Emergency - Heat Induced Illness

Symptoms	Initial Responder / First Aider	EMT
<ul style="list-style-type: none"> ▪ HEAT STRESS Symptoms include: headache, thirst, stomach & muscle cramps, profuse sweating, pale cool & clammy skin, weakness, fatigue, nausea, shortness of breath, rapid pulse, confusion & irritability ▪ HEAT STROKE (should be treated as an emergency) symptoms include headache, nausea, vomiting, visual disturbance, mental confusion, aggression, seizures, loss of consciousness, temperature greater than 40°C, strong pounding pulse, hot dry flushed skin, cardiac arrest. 	<p>Do not put yourself at risk.</p> <ul style="list-style-type: none"> ▪ Take core body temperature, if 39 degrees or above, initiate medical evacuation (follow Appendix A at back of this document). ▪ Follow basic life support (DRSABCD) as required; ▪ Begin rapid cooling of patient including: <ul style="list-style-type: none"> ▪ Loosen & remove unnecessary clothing; ▪ Rest & monitor patient in a cool environment; ▪ Apply cold compressors to neck & groin area; ▪ Moisten skin (apply water & fan, apply wet sheet & fan etc.) & ensure adequate cool airflow over body; ▪ Have patient sip fluids slowly if conscious ▪ Seek medical advice for all heat induced illnesses as soon as possible. ▪ Initiate contact with emergency services. 	<ul style="list-style-type: none"> ▪ Obtain information about the emergency. <ul style="list-style-type: none"> ▪ Name of the person. ▪ First Aid administered. ▪ Type and special conditions for transport. ▪ Undertake Site ERT Member roles as directed, Scribe, Communications, Logistics. ▪ Ensure all activities are recorded.

Medical Emergency - Snake Bite		
Symptoms	Initial Responder / First Aider	EMT
Puncture marks; nausea, vomiting and diarrhoea; headache; double or blurred vision; breathing difficulties, drowsiness, giddiness; pain or tightness in the throat, chest or abdomen; respiratory weakness or arrest.	Do not put yourself at risk. <ul style="list-style-type: none"> ▪ Check signs of life - if the casualty is unconscious, follow DRSABCD; ▪ Apply pressure-immobilization first aid method. ▪ Call 000 for an ambulance. ▪ Keep patient calm and still. 	<ul style="list-style-type: none"> ▪ Obtain information about the emergency. <ul style="list-style-type: none"> ▪ Name of the person. ▪ First Aid administered. ▪ Type and special conditions for transport. ▪ Undertake Site EMT Member roles as directed, Scribe, Communications, Logistics.
Missing / Overdue Personnel		
Missing Person	Journey Management Personnel	EMT
<ul style="list-style-type: none"> ▪ Driver must attempt to make contact when possible with JM or Operations Manager as soon as practical to do so via whatever means at their disposal. 	<ul style="list-style-type: none"> ▪ Obtain information on time and location of last sighting. ▪ Attempt to establish communication with missing person. ▪ Despatch EMT Member to last known location. ▪ Ensure all activities are recorded. 	<ul style="list-style-type: none"> ▪ Assist with the attempts to make contact with the missing person. ▪ Initiate search and rescue operations. ▪ Assist with the search and rescue for any missing personnel, only and if safe to do so.

Spill on Ground		
Initial Responder	Spill Response Team	EMT
<p>Do not put yourself at risk.</p> <ul style="list-style-type: none"> ▪ Raise the alarm. ▪ Tend to any medical emergencies as required. ▪ Refer to the Material Safety Data Sheet for containment. ▪ Cordon off area of the spill. ▪ Isolate source of spill if safe to do so. ▪ Use spill kit if available 	<p>Do not put yourself at risk.</p> <ul style="list-style-type: none"> ▪ Obtain details of the incident. ▪ Source, Extent (size), Likely direction of spread. ▪ Establish the level of spill and potential impact. <ul style="list-style-type: none"> ▪ Initiate Spill Response Plan. ▪ Initiate contact with emergency services. 	<ul style="list-style-type: none"> ▪ Assess the area of the spill for potential hazards. ▪ Undertake Site ERT Member roles as directed, Scribe, Communications, Logistics.
Suspected Fatality		
First Responder	EMT	
<ul style="list-style-type: none"> ▪ Obtain information about the emergency. <ul style="list-style-type: none"> ▪ Name of the person. ▪ First Aid administered. ▪ Type and special conditions for transport. ▪ Paramedic mobilised. ▪ Initiate contact with emergency services. ▪ Ensure all activities are recorded 	<ul style="list-style-type: none"> ▪ Provide first Aid / CPR as necessary. ▪ Undertake Site ERT Member roles as directed, Scribe, Communications, Logistics. 	

Vehicle Accident		
Person Involved in Accident	Initial Responder	EMT
<ul style="list-style-type: none"> ▪ Attend to your own safety by leaving the immediate area of the accident if unsafe. ▪ Attend to other people in the accident only if safe to do so. 	<p>Do not put yourself at risk.</p> <ul style="list-style-type: none"> ▪ Contact Emergency Services. ▪ Before approaching the scene, check that your actions do not put yourself or anyone else in danger. ▪ Provide first aid treatment within own ability and training. ▪ Obtain information about the emergency. <ul style="list-style-type: none"> ▪ Location ▪ Name of the person. ▪ First Aid administered. ▪ Type and special conditions for transport. ▪ Direct Emergency Services to the location. 	<ul style="list-style-type: none"> ▪ Undertake Site ERT Member roles as directed, (Scribe, Communications, Logistics, field response.) ▪ Travel to incident to assist with: <ul style="list-style-type: none"> ▪ Provision of first aid ▪ Regular updates ▪ Logistics