

2017

Emergency Management Plan

Huracan Pty Ltd

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Huracan Pty Ltd
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Revision 2.2



Prepared by: K. Hollingworth	ROMA, QUEENSLAND EMERGENCY MANAGEMENT PLAN	Ref: HSE_LP_EMP_20Sep17	
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EMERGENCY MANAGEMENT PLAN

ROMA, QUEENSLAND

Version	Issue Date	Revision Description	Prepared	Reviewed	Approved
1.0	16-Apr-2012	First Draft ERP	K. Hollingworth	K. Hollingworth	J Hollingworth
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Distribution List

HURACAN ADMINISTRATOR
 ROMA OPERATIONS MANAGER
 VAUSE OPERATIONS MANAGER
 HURACAN WEBSITE

Glossary

EMP	Emergency Management Plan
EMT	Emergency Management Team

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1.0 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

2.0 STANDARD

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

3.0 RESPONSIBILITY

The Operations Manager is responsible for establishing the Roma EMP and its update on an as needed basis, not to exceed one year.

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

4.0 DEFINITIONS

4.1 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.

4.2 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

5.0 EMERGENCY MANAGEMENT TEAM

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

- Provide managerial and technical support in an emergency.

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- Effectively coordinate with external parties such as the clients, medical facilities, police, Families.

The ERT is composed of the following personnel:

- Operations Manager
- Huracan Administrator
- Vause Operations Manager

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 Roma Operations Manager.

For emergencies, the ERT will meet in the Vause office at 179 Raglan St. Roma.

6.0 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 Operations 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.

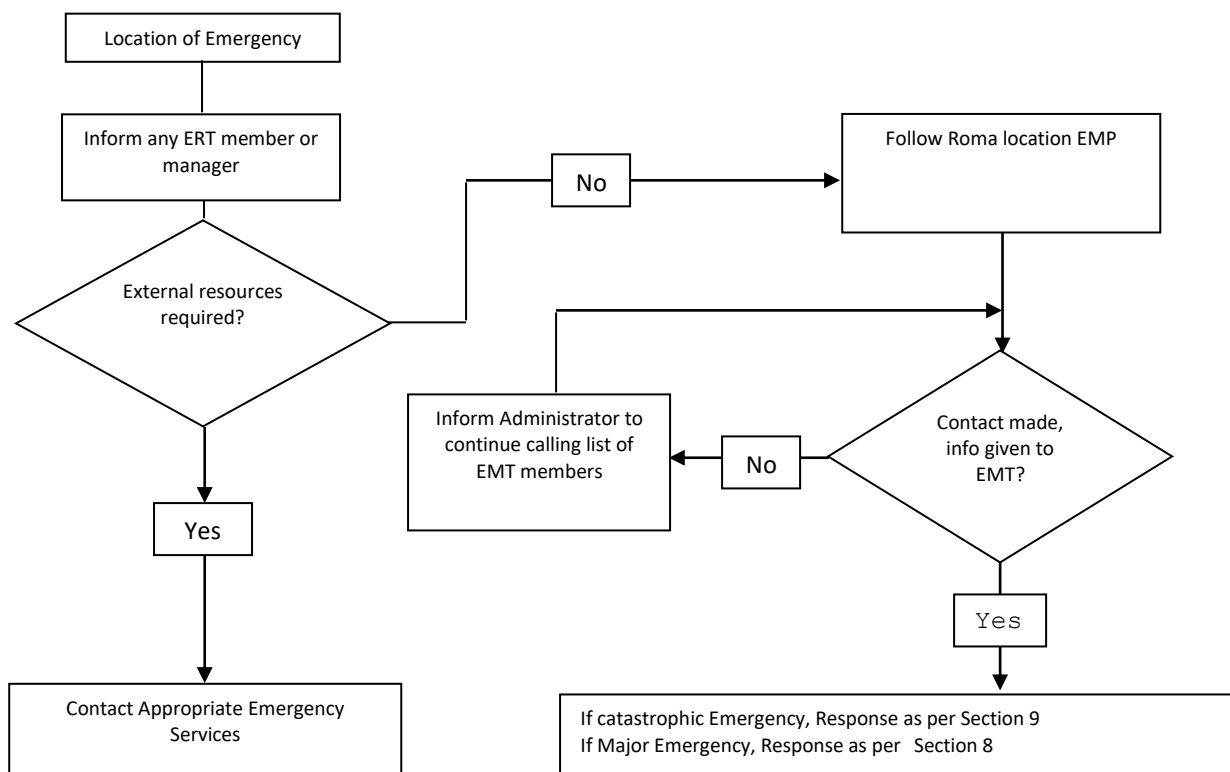
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7.0 COMMUNICATION OF EMERGENCY



Huracan EMT Members Contact Numbers

Operations Manager	Jon Hollingworth	Mobile:	+61-(0)-414-471-907
		Email:	jhollingworth@huracan.com.au
HSE Advisor	Katrina Hollingworth	Mobile:	+61-(0)-427-379-275
		Email:	admin@huracan.com.au
Vause Operations Manager	Sean Williams Vincent James	Mobile:	+61-(0)-400-222-511
		Email:	Operations.Manager@vause.com.au

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8.0 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.

9.0 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 Locations Managers office in Roma.

If the Huracan Operations Manager is out of Roma, then the Vause Operations Manager or who he designates shall notify him as soon as possible of the catastrophic emergency.

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

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

Operations Manager:

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

Huracan Administrator

- Assist Location Manager
- Correspond with medical support personnel as in Section 7.
- Retain a log of all incoming information.

11.0 Emergency Management - Wellsite Illness / Injury - MEDIVAC

General

This section covers an emergency response to serious injury, serious illness or fatality at the wellsite

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Purpose

To have continuity between clients Emergency Management Manual and the Huracan Roma EMP.

Statutory Authority Reporting

The Operations Manager should be contacted as soon as practical and informed of the incident at the wellsite. Depending on the extent of the emergency the Operations Manager will contact the appropriate Client liaison and inform him/her of the emergency.

11.0 EMERGENCY MANAGEMENT – SECURITY EVENT

In the event of a security related event occurring in any area where Roma personnel are present, it is vital that we respond in a positive and timely manner.

When an event occurs, any personnel who are in the location or aware that an event has occurred, should contact their manager / base to report the event and to confirm whether they are safe or require assistance.

In response to a security / terrorist related event, personnel will:

- Inform their manager / Office / base of the nature of the event and the location of the event.
- Confirm if they are safe or if they require assistance leave a telephone contact number.

It is recommended that personnel involved in a security / terrorist related event:

- Leave the location of the event and go to a safe location
- Avoid any un-necessary travel, until the situation is clarified

Huracan will respond to security / terrorist related event by:

- Ascertaining the nature and location of any event
- Providing assistance to personnel where it is safe to do so
- Developing an event specific response plan
- Liaise with clients if applicable

Bomb Threat Procedures

The potential for a bomb threat exists and every employee should be prepared to deal with such an event. These threats may be in the form of a letter or package bomb delivered, or personally brought, to a facility. There is a high degree of probability the person or group who has planted or delivered the device will also attempt some form of communication before the device is detonated. An immediate and careful response may save lives.

There are two fundamental reasons a caller will announce a bomb has been planted:

- The caller wishes to warn of its existence to minimize personal injury or property damage.
- The caller may simply wish to disrupt operations and/or cause panic.

Unknown suspicious object or bomb threat via letter:

1. Do not touch any unknown or suspicious object. Alert others to prevent accidental contact.

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2. Call location manager / designated replacement and advise them of the suspicious object or bomb threat. If the threat appears to be immediate, the fire alarm will be sounded and the building evacuated. The Location Manager will also alert the proper authorities.

Bomb threat via telephone:

1. Listen to the caller. Be calm and do not interrupt.
2. If the person insists on talking only to you, obtain and document as much information as possible. Use the checklist in **Annex 9**.
3. Try to keep the caller on the line as long as possible and if possible, get a co-worker to call the police during the call. It may be possible to trace the call.
4. Call the location manager / designated replacement as soon as possible and advise of the bomb threat. Advise the EMT. If the threat appears to be immediate, the fire alarm will be sounded and the building evacuated. The location manager will alert the proper authorities.

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”.

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12.0 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.

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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.

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13.0 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

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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

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14.0 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 Operations 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.

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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.

The duty receptionist must not leave the switchboard unless relieved by a designated relief person and should remain calm and keep all lines of communication dedicated to the emergency traffic.

All messages concerning emergencies must be given in English.

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15.0 ANNEX 4: EMERGENCY TIME LOG

Date _____

Work Site _____

EMT Member

[illegible]

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16.0 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 <u>Hospital – For Ambulance Evacuations</u> Roma Hospital 197-234 Mc Dowall Street ROMA Qld	(07) 4622 2266 13 1126 (07) 4624 2700

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17.0 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.

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18.0 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:

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19.0 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) ☐ Message Read ☐ Taped
☐ Foul language ☐ Incoherent ☐ 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 |
| Booth <input type="checkbox"/> House Noises | <input type="checkbox"/> Dishes | <input type="checkbox"/> Children | <input type="checkbox"/> |

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