

Lake Macquarie Family Day Care
A Quality Education and Care Option for Our Community
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EMERGENCY REHEARSALS RECORD

Education and Care Services Regulation 97 requires:

- a risk assessment must be conducted to identify potential emergencies that are relevant for the educator and their premises. This includes identified medical emergencies that may arise from a child's medical or specific health care needs.
- there must be emergency, and evacuation, procedures that set out instructions for what must be done in an emergency
- an evacuation floor plan, and emergency instructions, must be displayed in a prominent position at each exit to the premises, including at exits from the areas used for FDC to other parts of the residence.
- FDC Educators must rehearse all emergency procedures within every 3 months with children present on the day of a rehearsal.
- Rehearsals must be documented

Parents consent on enrolment to their child participating in emergency rehearsals that may involve them being taken off the FDC premises.

Submit this form to the office on completion at least every 3 months.

EDUCATOR FDC ADDRESS Date

IDENTIFY POTENTIAL EMERGENCIES

<ul style="list-style-type: none"> Has an emergency risk assessment been completed within the last 12 months? (if no, please review) <ul style="list-style-type: none"> - Have there been any changes in the past 3 months that trigger an update? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Do you have any children with medical condition or health care plans? _____ <ul style="list-style-type: none"> If Yes - Have any medical emergency action plans been identified? (tick all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> risk of anaphylaxis <input type="checkbox"/> diabetes <input type="checkbox"/> seizure <input type="checkbox"/> other: _____ <p><i>Each potential medical emergency that is identified must be rehearsed every 3 months.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

PREPARE

<ul style="list-style-type: none"> Have smoke detectors been checked to ensure they are working? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Are Fire blanket + extinguisher readily accessible and checked/are new within the past 6 months? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Is an Evacuation floor plan displayed in a prominent position near each exit? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Are Emergency instructions (evacuation, lockdown/shelter in place, emergency response plan) displayed at a prominent position near each exit? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Are CPR instructions displayed in a prominent position both indoors AND outdoors? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Are qualifications up to date? CPR expiry date: _____ First Aid expiry date: _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> Do you have a fully stocked Emergency kit readily available (suggested contents below)? <ul style="list-style-type: none"> - Are ALL items operational / in date? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <input type="checkbox"/> Fully stocked First aid kit (regulation 89, 168) <ul style="list-style-type: none"> <input type="checkbox"/> Inaccessible to children <input type="checkbox"/> Communication (regulation 98) <ul style="list-style-type: none"> <input type="checkbox"/> Charged mobile phone + charger <input type="checkbox"/> Other? _____ <input type="checkbox"/> Access to enrolment / contact records / health care plans <input type="checkbox"/> Other items? _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Keys to premises <input type="checkbox"/> Water <input type="checkbox"/> Non-perishable snacks <input type="checkbox"/> Sunscreen + spare hats <input type="checkbox"/> Garbage bags <input type="checkbox"/> Toiletry supplies (handwash/sanitiser, toilet paper, nappies, wipes, spare clothes) <input type="checkbox"/> Games/items to keep children occupied

REHEARSE

Conduct rehearsals (over page). Rehearsals should occur at various times of the day and week within every 3 months to ensure everyone gets the opportunity to rehearse. If there are unsafe conditions during the rehearsal that cannot be managed safely, cease the rehearsal or intervene to direct people away from the potential harm.

REFLECTION/REVIEW (overall)

What went well?	
What might be done differently / Actions needed?	
Has communication with families about the rehearsals occurred? Method: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Evacuation/relocation rehearsal **DATE:** **TIME:**

- ☐ onsite evacuation/relocation to _____ when it is unsafe to remain inside the FDC area, OR
- ☐ off-site evacuation/relocation to _____ when it is unsafe to remain at the premises

Who participated?	Name:		Age:	
Describe the emergency:				
Did the children (and any others) understand what to do?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you be confident/prepared/able to contain/cordon-off the threat if it was a real emergency?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you remember to collect the evacuation kit? – did it contain items that would be necessary?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were the emergency exits clear (from anything that might impede access/evacuation)?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were all participants able to reach the Evacuation Assembly Area safely?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were all emergency contact details accessible and current?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Parent <input type="checkbox"/> emergency services <input type="checkbox"/> other? _____				
Did anything arise during the rehearsal that could change your emergency plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:				

Lockdown/shelter in place rehearsal **DATE:** **TIME:**

- ☐ Keep children safe *inside* when there is an immediate danger or incident outside the premises

Who participated?	Name:		Age:	
Describe the emergency:				
Did the children (and any others) understand what to do?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you remember to collect the emergency kit? – did it contain items that would be necessary?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were all participants able to shelter according to plan? Refuge area: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would everyone have been protected from the threat if the emergency was real?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were all emergency contact details accessible and current?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Parent <input type="checkbox"/> emergency service <input type="checkbox"/> other? _____				
Did anything arise during the rehearsal that could change your emergency plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:				

Medical emergency rehearsal **DATE:** **TIME:** ☐ N/A

- ☐ asthma ☐ anaphylaxis ☐ diabetes ☐ seizure ☐ other: _____

Who participated?	Name:		Age:	
Describe the emergency:				
Did the children (and any others) understand what to do?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the emergency plans adequate? (clear instructions, all necessary information included, current etc)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was any medication available and in-date that might be required in a real emergency?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were all emergency contact details accessible and current?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Parent <input type="checkbox"/> emergency service <input type="checkbox"/> medical practitioner <input type="checkbox"/> other? _____				
Did anything arise during the rehearsal that could change your emergency plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:				

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