

## Application for a Temporary Entertainment Event

Local Law No.1 Administration, Subordinate Local Law No.1 (Administration) 2016 Schedule 18

All sections of this form MUST be completed and application submitted to Council in advance of the event, otherwise the application may not be processed and you may not be able to hold your event.

Important note: All events must comply with any Local, State and Federal Government directives and advice in relation to COVID-19. These are subject to change without notice.

To ensure Council has adequate time to assess and review and prapplications must be submitted to Council at least:  6 months prior for events with less than 5000 people  12 months prior for events with more than 5000 people	process your submission (and relevant licenses)
SECTION 1 - APPLICANT	
Individual OR Organisation	
If organisation, Registered not for profit	Private/public company
which type? Government body	Other(specify)
Full name	
Company	ABN
Director's name	
Postal address	
Locality/Suburb	State Postcode
Phone M	lobile
Email	
Onsite contact name 1:	Mobile number
Onsite contact name 2:	Mobile number
SECTION 2 - EVENT	
Event name	
Location	

SECTION 4 – TARGET AUDIENCE	
Patron age details (estimate)  0 - 12 years:	
SECTION 5 – COVID-19 COMPLIANCE	
How will you ensure you do not exceed the venue's maximum capacity, based on COVID-19 requirements	s?
I have attached a COVID Safe Event Checklist/Plan  I am following an approved COVID Safe Industry Plan approved by Qld Health  I have attached a COVID Safe Statement of Compliance  Are you following an approved COVID Safe Retail Food Services Industry Plan?  Yes  Yes	No No No
Have you completed a COVID Safe Checklist for seated drinking and dining?	
If yes, attach completed and signed checklist.	No
NOTE: The event must comply with Public Health Directions that are current at the time of the event.	
SECTION 6 – ACCESSIBILITY	
Is the site accessible for wheelchairs and for people with disabilities?  Will you be providing disability access toilets?  Yes  No	
Are you providing disability parking? (indicate parking on your site plan)  Yes No	
SECTION 7 – PUBLIC LIABILITY INSURANCE  Cook Shire Council must be noted as an interested party on the Certificate of Currency.  Public Liability Insurance must be to the value of \$20,000,000	
Have you attached a copy of your current certificate of public liability?  If no, what date will a certificate of currency will be provided:	

## **SECTION 8 – CONSULTATION**

The following emergency services must be notified, in writing, of your event.

#### Please attach proof of your notification.

	Queensland Police Service	Department of Fire and Emergency Services/Rural Fire Brigade	Queensland Ambulance Service	Torres and Cape Hospital and Health Service	Local Hospitals/Clinics
Please provide name and phone number of contact:					
Date they were contacted:					
SECTION 9 – COM	IMUNICATIONS A	AND COMMUNIT	Y AWARENESS		
Do you have a coi If yes, attach your o	•		Yes	No	
			ill be available dur Iriable message sig	_	
Which staff will b	e issued with con	nmunication equip	pment/devices?		
Which staff will b	e issued with cor	nmunication equip	oment/devices?		
Which staff will be with the world with the will be with					

Is there a command/coordination center for services on site?

Yes - If yes, indicate on the Site Plan	No
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Nominate means by which communication will occur to:

Patrons

Staff
Security Personnel

Medical staff				
Emergency personnel/police/fire	authority			
Outside emergency support				
Provide further details below if required:				
Will there be a pre and post event briefing with staff and emergency responders? Yes No Briefing dates:  Post-event briefing must be completed within 4 weeks of the event. Council and emergency responders must be invited.				
Do you have an incident report?	Yes — Attach a copy o	of your incident report.	No	
How will you notify local resident  Please note, residents who live in close  Phone Ema  Posters Lette  When will you notify local resident	il Letterbox drop Soci	e, should be notified as a page.  Ter Final Media (1)	adio Other	
SECTION 10 – FIRST AID AND ME	DICAL SERVICES			
SECTION 10 – FIRST AID AND ME		tion tool with this form (s	ee annendiv 1)	
You are required to complete and re	turn the medical classificat			
	turn the medical classificat	Yes No		
You are required to complete and re I have attached the medical class	iturn the medical classificat ification tool  Medium vill require a medical respo	Yes No  * High* Ex	treme*	
You are required to complete and re I have attached the medical class What is your medical risk score? *Medium, High or Extreme scores was	ification tool  Medium  will require a medical responsith QAS in completing your	Yes No  * High* Ex	treme*	
You are required to complete and re I have attached the medical class What is your medical risk score? *Medium, High or Extreme scores we management plan? Please consult we	ification tool  Medium  will require a medical responsith QAS in completing your	Yes No  * High* Ex	treme*	
You are required to complete and real last what is your medical risk score?  *Medium, High or Extreme scores was management plan? Please consult was Name of first aid service provided.	ification tool  Medium  will require a medical responsith QAS in completing your	Yes No  * High* Ex	treme*	
You are required to complete and real last I have attached the medical class. What is your medical risk score?  *Medium, High or Extreme scores was management plan? Please consult was Name of first aid service provided First Aid required:	ification tool  Medium  will require a medical respondith QAS in completing your	Yes No  * High* Ex	treme*	
You are required to complete and real last what is your medical risk score?  *Medium, High or Extreme scores was management plan? Please consult was Name of first aid service provide First Aid required:  Attendees	ification tool  Medium  will require a medical respondith QAS in completing your  er:  First Aid Personnel	Yes No  * High* Ex  Inse plan to be submitted  r medical response plan.  First Aid Posts	treme*	
You are required to complete and real lasts.  I have attached the medical class.  What is your medical risk score?  *Medium, High or Extreme scores was management plan? Please consult was Name of first aid service provided First Aid required:  Attendees  500	ification tool  Medium  will require a medical respondith QAS in completing your  er:  First Aid Personnel	Yes No  * High* Ex  Inse plan to be submitted  r medical response plan.  First Aid Posts  1	treme*	
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You are required to complete and real lasts.  I have attached the medical class.  What is your medical risk score?  *Medium, High or Extreme scores was management plan? Please consult was Name of first aid service provide First Aid required:  Attendees  500  1,000  2,000	ification tool  Medium  Will require a medical responsith QAS in completing your  Per:  First Aid Personnel  2  4  6	Yes No  * High* Ex  nse plan to be submitted  r medical response plan.  First Aid Posts  1  1  1	treme*	
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Will first aid officers be:  Trained first aid officers  paramedics	
All medical personnel should hold current first aid qualifications from an accredited training provider that comply with the Australian Qualifications Training Framework (AQTF). The qualifications must be appropriate to the (see attached appendix 2).  Please attach copy of first aid officers qualifications.	
Number of first aid post(s) (indicate location on the site plan)	
What first aid equipment will be on site for the duration of the event?  First aid supplies (in date)  Automatic External Defibrillator	1
Other (Please specify)	
What arrangements have you made with Queensland Ambulance Service for emergency responses and event access? <i>Include location of ambulance on the site plan</i> .	
	<u> </u>
SECTION 11 – EMERGENCY MANAGEMENT PLAN	
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Will parking	attendants be av	vailable to coc	ordinate pa	arking? Yes [	No N/A	
Will the event require temporary road/car park closure?  Yes  No						
Will the eve	nt have a street r	march/parade	?	Yes No		
If yes, a roa	d closure permit i	s required.				
•	traffic manageme					
A company re		anagement pla	n/traffic co	ntrol may be required. <mark>If yes, pro</mark>	ovide a copy of your road	
SECTION 1	4 – TOILETS					
	As per	the Australia	n Safe and	Healthy Mass Gatherings M	anual	
		Attendees		Male	Female	
		500	1 toilet, 2	2 urinals, 2 hand basins	6 toilets, 2 hand basins	
		1,000	2 toilets,	4 urinals, 4 hand basins	9 toilets, 4 hand basins	
Toilets	If no alcohol	2,000	4 toilets,	8 urinals, 6 hand basins	12 toilets, 6 hand basins	
required	available	3,000	6 toilets,	15 urinals, 10 hand basins	18 toilets, 10 hand basins	
		5,000	8 toilets,	25 urinals, 17 hand basins	30 toilets, 17 hand basins	
		At least one u	nisex disal	bility access toilet is required		
		500	3 toilet, 8	3 urinals, 2 hand basins	13 toilets, 2 hand basins	
		1,000	5 toilets,	10 urinals, 4 hand basins	16 toilets, 4 hand basins	
Toilets	If alcohol	2,000	9 toilets,	15 urinals, 7 hand basins	18 toilets, 7 hand basins	
required	available	3,000	10 toilets	s, 20 urinals, 14 hand basins	22 toilets, 14 hand basins	
		5,000	12 toilets	s, 30 urinals, 20 hand basins	40 toilets, 20 hand basins	
Reducing t	oilet facilities for	shorter durat	ion events	:		
Duration of event				Quantity required		
8 hrs plus				100%		
6-8hrs	6-8hrs			80%		
4-6hrs	4-6hrs			75%		
Less than 4	Less than 4hrs			70%		
What is the	e total number of	toilets that w	vill be prov	ided?		
Unisex		Male		Female	Disabled	
What type	of toilets will be	provided?				
Toilet	s on sewerage					
Toilet	s on septic. <i>Pleas</i>	e provide pun	np-out pro	visions.		

Compostin	g. Please provide	details on structures a	nd disposal after	the event.	
Other. Plea	ase provide details	5			
Who will be cle	aning and mainta	ining the toilets?			
How often wou	ld you clean the t	oilet facilities during t	he event? (e.g. ho	ourly, every 2 hours, e	etc.)
Will a qualified	plumber be on-si	te during the event?	Yes No		
If no, what prov	visions are in plac	e in case one is require	ed during the eve	nt?	
SECTION 15 – W	ASTE MANAGEM	ENT			
Will additional provided at the		Yes - Complete	e details below	No	
		1 x 240L – general w	vaste if no food or c	drinks are served/sold	
Bins required	Per 100 attendees	2 x 240L – general waste if food or drinks are served/sold			
		2 x 240L – recycle bi	n		
	Over 1,000 attendees	1 x 30m front load s	kip bin		
How many bins	will be supplied?				
General waste bins		Recycling bins		Front load skip bins	

Will you be engaging a Waste Management Services Contractor to remove rubbish from the event site?  Yes No
If Yes, please provide company's details: Name
Phone number  If No, please provide details of how rubbish will be removed from the event site
If No, please provide details of now rubbish will be removed from the event site
How often will the bins be emptied during the event?
Where will food vendors dispose of their waste water including cooking oil?
SECTION 16 – CAMPING
Will attendees be able to camp on-site?
How will the camping area be marked/barricaded to separate it from vehicle traffic?
Will showers be provided at the event?  Yes No, please proceed to the next section
Will showers be heated?  No Yes – provide details of heating equipment
As per the Australian Safe and Healthy Mass Gatherings Manual, 1 shower per 100 people must be provided
What is the total number of showers that will be provided at your event?
Unisex Male Disabled Disabled
Who will be cleaning and maintaining the showers?
What will your cleaning schedule be?
Have you attached a camp site plan? Yes No
(Include your camp site area on your site plan, including access and egress for emergency vehicles, access and egress for service vehicles, water points and other other related facilities)
Will there be access to First Aid/Medical Facilites? Yes No

SECTION 17 – FOOD						
Will food be supplied or sold at the ev	ent? (this includes food supplied	free of charge)				
Yes. Please provide a list of all foo	d vendors who will be on site du	ring your event.				
No. You must provide this list to C Please note food vendors may require a lie Temporary Food Business Licence						
Food Vendor Name	<b>Contact Name and Phone</b>	Description of Food				
SECTION 18 – WATER						
Is the site connected to town water?	Yes No					
If no, what water source will you be us						
	- Landa for dividio - 12					
Has this water source been tested for	potability (safe for drinking)?					
Yes. Please attach results	::	luin line a contant American hadaaa				
No. What measures will you be tal	king to ensure people have safe o	arinking water? Answer below:				
Will drinking water be stored in tanks		(- (				
If yes, how do you ensure the water st	ored is not contaminated and is	safe for drinking?				
Do you have water supply contingency	plan if water provided is render	ed unsafe?				
Provide answers below:						
Will there be adequate water pressur	e to provide for all uses and poa	k demands? Yes No				
Will food vendors have access to safe						
The residence state access to sure		F. Sparation and S. Calinia.				

Are all non-drinking water access points adequately signed with approved signage? Yes No  If Yes, indicate signage on the site plan  If No, you must provide signage it you have non-drinking access points
SECTION 19 – ALCOHOL
Alcohol will be: BYO Sold Supplied Alcohol Free Event Please note, a liquor licence application must be lodged with the Office of Liquor and Gaming Regulation.
SECTION 20 – SECURITY/SAFETY
Are you engaging a security firm at the event? Yes No  If no, how do you ensure the security of your patrons, equipment or property?
If yes, company name:
No. of personnel: Start time: Finish time: What is the role of the security officers? Security officers must be separate to first aid officers.
How will security officers communicate amongst themselves and with the event coordinator?
Are you providing additional lighting? Yes No  If yes, please provide details and locations on site plan map.
SECTION 21 – ELECTRICITY/GENERATORS
Do you require access to existing council controlled electrical facilities? Yes No If yes, provide details of use below:

If no, provide details of you towers etc below:	r electricity source, including qu	uantity, type and usage eg. generators, lighting
		ested during the past six months? Yes No
Do you have back up powe		Yes No
If yes, provide details below	<b>/</b> :	
Will a qualified electrician b	pe on site duirng the event?	Yes No
If no, what provisions are in	n place in case one is required d	uring the event?
	ed a new electrical installation i	n the last 12 months Yes No
If yes, please provide certifi	cation.	
SECTION 22 – TEMPORARY	TRUCTURES	
ease tick all boxes that apply	. Please note you may require a se	parate building approval before you erect your
mporary structure.		
Marquees Stages	Spectator Stands	Cinema screens
Other		
Type of Structure	Area (m2)	Height (m)
ype or otractare	Area (IIIZ)	riciBite (iii)
tach additional information		No
a structural engineer certific	rate available Yes	No
CTION 23 – SITE BUILDINGS	& PLUMBING	
		2+052
	property have building certification	ates:
If yes, provide certificates.	www.will rootifu this halaw.	
It no, provide details of ho	w you will rectify this below:	

Do all <b>existing</b> and <b>new</b> plumbing fixtures iincluding onsite waster basins, showers, urinals (except portaloos), on the property, have If yes, provide certificates.  If no, you must apply for plumbing approvals.	
SECTION 24 – FIRE SAFETY	
Will firefighting equipment be available? Yes No  If yes, provide the number, location and type on the site plan. Please no  Will a Fire Service Truck be available on site? Yes No	ote that they have to be adequately signed.
Start date and time: Finish	date and time:
SECTION 25 – GAS SAFETY	
Will gas be utilised? Yes No	
Who is responsible to check that all the gas installation is safe?	
SECTION 26 – EMERGENCY SERVICE ACCESS/EXITS	
Are exit signs illuminated and clearly marked? Yes No Are emergency exits for emergency services accessible and clearly will you ensure emergency access is unobstructed at all tin	
Have you indicated the location of emergency access, entrance	and exits on your site plan? Yes No
SECTION 27 – NOISE	
Amplified Live Band Commentary Othe	r Noise
Date Start	time End time
Rehearsals/Sound Checks	
Performance	
Pack Down	
Will you have a sound technician on site during the event?	Yes No
Sound Technician details Name:	Phone:

What measures do you have in place to minimise the leve available, please attach a noise management plan	el of noise affecting neigbouring properties? – if
Do you have a complaint process and response procedure  Yes No	e for staff in case you receive a noise complaint?
If a complaint is made to Council and you are found to be outsic required to cease the use of all amplifying equipment immedia	
SECTION 28 – DUST	
What steps will be taken to minimise dust?	
SECTION 29 – SIGNAGE AND ADVERTISING	
Do you intend to erect any off-site and/or onsite banners	s/signs? Yes No
If yes, provide details (no. of signs, location and affixing methods	s):
Signs may be required for the following:	
• Parking	Social distancing and COVID 19 compliance
<ul><li>Entrance</li><li>Exit</li></ul>	<ul><li>Smoking</li><li>Restricted access</li></ul>
• Toilets	Liquor License/Alcohol consumption
Hand sanitising stations	Emergency evacuation plans     Dialyting Metas Access Brings
<ul><li>First Aid Posts</li><li>Information/Lost and Found</li></ul>	<ul><li>Drinking Water Access Points</li><li>Non-Drinking Water Access Points</li></ul>
SECTION 30 – SMOKING	
Your event will require a designated smoking area away for	rom where food and drink is served.
How will the smoking areas be defined? Please answer be	elow:

Will a fireworks display be conducted at the event?	No, proceed to next section
Yes, Name Licensed contractor supplying the fire	works:
Address	
Phone	
Site area/location where the fireworks will be launch	ed from
Date of fireworks	
Start Time	Finish Time
SECTION 32 – AQUATIC ACTIVITIES	
Will any water-based activities be part of the event?	
No, please proceed to next section.	
Yes, please contact Maritime Safety Queensland	as an aquatic permit may be required.
Please provide details of all water-based activities (lo	
A Water Safety Manage	ement Plan may be required.
SECTION 33 – AMUSEMENT OPERATORS	
Will there be any amusement rides at the event?	
No, please proceed to next section.	
Yes, please provide details of all rides including of	anian of the confety contification. Diagram attach
res, prease provide details of all rides including e	opies of the safety certificates. Please attach.
SECTION 34 – ANIMAL MANAGEMENT	opies of the safety certificates. <i>Please attach.</i>
	No
SECTION 34 – ANIMAL MANAGEMENT	□ No
SECTION 34 – ANIMAL MANAGEMENT  Will you allow patrons to bring their dogs? Yes	□ No
SECTION 34 – ANIMAL MANAGEMENT  Will you allow patrons to bring their dogs? Yes  If yes, how will you ensure owners manager their dog	No gs on site?
SECTION 34 – ANIMAL MANAGEMENT  Will you allow patrons to bring their dogs? Yes  If yes, how will you ensure owners manager their dog  Will there be animals as part of your event activities?	No gs on site?
SECTION 34 – ANIMAL MANAGEMENT  Will you allow patrons to bring their dogs? Yes  If yes, how will you ensure owners manager their dog  Will there be animals as part of your event activities?  No, please proceed to next section.	No gs on site?
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SECTION 35 – SITE MANAC	SEMENT							
	e to its original condition aft ary structures or decoration		g, rectifying site damage,					
SECTION 36 - SITE PLAN -	please provide a detailed sit	e plan that includes the loc	ation of the following					
Emergency access routes	Site entrance/exits	Muster points	Parking					
Litter facilities	Smoking zones	Food stalls	Licensed areas					
First Aid Post	Information/ Registration Centre	Camping areas	Marquees/temporary structures					
Stage/Sound Area	Amusement rides (if applicable)	Lighting towers/generators	Security/crowd control post					
Fireworks launching area	Toilet and shower facilities	Drinking water access points and Non-drinking water access points	Hand sanitiser stations					
Signage* See section 29 for more information.	Firefighting equipment	Animal enclosures	Any other relevant information					
CHECKLIST								
Site plan								
Community consultati	on notification							
Notification to emerge	ency services and confirmati	on from emergency service	S					
Public Liability Insuran	nce certificate of currency							
Risk Management Stra	ategy (if applicable)							
Risk Assessment								
First Aid Certificates								
Traffic Management P	Plan/Parking strategy and sup	oporting documentation (if	applicable)					
Building certificate (if	Building certificate (if applicable)							
Plumbing approvals/applications (if applicable)								
Water quality test (if applicable)								
Food Business licences (if applicable)								
Liquor licence applicat	tion (if applicable)							
Fireworks display notification and supporting documentation (if applicable)								
Aquatic event applicat	tion (if applicable)							
Safety certificates for all amusement rides (if applicable)								
Road closure permit (if applicable)								

ement Plan	ment of Compliance	
ant  nal information which will only be used for only is managed in accordance with the Info	Date or Council business activity spe formation Privacy Act 2009, w	cific to your enquiry, request, or application ill only be handled by persons authorised to
395 0 Ild.gov.au		
		G/L: 2050.105.86
Name	Approval issued  Receipt number  Received by	Yes No Signature
	ement Plan It Plan (Operational Plan)  I of the information is true and ant mal information which will only be used form is managed in accordance with the Information unless you have given Council seminated unless you have given Council uld.gov.au k.qld.gov.au k.qld.gov.au	I of the information is true and correct.  ant Date  all information which will only be used for Council business activity specin is managed in accordance with the Information Privacy Act 2009, we seminated unless you have given Council permission to do so, or the di  Bays  B

## **Medical Risk Classification Tool**

#### **Medical Risk Classification Tool**

The primary purpose of this tool is to determine the specific medical risks, the location and medical resources available to the public, and determines the level of medical planning required for an event, and the need for amedical intervention plan for an event.

Please complete this form and return with your application via email at tempevent@cook.gld.gov.au

category	Grouping	allocation	Event Scoring
Event Description	Cat 1 - e.g. Classic Music / Children's concert / Youth camps	1	
	Cat 2 - e.g. Family events & shows / local sporting events / Schoolies	2	
	Cat 3 – e.g. Festivals/ Major sporting event /	4	
	Cat 4 – e.g. Rock Concert / Extreme Sporting events	8	
Number of people	<2000	1	
	2001-5000	2	
	5001-10,000	4	
	10,001 - 50,000	8	
	50,001 - 100,000	16	
	>100,000	32	
Type of people attending	Families	1	
	Fan clubs / support groups	2	
	International stars / competitors / visitors	3	
	VIPs	4	
age group	30-65 inc family	1	
	>65 / 0 - 12	2	
	12 - 16	3	
	16-30	4	
Event location / confinement	Outside - open area	1	
	Outside - confined area	2	
	Inside - space	3	
	Inside - crowded	4	
available Health	Tertiary Hospitals	1	
Resources	Regional / general hospitals	2	
Nb: Tertiary health facilities ONLY	Integrated district health services	3	
exist in Townsville.	Small hospital	4	
	Multi purpose centre	5	

category		Grouping	allocation	
Distance to Local Health Resources	< 10 kms		1	
	10 - 50 kms		2	
	50 - 100 kms		4	
	> 100 kms		8	
Time to Tertiary Health Resources	< 30min		1	
Nb: Tertiary health facilities ONLY exist in Townsville	31 – 60 mins		2	
	61 - 90 mins		4	
	91 – 120 mins		8	
	121 - 152 mins		16	
	> 153 mins		32	
Duration of event	<1 hour		1	
	2 - 4 hours		2	
	4 – 8 hours		3	
	8 - 12 hours		4	
	12 – 24 hours		5	
alcohol	None		1	
	Restricted		2	
	Readily available		4	
	No controls		8	
Probability of drugs	None		1	
	Possible		2	
	Probable		4	
Time of event	Morning		1	
	afternoon		2	
	Evening		3	
	all day		4	
Season of event	Spring / autumn		1	
	Summer / Winter		2	
aggregate Score	min - 13	max - 120	This Event	

## medical risk categories

Based on the 'Event Scoring' column total in the Medical Risk Classification Tool.

Low < 13
Medium 14 – 49
High 50 - 85
Extreme 86 +

## **Action for Event Organisers Based On the Medical Risk Score**

Planning required	Level of risk							
	Low	Medium	High	Extreme				
Notify local QAS of event	Yes	Yes	Yes	Yes				
Notify local hospital / health care provider	Yes	Yes	Yes	Yes				
NotifyTemporary Event Team	No	Yes	Yes	Yes				
Minimal notification period to all agencies	4 weeks	10 weeks	20 weeks	28 weeks				
Provision of transport arrangement	Yes	Yes	Yes	Yes				
Provision of first aiders	Yes	Yes	Yes	Yes				
Provision of first aid centres	Yes	Yes	Yes	Yes				
Provision of qualified paramedics	No	No	Yes	Yes				
Provision of adequately equipped medical centres	No	No	Yes	Yes				
Provision of on site medical teams	No	No	No	Yes				
Public information and health notices	No	Yes	Yes	Yes				
Medical Plan required	No	Yes	Yes	Yes				
Health risks included in Risk Management Plan	Yes	Yes	Yes	Yes				

If at any time you require assistance with the completion of the medical risk classification tool, or the health and medical planning requirements, please contact the Temporary Event Team via email at tempevent@cook.qld.gov.au to arrange an appointment time

NB: To determine the overall Health risk for an event the Medical Risk Classification Tool must be completed.

## **Australian Qualifications Training Framework (AQTF)**

This table identifies common terminology used describe medical personnel and outlines various skill levels and competencies by the AQTF.

														Inte	ensiv	e Ca	re Pa	aram	edic
														Pa	aram	edic			
	Certificate IV in Health Care - MEDIC																		
		,	Adva	nced	First	Aid													
Senior First Aid																			
										a)									
									Ę	ıran	gon	듩		≰					
				/ery			ВР	<u>ن</u> ا	Medication Epipen	Medication Penthrane	Medication Glucagon	Medication Ventolin		Combitube or LMA	ار			Jp.	
				deli\	/ay	wa)	te B	omr	on E	l lo	Б О	ا ک	  -	pe o	atio	apy	Cric.	con	
		-	444	Oxygen delivery	airway	Nasal airway	Auscultate	Spinal immob.	icati	icati	icati	icati	Fransport	pitu	Intubation	therapy	Needle Cric.	Chest decomp.	S
		CPR	AED	δχο	Oral	Nasi	Aus	Spin	Med	Med	Med	Med	Tran	Com	E	≥	Nee	Che	ACLS
HLTCPR201A	Perform CPR	1	1	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х
HLTFA201A	Provide basic emergency life	<b>√</b>	1	х	х	х	х	Х	Х	Х	Х	х	х	х	х	х	х	х	х
	support	122																	
HLTFA301B	Apply first aid	<b>V</b>	<b>V</b>	Х	Х	Х	Х	Х	<b>V</b>	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
HLTFA302A	Provide first aid in remote situation	<b>V</b>	<b>√</b>	х	х	х	1	1	1	х	х	x	х	х	х	х	х	x	х
HLTFA402B	Apply advanced first aid	1	1	<b>V</b>	<b>V</b>	<b>V</b>	х	x	<b>✓</b>	х	x	х	х	х	x	х	х	х	х
HLTFA403A	Manage first aid in the workplace	<b>√</b>	<b>√</b>	х	х	х	x	х	✓	x	х	х	х	x	x	x	х	x	х
HLTFA404A	Apply advanced resuscitation techniques	1	<b>✓</b>	1	1	1	х	х	x	x	х	x	x	x	x	х	x	x	х
HLT21107	Certificate II in Emergency Medical Service First Response	1	4	1	✓	1	x	x	4	x	x	x	x	x	x	х	x	х	x
HLT33107	Certificate III in Basic Health Care	1	<b>√</b>	<b>√</b>	<b>√</b>	<b>V</b>	х	х	1	х	х	X	х	х	x	х	х	х	х
HLT30207	Certificate III in Non-Emergency Client Transport	1	1	1	1	1	х	x	1	х	x	x	1	х	х	x	x	x	х
HLT41007	Certificate IV in Health Care (Ambulance)	1	✓	1	<b>√</b>	<b>V</b>	<b>V</b>	1	1	1	1	1	1	<b>√</b>	х	х	x	х	х
HLT50407	Diploma of Paramedical Science (Ambulance)	1	<b>√</b>	1	1	1	<b>V</b>	1	1	1	1	1	1	<b>V</b>	<b>V</b>	<b>√</b>	x	x	x
HLT60307	Advanced Diploma of Paramedical Science (Ambulance)		1	1	1	1	<b>√</b>	1	1	1	1	1	1	<b>√</b>	1	<b>√</b>	~	~	1



# **EMERGENCY MANAGEMENT PLAN**

A template and guide for Event Organisers



#### Introduction

For event organisers to meet their duty of care to patrons and employees, comprehensive event safety planning is required. While risks must be assessed and mitigated prior to and during an event, there will always be potential for an incident to occur.

A comprehensive Emergency Management Plan prepared prior to the event will assist you to provide a systematic response to such incidents. All permitted events should have a formal, written emergency response plan developed in consultation with the appropriate authorities and emergency services.

The Shire may request additional information from event organisers to ensure compliance with the relevant requirements of AS 3745.

This information sheet was developed to assist event organisers and their committees in preparing an Emergency Management Plan for public events and should be used as a guide only. It should be used in conjunction with a Risk Management Plan.

#### **Key Elements of an Emergency Management Plan**

The following elements should be included in an Emergency Management Plan:

#### 1. EMERGENCY PLAN OBJECTIVE

Describe the aim of the plan.

#### 2. VENUE/EVENT DESCRIPTION

Provide a detailed description of:

- · the venue;
- event activities:
- duration of the event

#### 3. SCOPE

Outline the types of potential emergencies identified for the event for example:

- 1. Medical emergency
- 2. Fire or explosion
- 3. Hazardous material spill/gas leak
- 4. Bomb threat
- 5. Armed or dangerous intruder/s
- 6. Suspicious items
- 7. Electrical failure
- 8. Lost child/missing persons
- 9. Person entrapment
- 10. Electrocution
- 11. Structure collapse
- 12. Other more specific emergencies

#### 4. RESPONSE ACTIONS

The above mentioned threats may require one or more of the following responses:

- Evacuation of the area (fire, bomb threat, hazardous material spill, power failure)
- Evasive action (explosion)
- Containment of threat (medical emergency)
- Securing shelter

#### 5. EMERGENCY PREPARATION AND TESTING

- A. All personnel normally working in any areas identified in this plan must be trained with the following emergency management information:
- The general information contained within this document
- Know what their roles and responsibilities are
- Where the emergency exit locations and paths are located
- The assembly point locations
- The location of first aid and firefighting equipment
- B. The event organiser must conduct an exercise drill comprising of a walk through with all staff attending the event to ensure they are aware of the emergency and evacuation requirements;
- C. Maintenance and testing of equipment;
- D. Event organizer must have onsite Medical Aid Post/s;
- E. Posters promoting "000" and maps identifying Medical Aid Posts and emergency services sites must be prominently displayed at the entrance and around event and camp sites.
- F. Posters identifying mobile black spots at event site are to be prominently displayed around the black spot areas.
- G. For events considered remote from nearest Hospital, a designated area for rotary wing emergency response is to be established and identified on event site map.
- H. Review of documentation (for recurring events).

#### 6. GENERAL ROLES AND RESPONSIBILITIES

Identify the personnel who will be involved in an emergency response and their roles and responsibilities.

NB Persons appointed to emergency response positions must be capable of performing the duties and be available at all times to undertake the duties. The Chief Warden must have the experience to determine the need for a total evacuation of the venue and should preferably have received formal training.

Event manager/ Chief Warden (Referred to as 'Manager')

Responsibilities:

- Assume initial control of the situation
- Assess the situation and determine priorities
- Activate the relevant emergency plan
- Ensure the appropriate Emergency Service has been notified on 000
- Ensure Area Wardens are advised of the situation as appropriate
- Nominate relevant personnel to meet and direct emergency services
- Monitor the situation and ensure any action taken is recorded in an incident log
- The Manager will then make sure all Assistants are accounted for and in liaison with Assistants ensure everyone is evacuated
- Liaise with external Emergency Services upon arrival and facilitate re-entry to the area or building once it is safe to do so.
- Any other actions as directed by the Senior Emergency Service Officer

#### Senior Assistants/Staff/Wardens (Referred to as 'Assistant')

#### Responsibilities:

- Receive directions from the Chief Warden and initiate appropriate action
- · Search areas to ensure all people have evacuated
- Ensure orderly flow of people into nominated assembly areas
- Assist occupants with disabilities
- Report status of required activities to the Chief Warden on completion

**First aid officers:** The event needs to have a qualified person to administer first aid should it be required. A well-stocked first aid kit and fire extinguishers must be on site in the area or building.

Ensure that a team of first aiders with the skills and equipment required to perform the functions listed below is available at the premises throughout the duration of the event;

- Respond to an emergency situation
- Respond to and manage an unconscious casualty
- Perform CPR
- Use an automated external defibrillator (AED)
- Communicate details of the incident
- Understand legal, workplace and community considerations
- Respond to asthma and anaphylaxis emergencies
- Respond respiratory and airway emergencies
- Respond to Cardiac emergencies
- Respond to bleeding and shock
- Respond to diabetes, epilepsy and seizures
- Respond to musculoskeletal injuries
- Respond to traumatic injuries to the head, spine, chest, abdomen and pelvis
- Respond to poisons, bites and stings

- Coordinate first aid activities until the arrival of medical assistance
- Conduct basic triage for a multiple casualty incident
- Use of cervical collars, spinal boards, back boards and stretchers
- Prepare contingency plans

#### All Staff

- Carry out tasks as instructed by the Chief Warden
- Proceed to assembly area advising all patrons to do the same
- Remain in assembly area until advised by Chief Warden or Emergency Services personnel that it is safe to leave

#### **Identification of Wardens**

Describe how personnel will be identifiable to the public ie by the use of appropriately coloured helmets, caps, hats or vests as follows:

White - for Chief Warden/Deputy Chief Warden/Communication Officer Yellow - for Area Warden Red - for Warden

#### 7. COMMUNICATION

Describe how personnel will communicate with one another and the method used to communicate with the public.

#### For example:

#### Communications on Site - Use of Radios

Communication allocation	Radios to be allocated to the following:				
	Event manager				
	Front gate manager				
	Production manager				
	Security manager				
	Security Personnel				
	First aid station				
Radio Communications	Channel 76 – for all event personnel				
	2. Channel 77 – for all security personnel				
	3. All units to be charged and checked 24				
	hours prior to event				
	4. Mobile number of key personnel to be				
	recorded on event personnel lanyards				
	5. All two way radio to be tested as part of				
	the event pre-start meeting. Any faulty units to be reported to the event manager				
	6. Immediately.				
	7. Any two way faults that occur during the				
	event are to be reported to the event				
	manager via mobile phone immediately.				
	8. All communications to be brief and				
	concise, identifying name, position and				
	message				

#### 8. EMERGENCY EVACUATION PLANNING AND PROCEDURE

The Emergency Management Plan will need to have an evacuation procedure and the key to this is having enough gates/exits in positions so that people can exit quickly and safely to an assembly are. The site plan should show the location of the exits.

Each entry and exit must be staffed with a security guard or responsible person who is in radio contact and familiar with the evacuation procedures.

For outdoor areas, the exit locations and sizes must be calculated to allow evacuations within reasonable times. For buildings, refer to the Building Code of Australia.

When deciding when to evacuate, the Manager should consider the severity of the incident, the chance that the incident could escalate and the possibility that the incident could become uncontrollable based on resources available.

#### Steps to take in an evacuation:

- The emergency occurs and the reason for evacuation is realised
- Appropriate Assistants / Staff assess the situation

- Notification is given to all Assistants / Staff and people attending the event advising them to evacuate to the assembly points
- Assistants / Staff assist the Manager as requested
- Emergency Services are notified of the emergency call 000
- Assistants to ensure the venue is vacated including all public areas, closed rooms and toilets
- Await Emergency Services assessment

#### 9. PROCEDURES FOR SPECIFIC EMERGENCIES

Provide details of how the identified potential emergencies will be responded to.

#### Examples:

#### 8.1. Fire and explosion

#### Should you discover smoke or fire:

- Assess the situation and potential for evacuation
- o Remove anyone in the immediate vicinity if it is safe to do so
- If trained attempt to extinguish the fire with appropriate fire extinguisher
- Turn off gas and electricity supply if able
- Notify the Manager
- Manager to assess the situation and commence evacuation if deemed necessary
- Call 000 (Emergency Services)
- Notify all persons to leave the area calmly and proceed to assembly points
- If the smoke or fire is contained in one area, notify persons in other areas
- Identify any injured persons
- Assistants / Staff to ensure that all persons are moved to assembly points
- Await the arrival of Emergency Services and await further instruction
- Only re-enter the area or building when advised by Emergency Services or the Manager that it is safe to do so.

## Locations of fire extinguishers, fire blankets and hose reels should be shown on the event site map.

#### 8.2 Medical emergency

Should a medical emergency occur:

- The first Assistant / Staff member on the scene should assess the situation and if they do not have medical or first aid training immediately notify the Manager and / or First Aid Officers
- Call Emergency Services 000 and request an ambulance
- First Aid Officers to administer first aid as required and remain with the injured person until the Emergency Services arrive

- Organise for an Assistant / Staff member to meet the ambulance outside the venue and take them to the medical emergency and assist Emergency Services personnel as required
- Manager to complete an Incident Report form as soon as possible after the event.

#### 10. SECURITY AND CROWD CONTROL

You may need to engage a security company to manage the crowd. The number of security staff you need will depend on the number of patrons. The more stringent rule is two (2) security guards for the first 100 patrons and then one (1) guard for each addition 100 patrons or part thereof. There may be higher or lower rations stipulated by Liquor Licensing Queensland or Queensland Police.

Your risk assessment will also inform you as to what the risk levels are at certain times and in certain areas and what type of guard you may need you may need to reduce the risk.

To enable security personnel to do their job effectively, it is vital that they are appropriately briefed prior to the event with:

- Details of the site/venue layout, including entrance exits, first aid posts and any potential hazards
- Clear direction on the management of unacceptable behaviour
- Details of emergency evacuation plans, such as raising alarms, protocols for requesting assistance and evacuation procedures
- Names of key event personnel, emergency service representatives, Cook Shire Council staff, etc. who may require (and should be given) access to the site.

Consult with the security company to define the role of security staff, how many people are needed for how many hours and their general positions within the site.

#### Why is crowd control required?

- To prevent as far as practicable personal injury due to crushing, overcrowding and unruly behaviour.
- To enable injured or distressed patrons to be identified and moved to safety.
- To prevent overloading of structures whether or not for spectator use. They include seating stands, advertising hoardings, stages, lighting and sound mixing towers.
- To prevent overcrowding.

#### 11. EVENT SITE PLAN

Show the layout of the venue and event activities including locations of firefighting equipment, emergency vehicle access and egress, first aid post, exit paths and assembly areas.

#### Further information:

- Australian Institute for Disaster Resilience Safe and Healthy Mass Gatherings Manual 12 https://knowledge.aidr.org.au/media/1959/manual-12-safe-and-healthy-mass-gatherings.pdf
- Guidelines for concerts, events and organised gatherings, Government of Western Australia Department of Health. <a href="https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Environmental-health/Concerts-and-Mass-Gathering-Guidelines.pdf">https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Environmental-health/Concerts-and-Mass-Gathering-Guidelines.pdf</a>
- Events in Queensland handbook Best practice guidelines for event delivery in Queensland Version
   1.4. <a href="https://www.qld.gov.au/">https://www.qld.gov.au/</a> data/assets/pdf file/0032/94595/events-in-queensland-best-practice-quidelines.pdf

## **Emergency Management Plan Template**

When preparing your emergency management plan you may use the following template or your own format ensuring the same information is captured in the document.

Name of Event:
Venue Address:
Event Organiser:
Date of Event:
Prepared By:
Date Prepared:
Emergency Plan Objective
Describe the aim of the plan
To provide
Venue/Event Description
Provide a detailed description of any buildings and temporary structures
Provide a description of the intended use of the venue and event activities
Specify operating hours including bump in and bump out times

Scope
Specify the types of potential emergencies identified for the event
Testing, Training and Briefing
Specify how emergency response personnel will be trained.
How will the organiser ensure all personnel, including stall holders and amusement operators,
are aware of emergency management procedures?
How will you ensure electrical equipment, firefighting equipment, gas fittings and other equipment (where relevant) are safe and effective for use at the event?
(where relevantly are said and should be used at the svent.)
Provide a statement that the emergency management plan will be reviewed immediately after the
event (for recurring events only)

General Roles and Responsibilities  Identify the personnel who will be involved in an emergency response and their roles and responsibilities. NB For large events additional roles to those listed below may be required (eg Deputy Chief Warden, Wardens, and Communication Officer).			
Chief Warden (Normally Event Organiser)			
Name:	Mobile Number:		

Area Wardens (Normally Senior Staff)		
Name:	Mobilo	Number:
Name:		
		Number:
Name:	Mobile	Number
(List more as required)		
First Aiders Name:		
Name.		
Name:		
All Staff:		
Security:		
Identification of Wardens  Provide detail of how wardens will be identifiable		
Provide detail of now wardens will be identifiable		
Chief Warden		
Area Wardens		
Communications Plan		
In case of an emergency, outline how you will co	mmunic	ate at the event with vour event team.
emergency services, event visitors, and other sta		
phones, radios, PA system.		
Outline procedures if proposed communication s	vstem d	oes not work due to the mobile
network congestion, mobile black spots, etc. (i.e.		

Outline plan to test communication systems before the event.			
How will wardens communicate v	with each other?		
		oublic and staff of an evacuation?	
Communication and Consultate developing your plan and any ad		itline who has been involved or consulted in on provided:	
Authority/other:	Name:	Advice/information/Comments:	
For example: Emergency Services: Council: Public Transport Operators: Local residents: Emergency Services:			
Emergency Evacuation Proced Provide details of how an evacua		lucted	
Identify the exit paths and assem	ably areas (these	must also be shown on the site plan).	
Please indicate on your site plant		evacuation routes and sites.	
Fire Prevention and Response Plan  Outline the potential sources of fire and actions to prevent fires. Include emergency procedures, equipment and personnel in the event of a fire.			
Potential fire sources:			
Prevention and treatment options	s;		
Responsibility			

First Aid/Medical Plan
Outline the first aid or medical services in attendance at the event including numbers and type.
Provider/Service:
Contact Name:
Mobile:
Arrival Time
Departure Time:
Outline the response to a first aid or medical emergency.
Please indicate on your site plan locations of first aid stations or equipment.
Crowd Control/Security Plan
Outline crowd control and security plans, personnel numbers and roles.
Where used, include details of professional security/crowd control companies (company name, number of personnel and roles).
It is not acceptable for staff to have dual roles e.g. a crowd controller with a first aid qualification is first and foremost a crowd controller.
Weather Monitoring and Response Plan
If applicable, outline how you will monitor and respond to weather events that may impact your
event (e.g. extreme heat, wind, flooding etc.)

Event Contingency – Cancellation or Postponement Plan  Outline your event contingency plan if the event needs to be cancelled, postponed, relocated, altered or interrupted on the event day.

Procedures for Specific Emergencies  Provide details of how each identified emergency listed in the scope will be responded to			
E.g. Fire and Explosion			
☐ Assess the situation and the potential for evacuation			

Event Site Plan  Provide a detailed site plan of the venue including leastions of fire fighting againment	
Provide a detailed site plan of the venue including locations of fire fighting equipment, emergency vehicle access, first aid post, exit paths and assembly areas	

### **List of Emergency Control Personnel**

The following is a list of those staff at the event ie Event Organiser, wardens, stallholders, amusement operators and general staff who will be required to take actions in the case of an emergency

Name	Position	Contact Number	Number	