

EVACUATION PROCEDURES

Educator Name: _____

Address: _____

Month of Completion: _____

Prior to completing the evacuation procedures, the educator must:

- Check the Emergency Evacuation Plan to ensure all exits are clearly marked
- Familiarise themselves with the *Emergency and Evacuation Policy*
- Ensure fire equipment has been checked in the past 6 months
- Ensure relevant risk assessments have been completed
- Emergency “Go Bags” are fully stocked and accessible

Evacuation Procedures:

- **Full Evacuation, Partial Evacuation and Shelter in Place must be completed.**
- Completed at different times of the day, including drop offs and pick-ups, sleep and rest times and meal time.
- Once completed, be debriefed with the children and families. Parents should be given the opportunity to provide feedback.
- Completed every three months in February, May, August, and November.

WHEN FIRE EQUIPMENT WAS LAST CHECKED: _____

If this was more than six months ago, please have your fire equipment checked this month.

Regulation 97 – Emergency and Evacuation Procedures

(3) The approved provider of an education and care service must ensure that—

(ab) in the case of a family day care service, the emergency and evacuation procedures are rehearsed every 3 months by each family day care educator and the children being educated and cared for by the family day care educator on that day; an

(b) the rehearsals of the emergency and evacuation procedures are documented.

(4) The approved provider of an education and care service must ensure that a copy of the emergency and evacuation floor plan and instructions are displayed in a prominent position near each exit at the education and care service premises, including a family day care residence and approved family day care venue.



FULL EVACUATION

Date: _____ Time: _____

Children in Care: _____

Visitors: _____

1. Location of emergency: _____

2. What is the emergency? _____

3. Was the *Emergency and Evacuation Policy* followed: Yes No

4. Was the exit used highlighted on the Emergency Evacuation Plan: Yes No

5. Was this done safely and to the best of your ability? Yes No

Comment: _____

6. What props or helpers were used (if any): _____

7. Name of observer (if any): _____

8. What steps were taken before, during and after procedure: _____

9. Is there anything you could do different to ensure the procedure went smoother in the future? Yes No

Comment: _____
