**Coastcare Victoria Community Grant**

Template for the Job Safety and Emergency Management Plan

All successful grant applications must complete and submit a Job Safety and Emergency Management Plan as a project milestone in the Coastcare Victoria – Victorian Common Funding Agreement. The plan must be submitted by the due date or 14 days before the funded project commences.

Instructions:

1. use the template below as guidance for the plan

2. Land Manager approval and signature required before the project can commence (if applicable)

3. submit a copy to Coastcare Victoria: [coastcare.victoria@deeca.vic.gov.au](mailto:coastcare.victoria@deeca.vic.gov.au?subject=Job%20Safety%20and%20Emergency%20Plan%20)

Further information and resources:

[Coastcare Victoria Community Grants](https://www.marineandcoasts.vic.gov.au/coastal-programs/coastcare-victoria/coastcare-victoria-community-grants)

[Health, safety and wellbeing](https://www.environment.vic.gov.au/volunteering/volunteering/resources-hub-for-environmental-volunteers/health,-safety-and-wellbeing)

[Worksafe Victoria - Occupational Health and Safety Act and Regulations](https://www.worksafe.vic.gov.au/occupational-health-and-safety-act-and-regulations)

[Worksafe Victoria - Volunteer health and safety](https://content.api.worksafe.vic.gov.au/sites/default/files/2018-06/ISBN-Voluteer-health-and-safety-handbook-for-community-service-organisations-2008-10.pdf)

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| **Job Safety and Emergency Management Plan** | |
| **Project Contact:** | **Activity Lead:** |
| **Scheduled Date/s:** | |
| *Land Managers are responsible for work undertaken by advisors, contractors and specialists and must ensure all safety requirements are complied with. Please list the work to be undertaken by Contractors for Land Manager approval and agreement to manage.*  **Contractor/s Details:**  **Contractor/s Work:** | |
| **Locations/s** *(please provide description and GPS or grid references)* | |
| **Activity/Work to be done** *(description of funded project activities)* | |
| **Communications**   * Communicate the plan and hazards to all participants * Host a safety briefing each day * Ensure everyone has the project contact and activity leads contact details * Keeping an attendance log of all participants * Ensure all participants are aware of potential risks * Access to a mobile phone * Identify mobile blackspots * Identify alternative communication methods e.g. participants stay within line of sight with each other, participants are provided whistles * Participants are encouraged to download and familiarise themselves with the EmergencyPlus app   Specify additional communications arrangements: | |
| **Emergency response plan**   * Call 000, Be aware of First Aider * Record information of nearest medical treatment location and contact number * Record information of the nearest hospital emergency department * Ensure attendees are aware of First Aider and location of First Aid kit * Identify meeting points and evacuation * Fire and flood response   Specify additional Emergency response plans arrangements: | |

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| **List Safe Work Procedures (SWP), Safe Operating Instructions (SOI) and Safe Work Method Statements (SWMS) required AND/OR List Critical Safety Issues** | | | |
| **Document name** | **Reference number** | | |
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| **OR** |  | | |
| **Potential Safety Hazard/Risk** | **Control** | | |
| Slips, trips and falls |  | | |
| Manual handling, repetitive movements |  | | |
| Personal Medical Conditions |  | | |
| Working outdoors (inclement weather, sun, heat, water, traffic, noise, threats from wildlife) |  | | |
| Location of work (existing site hazards, public space, water, cliffs, dunes, uneven surfaces) |  | | |
| Dangerous Materials (litter collection, sprays, sharp objects etc) |  | | |
| Personal safety |  | | |
| COVID 19 |  | | |
| *Other (Include details below)* |  | | |
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| **Checklist** | | | | |
| **Question** | **Yes** | **No** | **Actions required** | |
| Are all risks covered, and can the risks be effectively controlled? |  |  | **If yes**, proceed to next question.  **If no**, develop a SWMS and attach to the JSP, then proceed to the next question. | |
| Do the Activity Lead/s understand and know the hazards and required controls, and do the volunteers have the relevant competencies/approvals to perform the work safely? |  |  | If yes, detail the materials, equipment, licences/competencies and supervision in the section headed ‘Specific safety resources required’, proceed to the next question  **If no**, stop and escalate to the Land Manager. | |
| Have first aid considerations been assessed, including the need for any individual first aid plan? |  |  | **If yes**, proceed to next question.  **If no**, conduct a first aid needs assessment then proceed to the next question. | |
| Will appropriate supervision be available on the day? |  |  | **If yes**, detail the materials, equipment, licences/competencies including additional supervision required on the day.  **If no**, stop and escalate to the Land Manager. | |
| **Specific safety resources required** | | | | |
| People |  | | | |
| Licences/ competencies |  | | | |
| Plant and equipment |  | | | |
| Materials |  | | | |
| Supervision |  | | | |
| **Project Contact** | | | | |
| **Name:**  **Position:**  **Organisation:**  **Date:**  **Signature:** | | | | |
| **Land Manager Consent Declaration and Approval** | | | | |
| As the responsible officer representing the Land Manager of Coastal Crown Land that is described in the plan, I declare that:   * I am authorised to permit on behalf of the Land Manager * I agree that the project described in this application can be undertaken on the project site in accordance with occupational health and safety requirements, government policy and legislative requirements and the relevant Coastal and Marine Management Plan. * I will take responsibility for any applications of consent or permits required for project compliance * I agree to take responsibility for any work undertaken by advisors, contractors and specialists and will ensure all safety requirements are met.   **Name:**  **Position:**  **Organisation:**  **Date:**  **Signature:** | | | | |