



CHECKLIST

Surviving Bushfire

This Checklist is designed to help church organisations prepare for bushfire and minimise the associated risks. This is not an exhaustive list and should be considered in conjunction with the recommendations of emergency services, local councils and others. Where the response to a question is 'no', further investigation and analysis may be required.

(A) Before bushfire season

	Yes	No	N/A	If No, actions required	Date
1. Have you identified whether your property is located in a high-risk bushfire area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
2. Do you understand the fire rating system in your state or territory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
3. Have you checked your fire cover with your insurer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
4. Do you have Bushfire Preparedness plans in place to minimise the potential impact of a bushfire on your property? <i>This could include managing vegetation on your property, sealing gaps, vents and roof spaces to prevent embers entering, clearing gutters, removing combustible items from around the building and safely storing fuels and chemicals.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
5. If your building is on a slope have you implemented specific controls to address the heightened risk? <i>This could include ensuring leaves, bark or grass are cleared around the building, keeping shrubs and trees well-trimmed, and removing overhanging branches.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
6. If your building does not meet relevant standards, have you implemented specific controls to address the heightened risk? <i>This could include clearing the gutter of leaves and rubbish, sealing gaps to prevent flying embers from entering the building, and enclosing or screening underfloor areas.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
7. Have Evacuation Diagrams been developed for your buildings and are they on display?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
8. Are the Evacuation Diagrams documented in your Emergency Management Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
9. Do you have an Emergency Management Plan that includes Bushfire Emergencies? <i>Included in the plan should be Bushfire preparedness plans and Bushfire Emergency Response Procedures</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
10. Is a copy of your Emergency Management Plan stored offsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__

	Yes	No	N/A	If No, actions required	Date
11. Has your Emergency Management Plan been reviewed in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
12. Does your Emergency Management Plan account for weekends and school holidays when your property may be empty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
13. Does your Emergency Management Plan account for people on site with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
14. Have you provided information and training in relation to your Emergency Management Plan to your stakeholders including employees, clients, parishioners, students, contractors and volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
15. Do you have an emergency control organisation in place? <i>(a team within your organisation that takes command of an emergency until emergency services arrives)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
16. Have you rehearsed your Bushfire Emergency Response Procedures including evacuation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
17. Is anyone on site trained in first aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
18. Is there good access for large vehicles (such as fire trucks and buses) in the event of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
19. Have you prepared an emergency kit that is appropriate to your circumstances? <i>This may include: clothing, toiletries, a wool blanket, first aid items and medicines, a portable (preferably wind-up) radio, flashlights, fresh drinking water, chargers for mobile devices such as phones and tablets and important documents.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
20. Do you have adequate fire fighting equipment? <i>This could include pumps, hoses and backpack sprayers.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
21. Has fire fighting equipment been inspected and tested in accordance with state or territory legislative requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
22. Do you have adequate fuel for fire fighting equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
23. Have you undertaken thermographic scanning of your electrical switchboard equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
24. Do you have personal protective clothing on hand if you are unable to evacuate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
25. Are all emergency contacts stored on a portable device such as a mobile phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
26. Is a hard copy of emergency contacts stored somewhere offsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
27. Are important office items stored offsite in a secure location during the bushfire season?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__

(B) When a bushfire is imminent

Does your Emergency Management Plan include:

1. A procedure for monitoring weather and fire condition updates from emergency services and local council?
2. A process to follow to determine whether you should remain on your premises or evacuate?
3. An early evacuation plan and early evacuation trigger?
This might include fire danger ratings, weather forecast or advice from emergency services.
4. Details of evacuation routes, transportation and assembly sites?
5. Allowances for people with special needs, visitors or tourists (who may be from a non-English speaking background)?
6. A procedure for communicating with people, both within and external to the organisation, and advising them that you are activating your Emergency Management Plan?
7. Procedures to minimise damage to your property?
This could include closing all doors and windows, moving outdoor furniture away from buildings, blocking downpipes, partially filling gutters with water and turning off gas and electricity supplies.

Yes	No	N/A	If No, actions required	Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__

(C) During a bushfire

Does your Emergency Management Plan include:

1. A procedure for monitoring when and if it is safe to evacuate?
2. An evacuation plan including routes, transportation and assembly sites? *This will be different to an early evacuation plan.*
3. A procedure to follow if you are unable to evacuate?
4. A procedure to ensure head counts are conducted regularly?
5. A procedure to ensure everyone in your care is aware of what is happening and is able to follow instructions?
6. A procedure for monitoring the health and safety of people in your care? *This could include ensuring adequate, safe drinking water is available and food safe handling practices are implemented.*
7. A procedure to ensure appropriate first aid is administered and preventative health strategies are implemented? *This could include wearing protective clothing like long-sleeved shirts, goggles and sturdy footwear.*

Yes	No	N/A	If No, actions required	Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	__/__/__

- | | Yes | No | N/A | If No, actions required | Date |
|---|--------------------------|--------------------------|--------------------------|-------------------------|-------------|
| 8. A procedure for monitoring air quality?
<i>This procedure may include checking the air quality index for your state or territory and working with occupational hygienists and property management to monitor air quality of your buildings.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |
| 9. A procedure to respond to poor or hazardous air quality conditions from Bushfire Smoke?
<i>This procedure may include requiring outdoor work to be rescheduled or for the provision of PPE for workers.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |

(D) After a bushfire

Does your Emergency Management Plan include a procedure:

- | | Yes | No | N/A | If No, actions required | Date |
|---|--------------------------|--------------------------|--------------------------|-------------------------|-------------|
| 1. To ascertain when it's safe to return to your premises? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |
| 2. To ensure health and safety standards are maintained during any clean up? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |
| 3. To support people in your care who may be suffering from psychological trauma? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |
| 4. For reporting the incident to your insurer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |
| 5. To conduct inspections and essential maintenance of the premises to ensure the effective operation of your buildings air ventilation and extraction systems and dust and debris have been cleaned from outdoor surfaces? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |

E. Other

- | | | | | | |
|----------|--------------------------|--------------------------|--------------------------|-------|-------------|
| 1. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |
| 2. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |
| 3. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |
| 4. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |
| 5. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |
| 6. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |
| 7. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |
| 8. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ___/___/___ |

If you would like further information about Surviving Bushfire, please contact the *risksupport* Helpdesk on:

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