



Pandani Adventures 

ABN 99 662 576 614

EMERGENCY RESPONSE GUIDELINES



AUTHORISATION

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EFFECTIVE DATE	June 2023

AMENDMENT HISTORY AND DOCUMENT CONTRIBUTORS

VERSION	DATE	AUTHOR	CHANGES
1.0	Jan 2023	Wade Wilson	First version finalised.
2.0	Jun 2023	Wade Wilson	Added vertical rescue guidelines, updated white water rescue guidelines, added emergency satellite communications guide, added escalation protocols, updated formatting, updated style

TAXONOMY

General Compliance // GC002 Emergency Response Guidelines

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CONTENTS

Introduction	2
Escalation protocols	2
Emergency communications	4
First aid	6
White water rescue	7
Vertical rescue	8
Land search and rescue (SAR)	10
Security incident	12
Natural disaster	12
References	12

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1. INTRODUCTION

1.1 PURPOSE

This guideline is intended to provide guidance to all Pandani Adventures team members and contractors regarding emergency response in our workplaces.

1.2 SCOPE

All Pandani Adventures team members, volunteers, and contractors ('staff') are expected to follow these guidelines. Staff may operate outside of these guidelines if required and reasonable judgement is demonstrated. Always act according to your formal qualifications and training.

1.3 GUIDELINE DEVELOPMENT METHODOLOGY

These guidelines are developed by experienced guiding and emergency response professionals and informed by best practice standards.

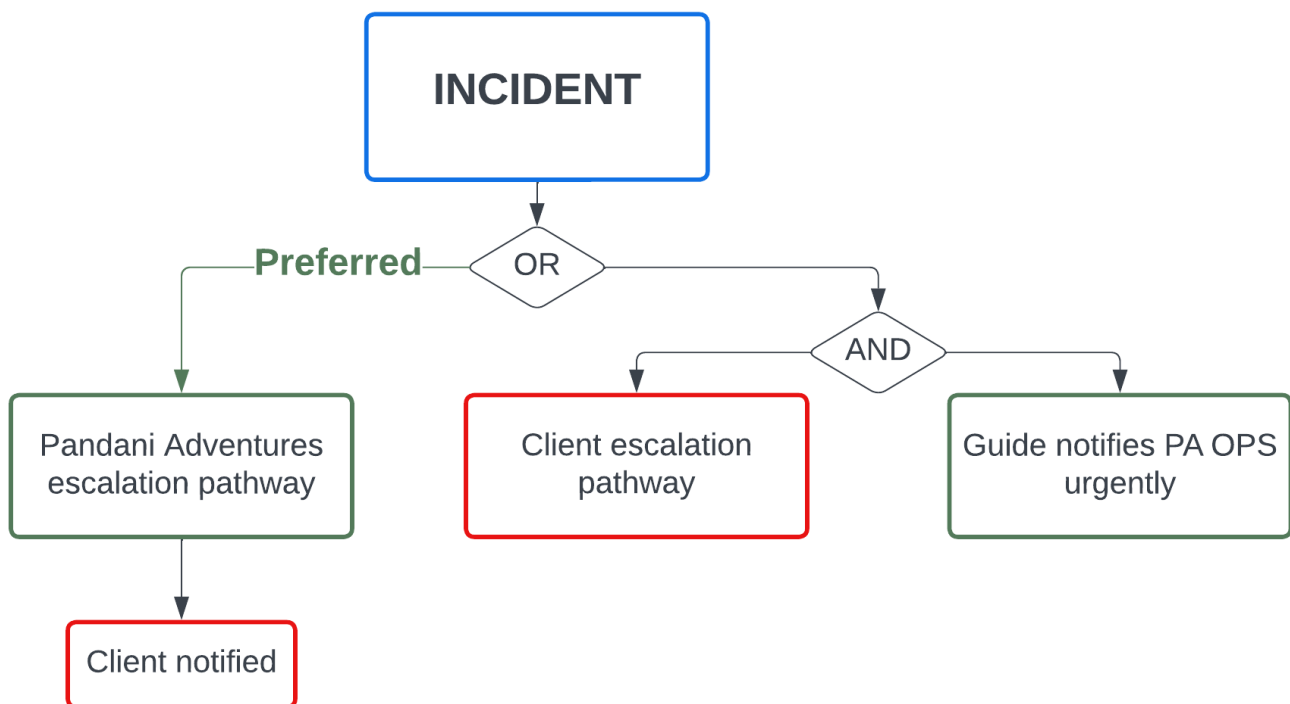
2. ESCALATION PROTOCOLS

2.1 INTRODUCTION

Emergencies can occur in Pandani Adventures workplaces. Staff may be required to escalate emergencies to supervisors and statutory emergency services. This guideline outlines protocols for escalating emergencies.

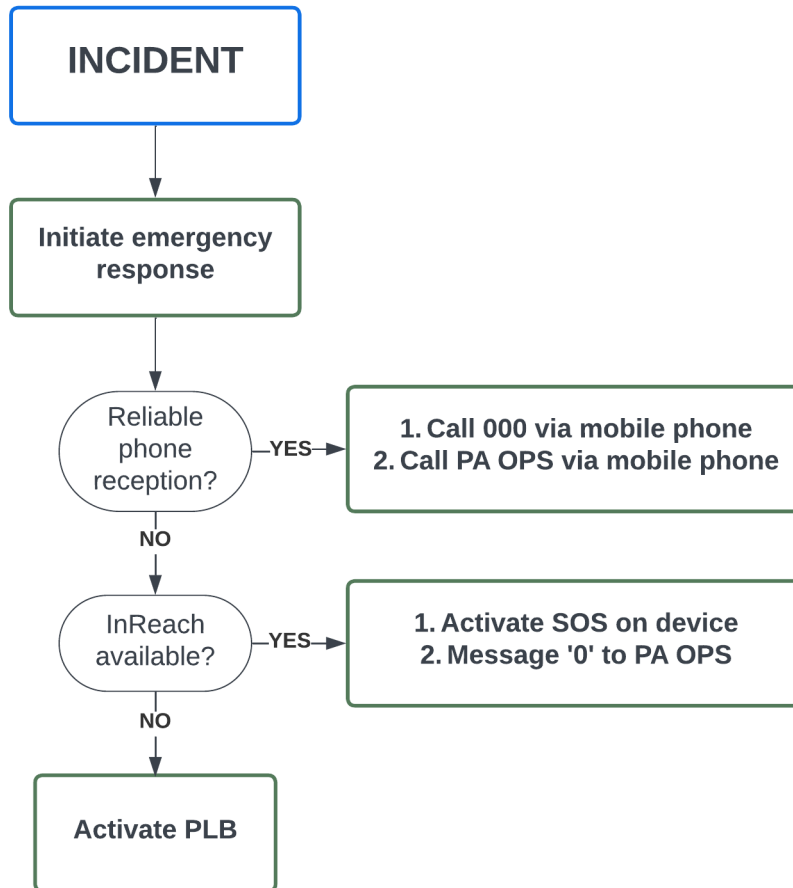
2.2 INTEGRATING CLIENT PROTOCOLS

When operating under an external client, the emergency protocols of both the client and Pandani Adventures will be in effect. **Staff should follow the escalation pathway of Pandani Adventures, unless directed to follow the protocols of the client.** If staff are required to follow the client's emergency escalation pathway, staff should urgently notify Pandani Adventures Operations ('PA OPS') that an incident has occurred.



2.3 EMERGENCY ESCALATION PROTOCOLS

These protocols are for emergencies only. Do not use these protocols to escalate non-emergencies.



2.4 INCIDENT MANAGEMENT

In response to emergency escalations to PA OPS, the incident management team may be activated. The incident management team will liaise with emergency services, the client, and staff responding to the emergency to facilitate the best outcome achievable under the circumstances.



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3. EMERGENCY COMMUNICATIONS

3.1 INTRODUCTION

Emergency communications in the wilderness context can be complex, and at times, unreliable. This guideline outlines how to use Pandani Adventures devices to communicate in emergencies.

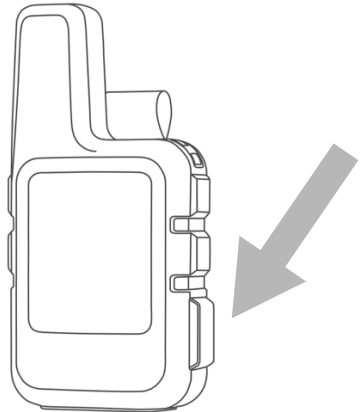

3.2 PERSONAL LOCATOR BEACONS

PURPOSE	Emergencies only
DEVICE IN USE	OceanSignal PLB1
USER MANUAL	https://oceansignal.com/wordpress/wp-content/uploads/912S-01260-PLB1-User-Manual-v02.21.pdf
EMERGENCY ACTIVATION	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. EXTEND ANTENNA AND POINT AT SKY</p> </div> <div style="width: 45%; text-align: center;">  </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>2. LIFT FLAP AND HOLD RED BUTTON</p> </div> <div style="width: 45%; text-align: center;">  <p>Hold for 1 sec</p> </div> </div>
TROUBLE-SHOOTING	Ensure the device is flat and has a clear view of the sky during operation.
TESTING¹	<p>PLBs must be tested before every activity.</p> <ol style="list-style-type: none"> 1. Press and hold the T button 2. Wait for red flashing LED 3. Release T key 4. Test is successful when LED flashes green 5. If LED does not flash green, call PA OPS.

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3.3 SATELLITE COMMUNICATORS

3.3.1 DEVICE

PURPOSE	Emergencies, SITREPs, and operational communications
DEVICE IN USE	inReach Mini 2
USER MANUAL	https://www8.garmin.com/manuals/webhelp/GUID-802DEF62-EBB2-463C-8C51-C58FB29F89E3/EN-US/inReach_Mini_2_OM_EN-US.pdf
EMERGENCY ACTIVATION²	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="text-align: center; margin-bottom: 20px;"> <p>1. LIFT THE PROTECTIVE CAP</p>  </div> <div style="text-align: center;"> <p>2. HOLD SOS BUTTON FOR 20 SECONDS</p>  </div> </div>
TROUBLE-SHOOTING	Messages can take up to 5 minutes to send under normal conditions. Ensure the antenna of the device is pointed toward the sky and the view is unobstructed. If you are under heavy tree cover, attempt to find a clearing.
TESTING²	<p>Satellite communicators should be checked before every activity.</p> <p>Turn the device on and ensure sufficient battery percentage. Staff do not need to routinely check the SOS function.</p> <p>Before prolonged or high risk operations, send PA OPS a test message to confirm the device is working correctly.</p>

3.3.2 COMMUNICATION CODES

To efficiently communicate with PA OPS, Pandani Adventures has developed communication codes, which require minimal time and effort to send via an inReach device. Send the number associated with your status to PA OPS via inReach message.

STATUS	MEANING
0	<p>Immediate emergency</p> <p>SOS should be activated first</p>
1	<p>Urgent support required</p> <p>An urgent situation has developed, and immediate support is required from PA OPS</p>
2	<p>Adverse situation developing</p> <p>An adverse situation is developing, and PA OPS should be on standby to assist</p>
3	<p>Non-urgent support required</p> <p>Routine support for operational issues is required</p>
9	<p>Situation normal</p> <p>Used during a scheduled check-in: the situation is normal, and everyone is safe</p>

3.4 UHF RADIOS

Handheld UHF radios are deployed on some operations. These are short-range, high-strength communication devices that effectively transmit voice.

While the use of an inReach device or mobile phone is preferred, staff may utilise a radio in an emergency if available. To communicate an emergency, announce the type of emergency three times then announce the location.

E.g., “Rescue, rescue, rescue, abseiling platform”

RADIO CALL	EMERGENCY TYPE
“Rescue, rescue, rescue”	Rescue – including white water, vertical, land search and rescue
“Medical, medical, medical”	Medical emergency (do not use this for routine first aid)
“Fire, fire, fire”	Bushfire or local fire
“Emergency, emergency, emergency”	Other emergency

4. FIRST AID³

4.1 INTRODUCTION

This section provides guidelines on first aid response in the adventure guiding setting. Always act according to your first aid training and the most up-to-date Australia and New Zealand Committee on Resuscitation (ANZCOR) guidelines.

Guides have the responsibility to provide first aid to any participant or guide who is injured. You cannot refuse to provide first aid to a person you are responsible for unless it is dangerous to do so.

4.4 BASIC PRINCIPLES

In all situations, first follow the DRSABCD approach.

D	Danger then deadly bleeding Check that it’s safe to approach the patient and conduct rescue if required and safe. Once safe, immediately stop any deadly bleeding.
R	Response Check for a response by squeezing the patient’s shoulders and telling them to open their eyes.
S	Send for help Activate emergency services if: <ul style="list-style-type: none"> • The patient has suffered from a serious injury, medical emergency, or is otherwise at risk of death • The patient is suffering from deadly bleeding • The patient is unconscious
A	Airway Ensure the airway is clear of fluid and foreign bodies. If an obstruction is present, roll the patient on their side and clear the obstruction.
B	Breathing Ensure the patient is breathing. If the patient is breathing normally, roll them on their side.
C	CPR If the patient is not breathing normally, start CPR. Perform 30 compressions, followed by 2 breaths. Repeat until the patient begins breathing normally or emergency services take over.
D	Defibrillation A defibrillator may be available at your site of work. If you can access this without risking the safety of the group, do so. Turn on the defibrillator and follow the voice prompts.

4.5 MANAGEMENT OF TRAUMATIC INJURIES

Trauma is defined as physical injury. This may include bleeding, major crush injuries, and head injuries.

4.5.1 DEADLY BLEEDING	
ANZCOR MANAGEMENT GUIDELINE	ANZCOR 9.1.1 First Aid for Management of Bleeding https://resus.org.au/download/9_1_trauma/anzcor-guideline-9-1-1-bleeding-april-2021.pdf
ANZCOR GUIDELINE SUMMARY	<ol style="list-style-type: none"> 1. DRSABCD 2. Apply direct pressure to the wound 3. Consider the use of a tourniquet 4. Consider wound packing with a haemostatic dressing 5. Activate emergency services if bleeding is deadly
WILDERNESS APPLICATION NOTES	<ul style="list-style-type: none"> • Deadly bleeding can be characterised by squirting or pouring blood • You can improvise tourniquets using equipment from a first aid kit and materials from the surrounding wilderness environment.

4.5.2 HEAD AND SPINAL INJURIES	
ANZCOR MANAGEMENT GUIDELINE	ANZCOR 9.1.4 Head Injury https://resus.org.au/download/9_1_trauma/anzcor-guideline-9-1-4-head-injury-jan16.pdf ANZCOR 9.1.6 Management of Suspected Spinal Injury https://resus.org.au/download/9_1_trauma/anzcor-guideline-9-1-6-spinal-jan16.pdf
ANZCOR GUIDELINE SUMMARY	<ol style="list-style-type: none"> 1. DRSABCD 2. Ensure deadly bleeding, airway, and breathing are cared for first 3. Maintain neutral alignment of the spine and prevent further movement (e.g., rotation of the head) 4. Activate emergency services
WILDERNESS APPLICATION NOTES	<ul style="list-style-type: none"> • Ensure the patient is removed from danger – consider that a patient with a head or spinal injury may be unable to self-rescue if they fall into water • Activate emergency services if you suspect the patient has an injury to their spine or serious injury to their head.

4.5.3 CRUSH INJURIES	
ANZCOR MANAGEMENT GUIDELINE	ANZCOR 9.1.7 First Aid Management of a Crushed Victim https://resus.org.au/download/9_1_trauma/anzcor-guideline-9-1-7-first-aid-management-of-a-crushed-victim_nov-2019.pdf .
ANZCOR GUIDELINE SUMMARY	<ol style="list-style-type: none"> 1. DRSABCD 2. Remove the crushing force as soon as possible 3. Manage other injuries 4. Activate emergency services if the patient has sustained serious injury.
WILDERNESS APPLICATION NOTES	<ul style="list-style-type: none"> • Crush injuries can be caused by patients becoming crushed between rafts and natural obstacles (e.g., rocks in a rapid, riverbanks, etc) • Crushing objects may be difficult to remove in white water – consider utilising mechanical advantage rope systems (e.g., 3:1 Z-drag)

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4.6 MANAGEMENT OF MEDICAL EMERGENCIES

Medical emergencies are dangerous health conditions caused by abnormal body function. Examples include a heart attack, diabetic emergency, stroke, or anaphylaxis.

4.6.1 ASTHMA AND ANAPHYLAXIS	
ANZCOR MANAGEMENT GUIDELINE	<p>ANZCOR 9.2.5 First Aid for Asthma https://resus.org.au/download/9_2_medical/anzcor-guideline-9-2-5-asthma-nov-2016.pdf</p> <p>ANZCOR 9.2.7 First Aid Management of Anaphylaxis https://resus.org.au/download/9_2_medical/anzcor-guideline-9-2-7-anaphylaxis-aug16.pdf</p>
ANZCOR GUIDELINE SUMMARY	<ol style="list-style-type: none"> 1. DRSABCD 2. Administer an EpiPen (adrenaline) for anaphylaxis 3. Administer an asthma reliever (salbutamol) for asthma 4. If you are unsure whether to treat for asthma or anaphylaxis, treat for anaphylaxis first – EpiPens will generally work for both conditions 5. Activate emergency services if required
WILDERNESS APPLICATION NOTES	<ul style="list-style-type: none"> • EpiPens contain more than double the amount of adrenaline than is delivered – an EpiPen can be carefully cut open to access additional doses in an emergency

4.6.2 HEART ATTACK	
ANZCOR MANAGEMENT GUIDELINE	<p>ANZCOR 9.2.1 Recognition and First Aid Management of Suspected Heart Attack https://resus.org.au/download/9_2_medical/anzcor-guideline-9-2-1-suspected-heart-attack-apr-2021.pdf</p>
ANZCOR GUIDELINE SUMMARY	<ol style="list-style-type: none"> 1. DRSABCD 2. Administer 300mg (typically one tablet) of aspirin 3. Activate emergency services
WILDERNESS APPLICATION NOTES	<ul style="list-style-type: none"> • Aspirin does not resolve a heart attack; it only assists in slowing the growth of the blood clot in the heart • Women frequently do not experience the stereotypical ‘chest pain’ associated with a heart attack – they may only experience pain in the arms, hands, neck, and/or jaw

4.6.3 HYPOTHERMIA	
ANZCOR MANAGEMENT GUIDELINE	<p>ANZCOR 9.3.3 First Aid Management of Hypothermia and Cold-Related Injuries https://resus.org.au/download/9_3_environment/anzcor-guideline-9-3-3-hypothermia-and-cold-related-injury-august-2021.pdf</p>
ANZCOR GUIDELINE SUMMARY	<ol style="list-style-type: none"> 1. DRSABCD 2. Protect from environment and remove cold stressors (e.g., wet clothes) 3. Prevent further heat loss by using emergency blankets, sleeping bag, emergency bivvy, etc 4. Actively rewarm (e.g., using warm water bottles or air-activated heat packs) 5. Activate emergency services
WILDERNESS APPLICATION NOTES	<ul style="list-style-type: none"> • Prevention is the best intervention, especially in the case of hypothermia – if you recognise that someone is at risk of hypothermia, treat them early (e.g., get them moving, feed them sugary food, provide a warm drink)

4.6.4 HEAT STROKE (HYPERTHERMIA)	
ANZCOR MANAGEMENT GUIDELINE	ANZCOR 9.3.4 Heat Induced Illness (hyperthermia) https://resus.org.au/download/9_3_environment/anzcor-guideline-9-3-4-hyperthermia-september-2020.pdf
ANZCOR GUIDELINE SUMMARY	<ol style="list-style-type: none">1. DRSABCD2. Protect from environment3. Rapidly cool patient4. Activate emergency services
WILDERNESS APPLICATION NOTES	<ul style="list-style-type: none">• Prevention is the best intervention – if you recognise participants at risk of heat stroke, provide cool drinks, encourage them to cool down in a body of water (if appropriate), move them to shade, etc• Tasmanian rivers are cold all year round – partially submerging a patient into a shallow section of river while protecting their airway and avoiding danger is likely to be effective at cooling the patient

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