



Fire



- Close doors/windows if safe.
- Extinguish if trained and safe to do so.
- Use fire stairs to evacuate the area, not lifts.
- Proceed to your assembly area.

Medical Emergency



- Start first aid (**DRSABCD**) if trained.
- Stay with the patient if it is safe to do so.
- Reassure and support the patient.

Sexual Violence/Stalking



- If you are a victim, escape and seek help if safe to do so.
- If alerted to sexual violence, ensure the victim is safe.
- Stay with the victim until help arrives.
- Listen to the victim and provide support.
- Avoid judgement and unnecessary questioning.

Bomb Threat



- If a threat is received **BY PHONE**, alert someone to call Campus Security.
- Use the **BOMB THREAT CHECKLIST** on the reverse side of this poster.
- If received **VIA POST/EMAIL**, secure the message and call Protective Services or use SafeZone.
- Do not allow others to touch the object.

Gas Leak



- Turn off gas if safe to do so.
- Activate emergency gas isolation if present.
- Evacuate the affected area.
- Isolate all ignition sources.
- Do not allow re-entry until cleared by Emergency Services.

Mental Health Emergency



- Assess for harm and keep the person away from danger.
- Do not leave the person alone.
- Reassure and engage in conversation.
- If unsafe, remove yourself immediately.

Lockdown



- Follow Campus Security instructions.
- **Escape:** Move away from danger.
- **Hide:** Stay out of sight, silence phone, secure the room, barricade doors if possible and do not let anyone in.
- **Tell:** If safe, call the police on **000** or use **SafeZone** to report the incident. Campus Security will initiate lockdown procedures.

Suspicious Package



- Do not touch, tilt or tamper with the item.
- Alert others nearby and evacuate the area.
- Do not use mobile phones as they could trigger an explosion.

Power Outage



- Assist others if necessary.
- Make equipment safe that may restart when power is restored.
- Treat all electrical equipment as live.
- Evacuate if advised to do so.

Chemical Spill



- Treat all chemical spills as hazardous until determined otherwise.
- Evacuate occupants from the area.
- Do not attempt to clean spills unless trained.

Aggressive Person



- Do not approach the person if you are at risk.
- Do not try to physically restrain the person.
- Speak calmly, slowly and firmly.
- Keep a safe distance from the person.

Severe Weather



- Be aware of airborne debris.
- Stay indoors and avoid exposed areas.
- Stay away from windows and glass doors.
- Avoid sheltering under trees.
- Report any immediate hazard to Protective Services or use SafeZone.

Contact Protective Services 24/7

- Download SafeZone & register your zID@ad.unsw.edu.au email
- Emergency line: 9385 6666 | General inquiries line: 9385 6000
- Visit the Campus Security Office at gate 2 (Open 24/7)



Android



iOS

Download the
SafeZone
App

Bomb Threat Checklist



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Actions to be taken on receipt of a threat

Remain calm and talk to the caller.

If you are able to, record the call.

Write down the exact wording of the threat:

Bomb threat questions | Record answers as accurately as possible

1. Where exactly is the bomb right now?
2. When is the bomb going to explode?
3. What does the bomb look like?
4. What does the bomb contain?
5. How will the bomb explode? Or how will the substance be released?
6. Did you place the bomb? If not you, who did?
7. What is your name?
8. What is your address?
9. What is your telephone number?
10. Do you represent a group or are you acting alone?
11. Why have you placed the bomb?

Chemical/biological threat questions | Record answers as accurately as possible

1. What kind of substance is it?
2. When will the substance be released?
3. How much of the substance is there?
4. How will the substance be released?
5. Is the substance a liquid, powder or gas?

Actions to be taken once the caller has hung up

Your name _____ Phone number _____ Date and time _____ Duration of call _____ Number called _____

Tick all appropriate boxes to identify the caller and their location

About the caller

| | | |
|---------------------------------|------|--------------|
| Male <input type="checkbox"/> | Age? | Nationality? |
| Female <input type="checkbox"/> | | |

Threat Language

| | | | | |
|--------------------------------------|-------------------------------------|--------------------------------|-------------------------------|-------------------------------------|
| Well-spoken <input type="checkbox"/> | Irrational <input type="checkbox"/> | Taped <input type="checkbox"/> | Foul <input type="checkbox"/> | Incoherent <input type="checkbox"/> |
|--------------------------------------|-------------------------------------|--------------------------------|-------------------------------|-------------------------------------|

Caller's Voice

| | | | | | | |
|---|------------------------------------|--|--------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Calm <input type="checkbox"/> | Crying <input type="checkbox"/> | Clearing Throat <input type="checkbox"/> | Angry <input type="checkbox"/> | Nasal <input type="checkbox"/> | Slurred <input type="checkbox"/> | Excited <input type="checkbox"/> |
| Stutter <input type="checkbox"/> | Disguised <input type="checkbox"/> | Slow <input type="checkbox"/> | Lisp <input type="checkbox"/> | Accent* <input type="checkbox"/> | Rapid <input type="checkbox"/> | Deep <input type="checkbox"/> |
| Familiar <input type="checkbox"/> | Laughter <input type="checkbox"/> | Hoarse <input type="checkbox"/> | Other (please specify): | | | |
| If the voice sounded familiar, who did it sound like? | | | | | | |

*What accent?

Background sound

| | | | | | | |
|--|---------------------------------------|--|--|---|-----------------------------------|--------------------------------|
| Street noises <input type="checkbox"/> | House noises <input type="checkbox"/> | Animal noises <input type="checkbox"/> | Factory machinery <input type="checkbox"/> | Office machinery <input type="checkbox"/> | Clear <input type="checkbox"/> | Voice <input type="checkbox"/> |
| Static <input type="checkbox"/> | PA system <input type="checkbox"/> | Booth <input type="checkbox"/> | Music <input type="checkbox"/> | Motor <input type="checkbox"/> | Crockery <input type="checkbox"/> | |
| Was the caller familiar with the area? | | | | | | |
| Other (please specify): | | | | | | |