



TRAFFIC MANAGEMENT IN EMERGENCIES

Traffic Management Plan

For use by Hazard Management/Controlling Agencies

Further information provided in State Emergency Management Traffic Management During Emergencies Guideline

Incident Type/Name:	Incident Controller:	Operational Period: From To Date:	Date Completed	Time Completed:	Plan No (1, 2, 3, etc):
Area of Operations:			WebEOC/other incident management system reference:		

SITUATION	
Describe the situation or emergency leading to the need for Vehicle Control Points (VCPs) to be established:	

MISSION	
Describe the mission in this traffic management plan:	

EXECUTION	
Roles	
Hazard Management Agency (HMA):	
Controlling Agency <i>(if different to HMA):</i>	
Incident Controller: <i>(or Police Commander with incident control if 'Police' hazard)</i>	Name & contact number:
Police Commander:	Name & contact number:
Main Roads WA representative:	Name & contact number:
Local Government representative <i>(with responsibility for local roads):</i>	Name & contact number:
Local and/or District Emergency Coordinator(s):	Name & contact number:
Other relevant contacts:	Names & contact numbers:

Authority	
Legislative authority to close the road(s): <i>Refer to Police Request for Assistance form if applicable.</i>	
Actions required for breaches of VCP(s): <i>Expectations supported by legislation & consistent with public messaging.</i>	
VCP REGISTER	
All active VCPs to be updated in the Annex of this plan as circumstances change throughout the incident response. Additional pages to be added as required.	
Is the Restricted Access Permit System (RAPS) activated? YES / NO	
If yes, location of RAPS issuing unit:	
Location of VCP(s) designated as RAPS entry and/or exit points:	
Conditions (including re-entry):	
RAPS Unit Leader (DFES):	Name & contact number:
ADMINISTRATION & LOGISTICS	
Incident Staging Area location (or VCP staging area, if different):	
Welfare arrangements for VCP operators:	
Emergency relief and support arrangements for public at VCPs	
Evacuation Centre location (if applicable):	
Shift relief arrangements:	
Other:	

COMMAND & COMMUNICATIONS	
Controlling Agency's lead officer for traffic management:	<i>E.g. Traffic and Access Management Officer (DFES)</i>
VCP Commander / Supervisor mobile(s):	<i>For each agency providing VCP operators:</i>
Radio Channel(s):	
Other (e.g. satellite phone):	

SAFETY	
Risks and impacts: (known or anticipated) associated with VCPs for this incident and controls in place to mitigate:	Risk of direct/indirect (consequential) impact from incident and from road users, any Controlling Agency warnings.
VCP operators safety briefing:	Minimum safety standards, dynamic risk assessment, emergency warning system (e.g. Red Flag).

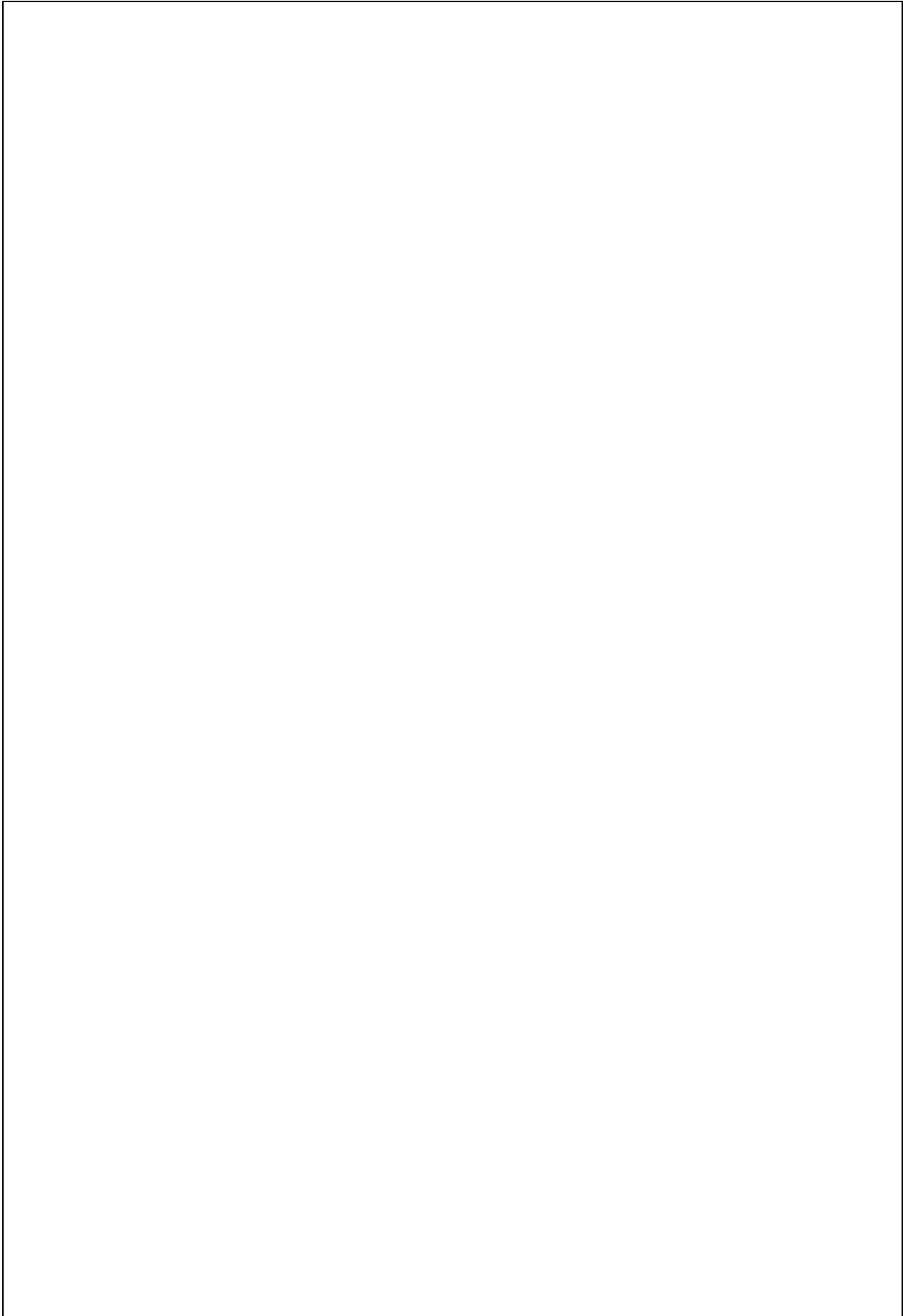
Attachments (as appropriate):

- Map of operational area/VCPs (ideally to show full/partial/RAPS VCPs, vehicle/agency identifiers, signage, light/heavy vehicle detours, staging area(s), etc. Annex A is provided to sketch VCP layout if formal map not yet available).
- Details of all VCPs in VCP Register (using Annex B templates).
- Public information for VCPs if provided by Controlling Agency (e.g. script for VCP operators or handouts for the public).
- Police Request for Assistance form (if Police assistance required).

This Plan and Annexes/Attachments to be updated as required throughout the response.

	Name:	Agency:	Date:	Time:
Prepared by:				
Endorsed by:	<i>Police Commander</i>	WA Police Force		
		Main Roads WA		
		Local Government		
		Other agency/ organisation (specify)		
APPROVED BY:	INCIDENT CONTROLLER			

ANNEX A: OVERVIEW MAP OF OPERATIONAL AREA RELATING TO VCPS



To be used where a formal map is not available, to indicate relative locations of all VCPs in this Plan.

VCP number:		Closed between:	
Road name(s)			
VCPs to be located at:	Location: (Intersection Name):	Staff: (Names, Call sign)	
To be established as: FULL <input type="checkbox"/> (DEFAULT) PARTIAL <input type="checkbox"/> WITH RAPS ¹ <input type="checkbox"/> WITHOUT RAPS <input type="checkbox"/>			
Controlling Agency/HMA:			
Legislative Authority to close the road(s):		² EM Act <input type="checkbox"/> BF Act <input type="checkbox"/> FB Act <input type="checkbox"/> RT Act <input type="checkbox"/> MR Act <input type="checkbox"/> LG Act <input type="checkbox"/> DG Act <input type="checkbox"/> OTHER <input type="checkbox"/> (specify section):	
Direction/information to be given to the public:			
Actions agreed for breaches of VCP:			
Specific conditions (e.g. emergency vehicles/personnel allowed through VCP):			
Methods of communication for this VCP:			
Anticipated Duration of this VCP			

VCP number:		Closed between:	
Road name(s)			
VCPs to be located at:	Location: (Intersection Name):	Staff: (Names, Call sign)	
To be established as: FULL <input type="checkbox"/> (DEFAULT) PARTIAL <input type="checkbox"/> WITH RAPS ¹ <input type="checkbox"/> WITHOUT RAPS <input type="checkbox"/>			
Controlling Agency/HMA:			
Legislative Authority to close the road(s):		² EM Act <input type="checkbox"/> BF Act <input type="checkbox"/> FB Act <input type="checkbox"/> RT Act <input type="checkbox"/> MR Act <input type="checkbox"/> LG Act <input type="checkbox"/> DG Act <input type="checkbox"/> OTHER <input type="checkbox"/> (specify section):	
Direction/information to be given to the public:			
Actions agreed for breaches of VCP:			
Specific conditions (e.g. emergency vehicles/personnel allowed through VCP):			
Methods of communication for this VCP:			
Anticipated Duration of this VCP			

VCP number:		Closed between:	
Road name(s)			
VCPs to be located at:	Location: (Intersection Name):	Staff: (Names, Call sign)	
To be established as: FULL <input type="checkbox"/> (DEFAULT) PARTIAL <input type="checkbox"/> WITH RAPS¹ <input type="checkbox"/> WITHOUT RAPS <input type="checkbox"/>			
Controlling Agency/HMA:			
Legislative Authority to close the road(s):		² EM Act <input type="checkbox"/> BF Act <input type="checkbox"/> FB Act <input type="checkbox"/> RT Act <input type="checkbox"/> MR Act <input type="checkbox"/> LG Act <input type="checkbox"/> DG Act <input type="checkbox"/> OTHER <input type="checkbox"/> (specify section):	
Direction/information to be given to the public:			
Actions agreed for breaches of VCP:			
Specific conditions (e.g. emergency vehicles/personnel allowed through VCP):			
Methods of communication for this VCP:			
Anticipated Duration of this VCP			

VCP number:		Closed between:	
Road name(s)			
VCPs to be located at:	Location: (Intersection Name):	Staff: (Names, Call sign)	
To be established as: FULL <input type="checkbox"/> (DEFAULT) PARTIAL <input type="checkbox"/> WITH RAPS¹ <input type="checkbox"/> WITHOUT RAPS <input type="checkbox"/>			
Controlling Agency/HMA:			
Legislative Authority to close the road(s):		² EM Act <input type="checkbox"/> BF Act <input type="checkbox"/> FB Act <input type="checkbox"/> RT Act <input type="checkbox"/> MR Act <input type="checkbox"/> LG Act <input type="checkbox"/> DG Act <input type="checkbox"/> OTHER <input type="checkbox"/> (specify section):	
Direction/information to be given to the public:			
Actions agreed for breaches of VCP:			
Specific conditions (e.g. emergency vehicles/personnel allowed through VCP):			
Methods of communication for this VCP:			
Anticipated Duration of this VCP			