**Emergency Action Plan (form SF-1)**

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| **Emergency numbers** | **911** ~ If not, local police, fire, ambulance numbers should be posted. |
| **Contact Information** | President: | Cell: |
| Manager: | Cell: |
| Ice Tech: | Cell: |
| Other: | Cell: |
| **Curling Rink Information** | Address:Telephone:Nearest cross street: | Google Map |
| **Person(s) on-site and in charge*** Clear risk of further harm to the injured person by securing the area and shelter the injured person from the elements.
* Designate who is in charge of the other participants.
* Protect yourself (wear gloves if in contact with body fluids such as blood).
* Check that airway is clear, breathing is present, a pulse is present, and there is no major bleeding.
* Wait by the injured person until the ambulance arrives and the injured person is transported.
* Fill in an accident report form.
 | **Names**Option 1: Option 2: Option 3:  |
| **On-site Call Person(s)*** Call for emergency help.
* Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done).
* Clear any traffic from the entrance/access road before ambulance arrives.
* Wait by the driveway entrance to the facility to direct the ambulance when it arrives.
* Call the emergency contact person listed on the injured person’s medical profile.
 | **Names**Option 1: Option 2: Option 3:  |