EMERGENCY ACTION PLAN

 **FACILITY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Attach a diagram of the Facility)***

**FACILITY ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Attach a map of the Facility Property)***

**FACILITY TELEPHONE NUMBER & LOCATION DESCRIBED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Map the location on Facility Diagram)***

**CLEAR DIRECTIONS TO THE FACILITY FOR EMERGENCY PERSONNEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**FIRE/FLOOD/TORNADO PLAN LOCATION described: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRE/FLOOD/TORNADO PLAN: (*Attach a copy of the Plan plus map the location on the Facility Diagram where the Plan is posted*)**

|  |  |  |  |
| --- | --- | --- | --- |
| **PRIMARY CHARGE PERSON:** | **PHONE NUMBER** | **ALTERNATE CHARGE PERSON:** | **PHONE NUMBER** |
|  |  |  |  |
| **ROLES/RESPONSIBILITIES: C**harge Person(s) will take charge, initiate EAP and assign duties as required.  The Charge person may be the Instructor/Coach on site if the above charge persons are not immediately available. |

***PRIMARY CHARGE AND CALL PERSON TO BE DIFFERENT PEOPLE.***

|  |  |  |  |
| --- | --- | --- | --- |
| **PRIMARY CALL PERSON:** | **PHONE NUMBER** | **ALTERNATE CALL PERSON:** | **PHONE NUMBER** |
|  |  |  |  |
| **ROLES/RESPONSIBILITIES:** Call Person(s) will make phone calls which may include emergency services, parents/guardians and/or others as required.  Call person may also meet and direct emergency personnel to accident site and other duties as assigned. |

**911 Emergency, Ambulance, Fire, Police, Poison Control**

 **(unless otherwise specified for your area)**

|  |
| --- |
| **EMERGENCY PHONE NUMBERS** |
|  | **NAME** | **PHONE #** | **ADDRESS (IF APPLICABLE)** |
| **HOSPITAL** |  |  |  |
| **Vet Hospital** |  |  |  |
| **VETERINARIAN** |  |  |  |
| **AFTER HOURS VET** |  |  |  |
| **FARRIER (optional)** |  |  |  |

**cLEAR DIRECTIONS TO HOSPITAL dESCRIBED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Attach a MAP from the Facility; described directions could accompany map*)**

|  |
| --- |
| **Checklists of required documentation and attachments to EAP** |
| **ITEM** | **LOCATION****described** | **Date last****Reviewed** | **Item’s Physical Location** **Is Mapped on Facility** **Diagram – check √** |  **Attached copy – check √** |
| **First Aid kit - Human** |  |  | **Human 1st Aid**  | **List of 1st Aid contents**  |
| **First Aid kit - Horse** |  |  | **Equine 1st Aid**  | **List of 1st Aid contents**  |
| **Fire extinguishers** |  |  | **Fire Extinguishers**  | **Diagram of Facility**  |
| **Fire/Flood/Tornado Plan** |  |  | **Fire/Flood/Plan**  | **Copy of Fire/Flood Plan**  |
| **Rider profiles/phone #s** |  |  | **Profile locations**  | **Map to Vet Hospital**  |
| **Staff profiles/phone #s** |  |  | **Profile locations**  | **Map to Human Hospital**  |
| **Horse profiles/phone #s**  |  |  | **Profile locations**  | **Map of Facility Property**  |
| **Telephone - landline** | **Described above** |  | **Telephone location** |  |
| **Describe the security measures that are in place for the medical profiles to keep them private and secure?** |

**CLEAR DIRECTIONS TO vet HOSPITAL DESCRIBED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(*Attach a MAP from the Facility; described directions could accompany map*)**

*April 28, 2020*