

## EMERGENCY ACTION PLAN – RUBRIC

**All disciplines and all contexts.**

<b>EMERGENCY ACTION PLAN</b>	
<b>INSUFFICIENT</b>	<b>MEETS STANDARD</b>
<b>CHARGE PERSONS IDENTIFIED</b>	
<input type="checkbox"/> Charge person information incorrect or incomplete	<input type="checkbox"/> Designated charge person and alternate charge person identified <input type="checkbox"/> Charge persons' phone numbers, their roles and responsibilities listed
<b>CALL PERSONS IDENTIFIED</b>	
<input type="checkbox"/> Call person information incorrect or incomplete	<input type="checkbox"/> Designated call person and alternate call person identified <input type="checkbox"/> Call persons' phone numbers, their roles and responsibilities listed
<b>PHONE(S) LOCATIONS DESCRIBED AND MAPPED</b>	
<input type="checkbox"/> Phone(s) information incorrect or incomplete <input type="checkbox"/> No diagram and/or map	<input type="checkbox"/> Phone(s) locations described and mapped on facility diagram <input type="checkbox"/> Emergency telephone numbers listed (including fire and vet)
<b>FACILITY INFORMATION</b>	
<input type="checkbox"/> Facility information incomplete <input type="checkbox"/> Directions to facility not described <input type="checkbox"/> Facility diagram not included <input type="checkbox"/> Map to facility not attached	<input type="checkbox"/> Facility name, phone number, address, EMS# (if applicable) <input type="checkbox"/> Directions to reach the equine facility described <input type="checkbox"/> Facility diagram attached <input type="checkbox"/> Map attached – route to reach the facility from a designated landmark outlined on map
<b>HOSPITAL INFORMATION</b>	
<input type="checkbox"/> Hospital information incomplete <input type="checkbox"/> Directions to facility not described <input type="checkbox"/> Map to hospital not attached	<input type="checkbox"/> Hospital name, phone number, address and directions from equine facility described <input type="checkbox"/> Map attached – route to reach the hospital from the facility outlined on map
<b>MEDICAL PROFILES</b>	
<input type="checkbox"/> Staff/riders/horses medical profiles' information incorrect or incomplete <input type="checkbox"/> Location of profiles not described or mapped	<input type="checkbox"/> Location of staff/riders' and horses' medical profiles (with phone numbers) - is described <input type="checkbox"/> Location of medical profiles are mapped on facility diagram <input type="checkbox"/> Date(s) files last reviewed/updated for riders/staff and horses <input type="checkbox"/> Security measures outlined to protect files' privacy
<b>FIRST AID KITS</b>	
<input type="checkbox"/> First Aid Kits' information incorrect or incomplete (human and/or equine) <input type="checkbox"/> No evidence of content reviews <input type="checkbox"/> First Aid Kits' do not have checklists for their contents	<input type="checkbox"/> Fully stocked First Aid Kits, both equine and human-location described and mapped on diagram <input type="checkbox"/> Date(s) both horse and human First Aid kit contents were reviewed <input type="checkbox"/> Checklist of the necessary equipment found in each First Aid Kit
<b>FIRE EXTINGUISHER (S)</b>	
<input type="checkbox"/> Fire extinguisher(s) information incorrect or incomplete <input type="checkbox"/> Locations not described <input type="checkbox"/> No check dates <input type="checkbox"/> No Fire and/or Flood Plans attached, location described or mapping on Facility map	<input type="checkbox"/> Location of fire extinguishers described <input type="checkbox"/> Fire extinguisher locations mapped on facility diagram <input type="checkbox"/> Date Fire Extinguisher(s) last checked <input type="checkbox"/> Location of Emergency Fire and/or Flood Evacuation plan(s) described <input type="checkbox"/> Location of Emergency Fire and/or Flood Plans mapped on Facility diagram <input type="checkbox"/> Emergency Fire and/or Flood Plans attached
<b>VETERINARIAN(S) AND VET HOSPITAL INFORMATION</b>	
<input type="checkbox"/> Vet and/or Vet Hospital names and phone numbers incomplete <input type="checkbox"/> Address and directions to vet hospital not described <input type="checkbox"/> Map to vet hospital not attached	<input type="checkbox"/> Vet and vet hospital name(s), phone number(s); hospital address and directions from equine facility described <input type="checkbox"/> Map attached – route to reach vet hospital from equine facility outlined on map

(aligns with expandable EAP TEMPLATE contexts April 28, 2020)