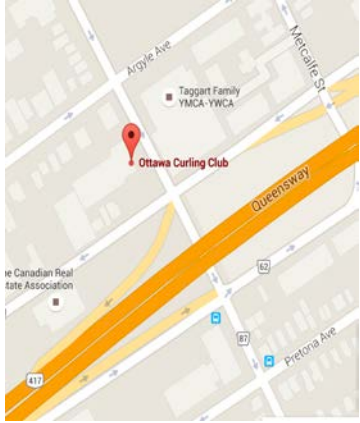


Emergency Action Plan (example)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Emergency numbers: | 9-1-1 ~ If not, local police, fire, ambulance numbers should be posted | |
| Contact Information | President: Jim Brown | Cell: 613-555-1212 |
| | Manager: Jane Smith | Cell: 613-555-1234 |
| | Ice Tech: John White | Cell: 613-555-1256 |
| | Other: Sue Jones (bar manager) | Cell: 613-555-1278 |
| Curling Rink Information Ottawa Curling Club | Address: 440 O'Connor Street, Ottawa, ON K2P 1W4 Telephone: 613.234-4119 Nearest cross street: Catherine & the Queensway |  |
| Person(s) on-site in charge <ul style="list-style-type: none"> <input type="checkbox"/> Clear risk of further harm to the injured person by securing the area and shelter the injured person from the elements. <input type="checkbox"/> Designate who is in charge of the other participants. <input type="checkbox"/> Protect yourself (wear gloves if in contact with body fluids such as blood). <input type="checkbox"/> Check that airway is clear, breathing is present, a pulse is present, and there is no major bleeding. <input type="checkbox"/> Wait by the injured person until the ambulance arrives and the injured person is transported <input type="checkbox"/> Fill in an accident report form | Names Option 1: Steve Good Option 2: Rick Shea Option 3: Jennifer Smith | |
| On-site Call Person(s) <ul style="list-style-type: none"> <input type="checkbox"/> Call for emergency help. <input type="checkbox"/> Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done). <input type="checkbox"/> Clear any traffic from the entrance/access road before ambulance arrives. <input type="checkbox"/> Wait by the driveway entrance to the facility to direct the ambulance when it arrives. <input type="checkbox"/> Call the emergency contact person listed on the injured person's medical profile. | | |