

## Emergency Action Plan (form SF-1)

<b>Emergency numbers</b>	<b>911</b> ~ If not, local police, fire, ambulance numbers should be posted.	
<b>Contact Information</b>	President:	Cell:
	Manager:	Cell:
	Ice Tech:	Cell:
	Other:	Cell:
<b>Curling Rink Information</b>	Address:  Telephone:  Nearest cross street:	Google Map
<b>Person(s) on-site and in charge</b>  <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.		<b>Names</b>  Option 1:  Option 2:  Option 3:
<b>On-site Call Person(s)</b>  <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.		<b>Names</b>  Option 1:  Option 2:  Option 3: