

[Insert School Name]

Non-Athletic Event-Specific Emergency Action Plan (EAP)

Event Teacher/Sponsor: _____ Cell Phone Number: _____

Destination/Venue Address: _____

School Employee(s) Attending Trip and Cell Number(s) **(Please note beside name if employee is CPR Certified):**

_____	_____
_____	_____
_____	_____
_____	_____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending)

List Students with Medical Needs **(Diagnosis/Condition):** List Medication Trained Employee Assigned to Each Student's Care:

_____	_____
_____	_____
_____	_____
_____	_____

(Please use separate sheet and attach to this form if more space is needed for student(s) with medical needs)

Trip Location Contact Person: _____ Phone Number: _____

EAP Contact Person to Discuss Venue EAP (if different than above): _____ Phone Number: _____

Position/Title of Person Contacted: _____

Who made the contact: _____

Date(s) of Contact: _____

Does venue location have an EAP? _____ Yes _____ No

Will a portable automatic external defibrillator (AED) be taken from school? _____ Yes _____ No

If yes, name and cell phone number of person on trip responsible for oversight and location of AED: _____

Is any other school emergency equipment available? _____ Yes _____ No

If yes, list emergency equipment items and location: _____

If yes, name and cell phone number of person on trip responsible for oversight of other emergency equipment: _____

Does the venue location have an emergency response team (ERT): _____ Yes _____ No

If yes, list names and contact information in order of available contacts: _____

If yes, will members of the emergency response team be available in the event of a medical emergency during the school event: _____ Yes _____ No

Does the venue location have an AED on site? _____ Yes _____ No

If yes, list location(s): _____

Describe process to request AED and/or ERT, if needed: _____

Is access to emergency transport available at the destination/venue? _____ Yes _____ No

If yes, name of emergency transport organization and phone number: _____

Non-Athletic Event-Specific Cardiac Emergency Response Plan

- Location of AEDs, if any: _____
- How to gain access to nearest AED: _____
- Steps that must be taken quickly to initiate the chain of survival:
 - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing)
 - Call 911 using cell phone or other means of communication
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute)
 - Someone certified in CPR (a school employee or venue employee) should retrieve and use the nearest AED, if available
 - Continue supporting the victim until the local EMS arrives and takes over care
 - Direct EMS to the scene

School personnel attending the event in an official capacity are responsible for implementation of the EAP, including the Cardiac Emergency Response Plan.

Required Signatures:

Teacher/Sponsor: _____ Date: _____

Principal Approval: _____ Date: _____

**** Upon completion and Principal approval, the Event Teacher/Sponsor must distribute this form to all personnel attending the event in an official capacity.****

Approved by SBDM Council: insert date