



Swiftwater Rescue Emergency Action Plan

Location _____

Checklist

- On Site Communications (REQUIRED)
 - Department Radio / Channel _____
 - Cell Phone / Dispatch # _____
 - Marine VHF Radio (Channel 16)

- Ambulance for Transport?
 - On Site
 - By Radio or Telephone

- Emergency Equipment in Vicinity
 - AED or other Cardiac Defibrillator (REQUIRED)
 - Oxygen Delivery Unit (REQUIRED)
 - First Aid Kit (REQUIRED)
 - Advanced Life Support Equipment

- Identify Trained EMS Providers in the Class
 - Paramedics _____
 - EMTs _____
 - Other _____

Other Items Recommended On Site

- Program Training Manual
- Department Training Standards
- Agency's SOPs/SOGs for Water Operations

Action Plan

- Recall all personnel, conduct head count (as needed)
- Notify dispatch
- Time of Accident
- River Velocity
- Establish Last Seen Point (if necessary)

- Request additional resources (as needed)
- Stabilize the patient/incident
- Conserve property (as appropriate)
- Turn patient/scene over to the authority having jurisdiction
- Pass on information (as needed)
- Document the incident
- Obtain statements from witnesses (as needed)
- Notify Supervisor
- Contact Dive Team if needed

Emergency Phone Numbers

Dispatch _____

Local Emergency Transport _____

Air Transport _____

USCG _____

Dive Team _____

Divers Alert Network 1-919-684-9111

Dive Rescue International 1-800-248-3483

IADRS 1-800-IADRS-911



Swiftwater Rescue Emergency Action Plan

A written Emergency Action Plan (EAP) is an important component in mitigating an emergency. In an effort to make certain that a water rescue team is prepared Dive Rescue International requires all trainers to complete the following form and keep a printed copy in their instructor / trainer manual. A completed EAP form needs to be on file at the Dive Rescue International office prior to instructor / trainer certification and recertification. These forms should be updated as needed and resubmitted to Dive Rescue International at a minimum of every three years during the recertification process.

After filling in the necessary blanks on the previous page, complete the information on this page:

Date

Instructor Name _____

Name of Agency _____

Address _____

City _____ State _____ Zip _____

Work Phone Number _____ Ext. _____

Alternate Phone Number _____ Type _____

Work Email _____

Home Email _____

Remember to keep a printed copy in your trainer manual and on your apparatus. Should an accident happen, all members of your team should be familiar with this plan. NIOSH investigators may likely ask to see a copy of your written Emergency Action Plan. You may also consider adding the Emergency Action Plan to your **SOPs/SOGs**.

Additional copies of this form are available online at **DiveRescueIntl.com**

Forms can be emailed to Training@DiveRescueIntl.com or faxed to (970) 482-0893