



Emergency Action Plan

Department : _____ Location: _____

Date: _____ Instructor: _____

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
- Decompression Tables (for diving classes)
- Copies of Completed Medical Statements
- PFD with Whistle and Cutting Tool(s)

Action Plan

- Recall all personnel, conduct head count (as needed)
- Notify dispatch
- Time of accident _____
- Request additional resources (as needed)
- River Velocity (if applicable) _____
- Establish Last Seen Point (if applicable)

- 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 applicable)

Emergency Phone Numbers

Dispatch _____

Local Emergency Transport _____

Air Transportation _____

USCG _____

Divers Alert Network: (919) 684-9111

Dive Rescue International: (800) 248-3483

Nearest Multi-Place Recompression Facility

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____



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 public safety team is prepared, Dive Rescue International recommends all trainers complete the following form and keep a printed copy in their instructor/trainer manual. A completed EAP form needs to be submitted to Dive Rescue International **with every class roster**.

Please complete the following information:

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 incident occur, 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 EAP to your SOPs/SOGs.

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