



Emergency Call Guide:

1. Program Coordinator Phone:
2. Program Manager Phone:
3. National Program Manager Phone:
4. Safety Dept. Phone:

**See the Field Guide for instructions on filling out your ERP and Emergency Call Guide

Section I: Program Information

Program Name:	Dates for ERP:
Leader Name:	Phone number:
Leader Name:	Phone number:
Member names:	

Site Location & Description of Activities:

Team vehicle(s)/trailers:		
SCA vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make/Model:	Year:
License plate state/number:	Trailer:	Color:
SCA vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make/Model:	Year:
License plate state/number:	Trailer:	Color:

In Case of an Emergency:

1. Ensure the area is safe to enter.
2. Stabilize patient and administer first aid.
3. **Call 911** *or, follow steps you created below for OUT OF 911 area*
4. Continue to care for patient until medical help arrives.
5. **Contact SCA using your Emergency Call Guide**
6. If possible, someone should go with the patient to the hospital. The most experienced leader should stay with the rest of the crew. Follow directions for solo leaders (in Section III) if applicable.

Section II: Resources

Please check all resources that apply to your program:

Available resources	Location of resource	Notes on use
<input type="checkbox"/> 911	If NOT in 911 area, write out detailed steps for emergency response and review with manager	

<input type="checkbox"/> Cell phone		Signal reliability: Location of best signal:
<input type="checkbox"/> Radio		Call sign: Channel: Repeater:
<input type="checkbox"/> PLB		Use as last resort, life or limb only NOAA ID number:
<input type="checkbox"/> Landline		Phone number:
<input type="checkbox"/> First Aid Kit		
<input type="checkbox"/> Medical Forms		
<input type="checkbox"/> Vehicle		Location of keys: Location of spare keys:
<input type="checkbox"/> Other		

Agency Contacts:			
Name:	Position:	Work phone:	Home phone:
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Clinic and/or Hospital Contacts and Directions (please attach printed map for each):			
Name:	Address:	Phone number:	Distance from site (minutes/miles):

Directions from site (including hiking and trailhead information if applicable):	
Closest Ambulance comes from:	Distance from site (miles):
Closest Air Evac comes from:	Distance from site (miles):

Section III: Additional Action Plans & Information (all programs complete this section)

Plan to supervise remaining participants while treatment or assistance is being rendered:

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