



**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:**

|   |             |        |
|---|-------------|--------|
| <b>Team vehicle(s)/trailers:</b>                                      |             |        |
| 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:<br>Location of best signal:                 |
| <input type="checkbox"/> Radio         |  | Call sign:<br>Channel:<br>Repeater:                             |
| <input type="checkbox"/> PLB           |  | <b>Use as last resort, life or limb only</b><br>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:<br>Location of spare keys:                    |
| <input type="checkbox"/> Other         |  |   |

|                         |           |             |             |
|-------------------------|-----------|-------------|-------------|
| <b>Agency Contacts:</b> |           |             |             |
| Name:                   | Position: | Work phone: | Home phone: |
| Name:                   | Position: | Work phone: | Home phone: |

|   |          |               |                                     |
|---|----------|---------------|-------------------------------------|
| <b>Clinic and/or Hospital Contacts and Directions (please attach printed map for each):</b> |          |               |                                     |
| Name:   | Address: | Phone number: | Distance from site (minutes/miles): |
|   |          |               |                                     |
|   |          |               |                                     |

|   |                             |
|---|-----------------------------|
| <b>Directions from site</b> (including hiking and trailhead information if applicable): |                             |
|   |                             |
| <b>Closest Ambulance comes from:</b>  | Distance from site (miles): |
| <b>Closest Air Evac comes from:</b>   | 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:**

|  |
|--|
|  |
|--|