Emergency Action Plan

Thank you for taking the time to establish an Emergency Action Plan (EAP) for your troop or group!

- Consult *Safety Activity Checkpoints* and *Volunteer Essentials* as the first step in completing this Emergency Action Plan.
- If you are using a GSOSW property, please review the resources and procedural information provided to you specific to the property.
- Work collaboratively with co-leaders and other adults serving ratio or supporting the trip, travel, and/or group experience.
- Ensure your troop or group has submitted the appropriate travel paperwork and/or forms. Consult *Volunteer Essentials* and *Council Volunteer Policies and Procedures* for guidance.

The following may be useful when preparing your Emergency Action Plan:

- GSOSW Property Emergency Procedures (Provided with property reservations.)
- ALICE Training (In the event of intruders or potential threats; view a summary of the general method.)
- Oregon Health Authority (OHA) Smoke/Air Quality Guidance
- OHA Earthquake Guidance
- OHA Flood Guidance
- Oregon Wildfire Response and Recovery Resources

Tips for using your Emergency Action Plan (EAP):

- Your EAP document *does not* require council approval and *does not* need to be submitted to GSOSW.
- Review your EAP with:
  - Caregivers and emergency contacts of the girls and adults traveling.
  - Girls and adults/chaperones traveling and/or experiencing the group event.
- Leave a copy of this document with the emergency contact “at home” (not traveling with the group/troop).
- Ensure a copy of this document is in each vehicle with each driver along with:
  - Copy of health/permission form for each girl and adult.
  - First-aid kit.

Emergency Action Plan Worksheet

Name of Activity: _____
Date(s): _____
Event Planner(s) and Phone Numbers: _____
_____
_____
Location Name: _____
Address: _____
☐ Attach copy of local/venue map(s) for venue-specific information and directions.

Nearest hospital or emergency facility closest to your final destination?
Name: _____
Address: _____
Phone Number: _____

Participant and Volunteer Safety

☐ Attach a full list of participants and their emergency contacts.

- ☐ Number of youth Girl Scouts attending: _____
- ☐ Number of background-checked, active volunteers supervising: _____
- ☐ Number of non-Girl Scout guest(s) attending: _____

☐ *Annual Permission & Health Histories* received.
☐ Volunteer-to-Girl Safety Ratio has been met as per *Volunteer Essentials*.

First Aider(s) and Emergency Response Roles

Name: _____ Cell Phone: _____
Certification Type: _____ Expiration Date: _____

Does this activity require an Advanced First Aider* or Wilderness First Aider?
☐ Yes ☐ No

**If more than 200 people at an event, an Advanced First Aider (Wilderness First Aid or higher, refer to Page 19 of Safety Activity Checkpoints) should be added to the General First Aider for every 200 people.*

If "Yes" to above:
Name: _____ Cell Phone: _____
Certification Type: _____ Expiration Date: _____

Emergency roles for adults not acting as First Aider (name & cell phone):
Who will call for help? _____

- Emergency Services: Call 9-1-1
- GSOSW Emergency Line: 800-626-6543
- Property Manager or GSOSW Camp Ranger:

  _____
- Which adult travels with First Responders? _____
- Which adult(s) stays behind with the troop/group? _____
- Who will notify the caregiver(s)? _____
- Who is the emergency contact back home with all emergency contact information?
  - Name: _____ Phone Number: _____
  - Relationship to Troop/Group: _____

Emergency Resources:
Location of AED on property (if applicable): _____
Location of first-aid kit(s) on property: _____
Location of fire extinguisher(s): _____
Other: _____

Communication and Evacuation

In an emergency, we will communicate by using: _____
Our designated meeting spot is: _____
☐ We have reviewed emergency exits and alternative routes with all attendees.

In the event of a medical emergency or accidental injury we will:

In the event of a weather emergency or earthquake we will:

In the event of a fire we will:

In the event of a missing or lost person we will:

In the event of an intruder we will:

Are there any specific health, mobility or accessibility accommodations to be considered in this plan? (Example: Wheelchair user, 1:1 caregiver or assistant, electrical outlets for medical devices, refrigeration for medications, etc.)

Additional considerations or notes:

We're Here to Help!
If you have questions or need additional support crafting your group's Emergency Action Plan, reach out to us at answers@girlscoutsosw.org. We're here to help you prepare a safe and fun Girl Scout experience!

girl scouts of oregon & sw washington