

SOUTHERN CALIFORNIA SWIMMING

Emergency Action Plan

EVENT: _____

TEAM/HOST NAME: _____

DATE: _____ TIME (START/FINISH): _____

LOCATION: _____

MANAGER ON EVENT DAY: _____

MANAGER'S CELL PHONE: _____

HOST CONTACT PERSON & CELL #: _____

EVENT ADMIN or REFEREE: _____

MEDICAL RESPONSE

EMERGENCY: DIAL 911

(ILLNESS, INJURY, HAZARDOUS MATERIAL EXPOSURE)

*WHICH FIRE DEPT/PARAMEDIC UNIT: _____

PHONE: _____

ADDRESS: _____

CLOSEST EMERGENCY ROOM:

CLOSEST HOSPITAL: _____

PHONE: _____

ADDRESS: _____

DIRECTIONS FROM EVENT: _____

CLOSEST URGENT CARE: _____

ADDRESS: _____

PHONE: _____

LAW ENFORCEMENT RESPONSE

EMERGENCY: DIAL 911

(VERBAL OR PHYSICAL THREAT, NEEDED REMOVAL FROM EVENT)

*WHICH AGENCY (SHERIFF/PD): _____

PHONE: _____

ADDRESS: _____

SCS EMERGENCY CONTACTS (WITHIN 1 HOUR OF INCIDENT)

FOR ADMINISTRATIVE EMERGENCY & COMMUNICATION of MEDICAL or LAW ENFORCEMENT RESPONSE

PROBLEM NAME CELL #

EXECUTIVE DIRECTOR: Mary Jo Swalley (805-895-6002)

LSC CHAIR: Jeri Marshburn (951-751-1441)

OFFICIALS: Dick Pierson (805-402-1447)

REVIEW (PROTESTS): Omar de Armas (805-443-7825)

LEAVE VOICEMAIL & TEXT: 911 SCS & YOUR NAME & INCIDENT

*DOCUMENT INCIDENT ASAP WITH WITNESS NAMES & STATEMENTS, TIMELINE, FACTS AS HAPPENED