

Emergency Action Plan for Trips and High Adventure

*Be prepared – it's what Girl Scouts learn to be. The Emergency Action Plan (EAP) provides the most basic information you should consider and have with you when participating in a troop/group Girl Scout high adventure activity.

This form is for troop volunteers and Girl Scouts to plan and be prepared for travel and adventures that are deemed high risk in Safety Activity Checkpoints. Troop and group leaders should complete this form and review it with guardians and participating volunteers and Girl Scouts. Add any additional information or sections. Do not submit this form to Girl Scouts of Central Indiana but have one copy accessible while on the activity as well as one copy for a person affiliated with the troop who is not attending the activity.

- Activity:

- Duration of Activity (Dates and/or times):

- Location of Activity (if multiple locations, list all):

- Troop(s):

- Leade/r(s):

- First Aider:

- Additional Adults Attending:

- Number of Girls Attending:

- Level(s) of Girls Attending:

- I. Girl Scout/Safety Activity Checkpoint Information
- Girl-to-Adult Ratio required for the activity (may be same as normal ratio):
- Is a specialized certification required for the activity? Y/N

Yes No
- If yes, list the name of the certified adult or vendor leading the activity and the certification they possess:
- Does the activity require a certificate of insurance when using a vendor?

Yes No

- If yes, have you checked to see if they are on the Approved Vendor List OR submitted their certificate of insurance to GSCI?

Yes No

If the vendor requires GSCI certificate of insurance please complete this form: <https://gsci2016.wufoo.com/forms/z1fnzj171cbdmv8/>

- II. Hazards at Location/During Activity (example below)

Location	Hazard/Emergency	Prevention	Treatment/Action Plan
<i>Example</i>	<i>Sun burn</i>	<i>- Sun screen - Hats and other protective clothing - Limit sun exposure</i>	<i>- Aloe - No sun exposure - Hydrate</i>
<i>Example</i>	<i>Dehydration</i>	<i>-Frequent water breaks - Bring water bottles everywhere</i>	<i>- Hydrate - Shade - If severe, may need medical attention</i>

Location Hazard/Emergency Prevention Treatment/Action Plan

- III. Weather Plan (example below)

Day	Location	Closest Shelter?	Extreme Weather Plan
<i>Saturday</i>	<i>Coles Trip – Aquia Side</i>	<i>Varies – White House Lodge is severe weather shelter</i>	<i>White House Lodge is the emergency weather shelter for the Aquia side. If there is time, evacuate to the basement of the lodge. If not enough time, evacuate to the nearest lodge. If you must remain in your unit, take shelter in the most protected shelter there is or evacuate to vehicles.</i>

Day Location Closest Shelter? Extreme Weather Plan

IV. Safety Gear/First Aid

1. List who will be carrying emergency equipment (i.e. first aid kit) and/or medications
2. List all gear related to safety necessary on this activity (add lines as needed):

3. List all first aid supplies necessary specific to this activity:

4. (Optional) List all required gear for the activity:

5. (Optional) List all additional gear one might need for the activity:

V. Evacuation/Emergency Services- Answer for every location Location 1:

Where are the emergency exit points?

Where is/are your Evacuation Meeting Place(s) (where people should go if the group becomes separated or a girl becomes lost)?

What emergency signal(s) will you use to communicate that there is an emergency?

Where would you meet EMS should they be called?

When would you call EMS vs. transport to hospital by personal vehicle?

What is the furthest you would need to travel to get to a road/accessible area?

What is the furthest you would be from a vehicle?

What mode of transportation will you use to get to an evacuation point (boat, hike, etc.)?

What role would each of your adults take on in the event of an emergency?

Example: Tina Troop Leader – Calls for help and coordinates arrival of emergency services or Frannie First Aider – Stays with injured girl(s)

VI. Nearest Hospital- Answer for every location

List location, closest hospital, directions for every location

VII. List Relevant Phone Numbers

List the contact information of all relevant parties (e.g. troop leaders, Camp Caretaker, Park Service office, etc.)

After you have completed this form, please save a copy for your activity/travel and share one with a person affiliated with the troop who is not participating.

