Event Risk Management – Emergency Action Plan (EAP)

Use the Emergency Action Plan template to plan ahead for your event. The EAP helps identify important contact information, emergency procedures, and other valuable information that you can rely on mid-event, should you need to deal with any issues or emergencies. Please note that venue staff will always have priority over your internal group practices, so follow their instructions accordingly!

Event Name: ____________________________________________________________

Student Group Name: ____________________________________________________

Date of Event: __________________________________________________________

NOTE: In the case of a serious incident, first follow the instructions of any venue or facility staff. Internally, follow your plan and any relevant procedures and call any emergency numbers necessary. Double check the status of your attendees and make sure they are accounted for. As soon as the situation is stable, call U of A Protective Services (780-492-5050) to notify them of what has happened and receive advice about what to do next. Then fill out the Incident Report Form at the end of this document.

EMERGENCY CONTACT INFORMATION

List any emergency contact numbers (i.e., emergency services, U of A Protective Services, student group event organizers, etc.):

Edmonton Emergency Services: 911
University of Alberta Protective Services: 780-492-5050
Any Edmonton taxi: #TAXI on your cell phone

Primary Event Organizer #: _______________________________________________
Secondary Event Organizer #: ____________________________________________
Student Group Executive #: _____________________________________________
Student Group Executive #: _____________________________________________
Student Group Executive #: _____________________________________________
Other: __________________________________________________________________
COMMUNICATION PLAN

Outline your communication procedure during an emergency (i.e., who is in charge, how do event organizers contact each other, how will you keep in touch if you get separated, how often would you check in, etc.)

1. Follow instructions from venue staff – on or off campus. The facility staff are trained to deal with emergencies, and will instruct you and your group on how to safely handle the situation. Once the situation is clear and you have followed instruction from staff, you can follow your own internal processes, as outlined in this document.

2. The individual(s) from our group in charge at our event are:

3.

4.

5.

EQUIPMENT NEEDS

Outline any equipment you may need in the event of an emergency during your event (i.e., first aid kit, cell phone, tape, etc.) AND where it will be kept during your event.
**FACILITY INFORMATION**

Outline important information about your facility or location (i.e., nearest shelter, nearest hospital, fire exits, muster points, security tent, first aid tent, etc.); AND outline how participants would get to those locations (walking, transit, vehicle, etc.). For a list of muster points for buildings on campus as well as shelter locations for on campus, outdoor spaces, click here.

*NOTE: Venue staff will provide direction to patrons in case of emergency. Please follow their instructions first!*

Contact Name and Phone Number at Venue: _______________________________________________________________

Nearest Hospital and Address: _______________________________________________________________

_____________________________________________________________________________________________
_____________________________________________________________________________________________

**EXPERTISE NEEDS**

Identify any expertise or training your event participants or leaders will need to have (i.e., first aid, sports training, Event Organizer Training, ProServe, etc.).
PROCEDURES NEEDED

Outline any procedures you may need to use during your event (i.e., evacuation procedures, medical emergencies, etc.).

1. **Follow instructions from venue staff – on or off campus.** The facility staff are trained to deal with emergencies, and will instruct you and your group on how to safely handle the situation. Once the situation is clear and you have followed instruction from staff, you can follow your own internal processes, as outlined in this document.

2. 

3. 

4. 

5. 

IMPORTANT NOTES

List important information for people carrying out this plan to have (i.e., participant allergies or special needs, sensitivities around any guest speakers or event leaders, etc.).
STUDENT EVENT INCIDENT REPORT FORM

Name of Group: ________________________________________________________________

Date reported: __________________ Time reported: ________________________________

Subject’s Name: ___________________ Incident: _________________________________

Address: _________________________ Date of Incident: ____________________________

Location of Incident: ___________________________ Time of Incident: ________________

Telephone: _________________________ Age: _________________________________

Full description of all circumstances prior to and including the incident or injury:

• Describe any injury (including whether on left or right side of body)
• Provide detailed description of immediate events and surroundings (i.e., if outside, describe weather conditions)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What action was taken? (i.e., emergency medical procedures)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Who responded to the incident? (Primary Event Organizer, Venue Manager, Security, Police, etc.)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Names, addresses and phone numbers of witnesses:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

General remarks:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Subject’s signature (if possible): ________________________________

Primary Event Organizer’s signature: ________________________________________________

Date: ________________________________

SUBMIT A COPY OF THIS REPORT TO THE OFFICE OF THE DEAN OF STUDENTS AS SOON AS POSSIBLE.