



The National Institute for Occupational Safety and Health (NIOSH)

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Safety Checklist Program for Schools

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Emergency Action Plan (Template)



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Medical Emergency

Call medical emergency phone number (check applicable):

() Paramedics_____

() Ambulance_____

() Fire Department_____

() Other_____

Provide the following information:

a. Nature of medical emergency,

b. Location of the emergency (address, building, room number), and

c. Your name and phone number from which you are calling.

Do not move victim unless absolutely necessary.

Call the following personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help:

Name:_____Phone:_____

Name:_____Phone:_____

If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:

1. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
2. Clear the air passages using the Heimlich Maneuver in case of choking.

In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified.

Date___/___/___

Was this page helpful?

Yes

Partly

No