



## Event Specific Emergency Action Plan (EAP) for School Sanctioned/Non-Athletic Event Held Off-Campus

KRS 158.162(3)(f)

**Destination/Venue:** \_\_\_\_\_

**Venue Address:** \_\_\_\_\_

**Person or email contacted @ venue to discuss EAP:** \_\_\_\_\_

**Position/Title of Person Contacted:** \_\_\_\_\_

**Date(s) Contact Made:** \_\_\_\_\_

**Automated External Defibrillator Available on Site?** YES \_\_\_\_\_ NO \_\_\_\_\_

**If YES, where is it located?** \_\_\_\_\_

**Does the venue have an emergency response team (ERT)?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Process to request AED, ERT, or EMS if needed at the venue?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will a portable AED be taken from the school for the trip?** YES \_\_\_\_\_ NO \_\_\_\_\_

**If yes, who will be responsible for the oversight and location of the AED?**

\_\_\_\_\_

**Is any other assigned emergency equipment available on the trip (first aid kit, etc.)?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**If yes, list equipment and responsible  
adult:** \_\_\_\_\_

\_\_\_\_\_

**The main components of this Cardiac Emergency Response Plan, which must be communicated are:**

1. Copy provided to all staff and volunteers
2. Location and access of any available AED(s)
3. Steps to increase patient survival:
  - Recognition of the sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed , unresponsive, and not breathing)
  - Call 9-1-1 using nearest means of communication
  - Begin “compressions only” CPR (push hard and fast in the center of the chest about 100 times per minute to the beat of “Staying Alive” by the BeeGees.)
  - Retrieve and use the nearest available AED
  - Continue supporting victim until relieved by medically trained person(s) or EMS
  - Direct EMS to the scene

08/09/2023