

**Event Specific Emergency Action Plan
(EAP) for
School Sanctioned Nonathletic Event Held Off-Campus**

Destination/Venue _____

Venue Address _____

Person or email contacted at venue to discuss EAP _____

Position/Title of person contacted _____

Date (s) of contact _____

Is there an Automatic External Defibrillator (AED) on site ___ Yes ___ No

If yes, where is it local _____

Does venue have an emergency response team (ERT)? ___ Yes ___ No

Process to request AED and/or ERT if needed at the scene

Will a portable AED be taken from school on this trip ___ Yes ___ No

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

Is any other assigned emergency equipment available on field trip?

If so, list location of equipment _____

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs
- If possible, how to gain access