**DELETE/ADD/IMPROVE ACCORDING TO THE EMERGENCY-, COUNTRY-, TOUR-, COMPANY-CONTEXT**

**Emergency Preparedness Plan Template**

**Emergency**: [Insert the emergency/risk that this plan is supposed to prepare for], [Tour/Location]

|  |  |
| --- | --- |
| **Emergency Service** | **Phone number** |
| Emergency Medical Service |  |
| Police Department |  |
| Fire Department |  |
| Tour operator risk management responsible employee |  |
| [Insert other relevant contacts; delete irrelevant] |  |

|  |  |
| --- | --- |
| **Emergency/safety equipment**  | **Location** |
| Communication device |  |
| First aid kit |  |
| Fire extinguisher |  |
| [Include other relevant emergency/safety equipment – e.g. satellite telephone, ] |  |

**PROCEDURES – STEP-BY-STEP INSTRUCTIONS**

**DELETE/ADD/IMPROVE ACCORDING TO THE EMERGENCY-, COUNTRY-, TOUR-, COMPANY-CONTEXT**

**1. Assess situation and stabilize**

(e.g. are clients injured; ensure safe site; stay calm, direct other clients)

**2. Communicate with emergency services and/or tour operator**

Depending on the incident and relevance, call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Number) and provide the following information:

* Nature of emergency (e.g. persons involved, injury)
* Location of emergency (e.g. address, GPS-location)
* Your name, role and how to be reached (e.g. phone number)

Inform Tour Operator: \_\_\_\_\_\_\_\_\_\_\_ (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Phone number) and discuss next steps*.*

**3. Procedures to be followed before emergency service arrives or if emergency service not needed**

(e.g. prepare for the arrival of the rescue teams; perform first aid appropriate to the injury; etc.)

**4. Procedures to assist other clients**

(e.g. direct to a safe site; stay calm; provide emotional care)

**5. Documentation**

(e.g. file an incident report etc.)

Emergency Preparedness Plan developed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include date/update after review)

Review of Emergency Preparedness Plan

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(include name of responsible employee)

Review date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(include anticipated review date)