



Recreation Programs

Club Sport Emergency Action Plan

CLUB SPORT _____

ACADEMIC YEAR _____

On-Campus Emergency Action Plan

1. Respond to injury/illness at your level of training.
2. If the patient wants to go to the hospital via ambulance (or they are not coherent) then call 7777 from a Rider University phone and inform Public Safety of the situation.
3. The club sport is not responsible for taking the patient to the hospital with their personal vehicle (an ambulance will be called if necessary).
4. If the patient does or does not want to go seek professional medical attention complete the accident report form.
5. If campus security or 911 is called, contact the following person immediately after the situation is stable:
 - a. Bridget Weikel, office: 609-896-5000, x7112, cell# 609-240-6234
 - b. If unable to locate Bridget Weikel, contact Dave Keenan, office: 609-896-5000, x7106
 - c. If unable to locate Dave Keenan, contact Cassie Iacovelli, office: 609-896-5000, x7111

Off-Campus Emergency Action Plan

1. Respond to injury/illness at your level of training.
2. If emergency staff is available at the off-campus site, contact them immediately and follow their emergency procedures. If they are not available, call 911.
3. If the patient refuses the ambulance but still wants to go to the hospital, the club sport is not responsible for taking the patient to the hospital with their personal vehicle (an ambulance will be called if necessary).
4. If the patient does or does not want to go seek professional medical attention complete the accident report form.
5. If campus security or 911 is called, contact the following person immediately after the situation is stable:
 - a. Bridget Weikel, office: 609-896-5000, x7112, cell# 609-240-6234
 - b. If unable to locate Bridget Weikel, contact Dave Keenan, office: 609-896-5000, x7106
 - c. If unable to locate Dave Keenan, contact Cassie Iacovelli, office: 609-896-5000, x7111

BE SURE THE CLUB HAS A COPY OF THIS ACTION PLAN WITH YOU AT ALL PRACTICES & CONTESTS.

List members certified in adult CPR and basic first aid. Certification must be current & on file in the OCL.

1. _____ 2. _____

Primary contact and cellular phone # for all contests and practices. (This phone must be at all practices & contests.):

Name: _____ Phone: _____

If your club uses a non Rider University facility for home contests and practices-

Name: _____ Phone: _____

Address: _____

Name of on-site contact: _____ Phone: _____

Nearest Emergency Medical Facility: _____ Phone: _____

Address: _____ (Attach Driving Directions)

***Attach emergency procedures for off-campus site facilities. This information should be obtained through the facility manager or primary contact person at the site.**

The following people have reviewed, approved, and have on file this Emergency Action Plan:

Public Safety Initials _____	Club's Advisor Initials _____	Asst. Dir Rec Initials _____
Print Name _____	Print Name _____	Print Name _____
Date _____	Date _____	Date _____