

CRISIS RESPONSE CHECKLIST

Completed by: Title: Date:

PART 1

- What happened _____
- Who was involved _____
- Where they are now _____
- What action has been taken _____
- Their condition _____
- What they need _____
- What camp resources are available _____
- What outside resources are needed _____
- How assistance will be delivered _____
- Who is in charge _____
- When and Where the incident occurred _____

Comments

2. Call Emergency Services

- Emergency Medical Service
- Fire Department
- State/Local Police
- Other

Name	Time	Outcome

Comments:

3. Stabilize the Situation

- Dispersed "greeters" _____
- Persons involved counted & gathered _____
- Attended to their needs _____
- Looked for additional injuries _____
- Attended to non-injuries _____
- Hazards dealt with _____
- "Continuity" assignments made _____
- Saved everything involved _____

Comments: _____

4. Establish Crisis Headquarters

- Emergency equipment in place _____
- Phone protocol prepared _____
- Phone log book in place _____
- Phone is staffed _____
- Spokesperson designated; Name: _____

Comments: _____

5. Contact Parents/Guardians (I)

- Statement prepared _____
- Parents of persons involved called _____
- Travel arrangements completed; by Name: _____

Comments:

6. Mobilize the Crisis Team(s)

- Available information coordinated _____
- Range of care assessed _____
- Level of intervention identified _____
- Team members' assignments clarified _____
- Interventions initiated _____
- Persons in incident tracked _____

Comments

7. Call Emergency Resources

	Name	Time	Outcome
<input type="checkbox"/> American Red Cross			
<input type="checkbox"/> Centers for Disease Control			
<input type="checkbox"/> Child Welfare Agency			
<input type="checkbox"/> EPA			
<input type="checkbox"/> FEMA			
<input type="checkbox"/> Local Health Department			
<input type="checkbox"/> State Health Department			
<input type="checkbox"/> National Guard			
<input type="checkbox"/> Poison Information Center			
<input type="checkbox"/> OSHA			

7. **Call Emergency Res.** (cont.)

	Name	Time	Outcome
<input type="checkbox"/> Gas & Electric Company			
<input type="checkbox"/> Phone Company			
<input type="checkbox"/> Evacuation Sites			
<input type="checkbox"/> Local/Regional Hospital			
<input type="checkbox"/> Alarm Company			
<input type="checkbox"/> Animal Control Center			
<input type="checkbox"/> Auto Mechanic			
<input type="checkbox"/> Bus Company			
<input type="checkbox"/> Electrician			
<input type="checkbox"/> Fire Equipment Service Co.			
<input type="checkbox"/> Food Service Vendors			
<input type="checkbox"/> General Contractor			
<input type="checkbox"/> Plumber			
<input type="checkbox"/> Medical Supplies			
<input type="checkbox"/> Pool Service Company			
<input type="checkbox"/> Tree Care Specialist			

7. Call Emergency Res. (cont.)	Name	Time	Outcome
<input type="checkbox"/> Veterinarian			
<input type="checkbox"/> Internet Provider			
<input type="checkbox"/> Cell Phone Provider			

8. Call Support Resources	Name	Time	Outcome
<input type="checkbox"/> Insurance Company			
<input type="checkbox"/> Attorney			
<input type="checkbox"/> Crisis Response Team			
<input type="checkbox"/> ACA Hotline/Section Office			
<input type="checkbox"/> Nearby Camps			
<input type="checkbox"/> Partners			
<input type="checkbox"/> Chairperson, Board of Directors			
<input type="checkbox"/> Community Resources			
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			

Comments

9. Contact Parents/Guardians - (11)

Statement prepared _____

Parents of other campers notified _____

Comments

10. Deal With The Media

Statement written _____

Meeting site selected; Site: _____

Media Contact

	Name	Time	Outcome
<input type="checkbox"/> Print			
<input type="checkbox"/> TV			
<input type="checkbox"/> RADIO			

Interaction With The Media

In Person; Name: _____

By Telephone; Name: _____

In Writing; Name: _____

Comments

11. Find Out More

Two staff members assigned; Names: _____

Digital photos taken of everything _____

Cooperate with ongoing investigations _____

Comments

12. Post-Incident Actions

- A. Status of following periodically checked:
 - Person(s) involved in incident: _____
 - Others affected by incident _____
 - Camp Community: _____
 - Crisis team members: _____
 - Crisis Response Plan _____
 - Supplies _____
- B. Interventions continued/revised/added _____
- C. Contacted person(s) who left camp _____

Comments

PART II

1. Organize Files And Prepare Reports

- A. File completed & organized _____
- B. Reports prepared _____
 - Camp Medical/Accident Insurance _____
 - Worker's Compensation _____
 - Camp Liability Insurance _____
 - Child Welfare Agency _____
 - OSHA _____
 - Other Local And State Agencies _____
- C. Reports sent _____
 - Camp Medical/Accident Insurance _____
 - Worker's Compensation _____
 - Camp Liability Insurance _____
 - Child Welfare Agency _____
 - OSHA _____
 - Other Local And State Agencies _____
- D. Copies filed in Camp Office _____
 - Camp Medical/Accident Insurance _____
 - Worker's Compensation _____
 - Camp Liability Insurance _____
 - Child Welfare Agency _____
 - OSHA _____
 - Other Local And State Agencies _____

Comments