**A picture containing shape

Description automatically generatedPosition Emergency Response Plan (ERP)**

Before each new project location or hitch, complete this ERP with the Position Supervisor. Ensure supervisors have a recent, current, and a completed copy before each new location or hitch. *Write in pencil to erase and update or add new ERP pages.*

**Position Call Guide**

1. Program Coordinator
2. Program Manager
3. National Program Manager
4. Safety Department +1 (800) 967-6449

**Leader Name(s) & Crew Contact Information**

Include applicable cell and satellite phone, radio, InReach/PLB, living site, landline, and other information SCA personnel need to contact the crew. Record any Garmin InReach device IMEI number here.

**Partner & Site Name** Hitch       of

Include the partner organization, site supervisor name/title/contact, and site name for this ERP.

Describe the route to exit the field site, including a pickup and/or vehicle location.

**Evacuation Route**

**Medical Services**

Clinic name(s) and location(s), such as urgent care. Include distance from project and/or living site, and hours of operation. Note if the clinics are Liberty Mutual in-network providers for worker’s comp.

Hospital & emergency room name(s) and location(s). Include distance from project and/or living site, and hours of operation. Note if the hospitals are Liberty Mutual in-network providers for worker’s comp.

**Emergency Medical Services (EMS)**

Write any contact information and methods (such as radio channel) for ambulance or other EMS, and where the EMS resource will come from (such as city/town, county, agency, etc.). If relying on 911, write 911.

**Check-Ins & Communications Plan**

What is the schedule and mode (in person, phone, PLB, etc.) for regular check-ins and communications with the SCA position supervisor?

What is the schedule and mode (in person, phone, PLB, etc.) for regular check-ins and communications with the partner supervisor?

What is the protocol if a check-in is missed?

**Partner Protocols & Resources**

Are there any pertinent emergency protocols, plans or resources from the partner organization or site supervisor? If so, include relevant details here and ensure the SCA position supervisor has all current copies of local and partner emergency protocols and information.

**Vehicle(s) Information**

Include vehicle color, make & model, license plate, and VIN number; write the location for the spare key(s).

**First Aid & Medications**

Where will the crew’s first aid kit be while at the work site? Living site? Where will the crew’s epinephrine and other drugs be? Where will members’ back-up medications be stored?

**Other Information, Resources, Considerations, and Guidance**