

Emergency Action Plan (EAP)

Okanagan College

HKIN 241 – EAP Assignment

1340 Carmi Avenue, Penticton, BC

3 Businesses use this facility:

POND Performance, Skate with Power, Dynamo Athletics

Prepared by: Isabelle Hansen

Date: February 22nd, 2026.

1. Emergency Action Plan Checklist

Access to Telephones

- Cell phone, battery well charged
- List of emergency phone numbers

Directions to Access the Site

- Accurate directions to the site
- Accurate Maps to the Site

Participant Information

- Personal profile forms
- Emergency contacts
- Medical profiles

Personnel Information

- Person in charge
- Call person
- Assistants (charge and call persons)

2. Facility Information

Facility Address	1340 Carmi Avenue. Penticton, BC
Best Access/Entrance	Main Entrance Parking Area on Carmi Avenue
Meet Point for EMS	Front Door
Call back Number	(250) 488-6139
Nearest Hospital	Penticton Regional Hospital Phone

3. EMS Access Information

Meet Point: Front Entrance Parking Area

Access Route: Main Entrance on Carmi

Alternate Route: Back Door / Garage Door in the Alleyway

4. Emergency Calling Card & Map

CALL CARD – WHAT TO TELL DISPATCHER

This is [your name], the Call Person at POND Performance / Skate with Power.

We have a [type of emergency / injury].

The address is 1340 Carmi Avenue, Penticton, BC.

Access via Front Entrance Parking Area on Carmi Avenue.

We have a [male / female, approx. age] who is [condition].

First aid provided: [list].

Someone will meet the ambulance at the Front Entrance.

Call-back number: 250-488-6139.



5. Steps To Follow When an Injury Occurs

Emergency situations need to be practiced, familiarizing coaches and athletes with these steps

Step 1: Control the Environment

- Stop all participants
- Protect yourself with Personal Protective Equipment (PPE)
- If outdoors, shelter the injured participant from elements and traffic

Step 2: First Assessment

- Activate EAP if participant is not breathing or has no pulse
- Activate EAP if bleeding profusely or consciousness is impaired
- Activate EAP if there is a head, neck, or back injury
- Activate EAP if there is visible major limb trauma, cannot move or feel limbs
- If none of the above apply, continue to Step 3

Step 3: Second Assessment

- Gather facts from the injured participant and witnesses
- Stay with and calm the participant; tone and body language are critical
- Do not try to move the injured participant
- If possible, have the participant move themselves off the playing surface

Step 4: Assess the Injury

- Have a person with first aid training assess the injury
- If unsure of severity or no trained person is available, activate EAP
- If injury is minor, continue to Step 5

Step 5: Control Return to Activity

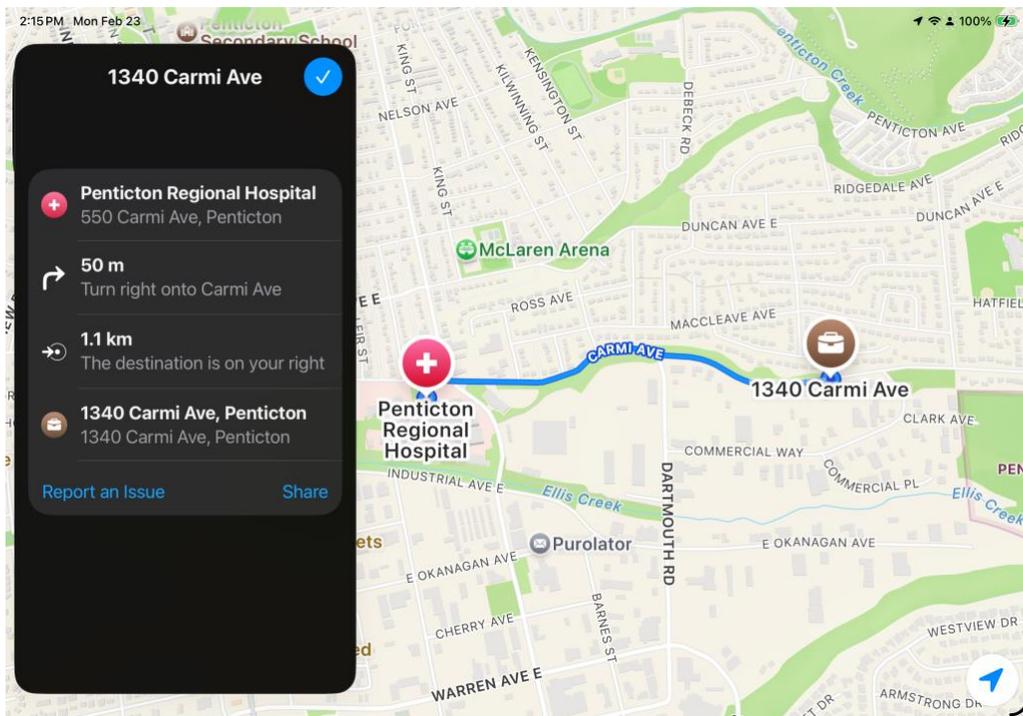
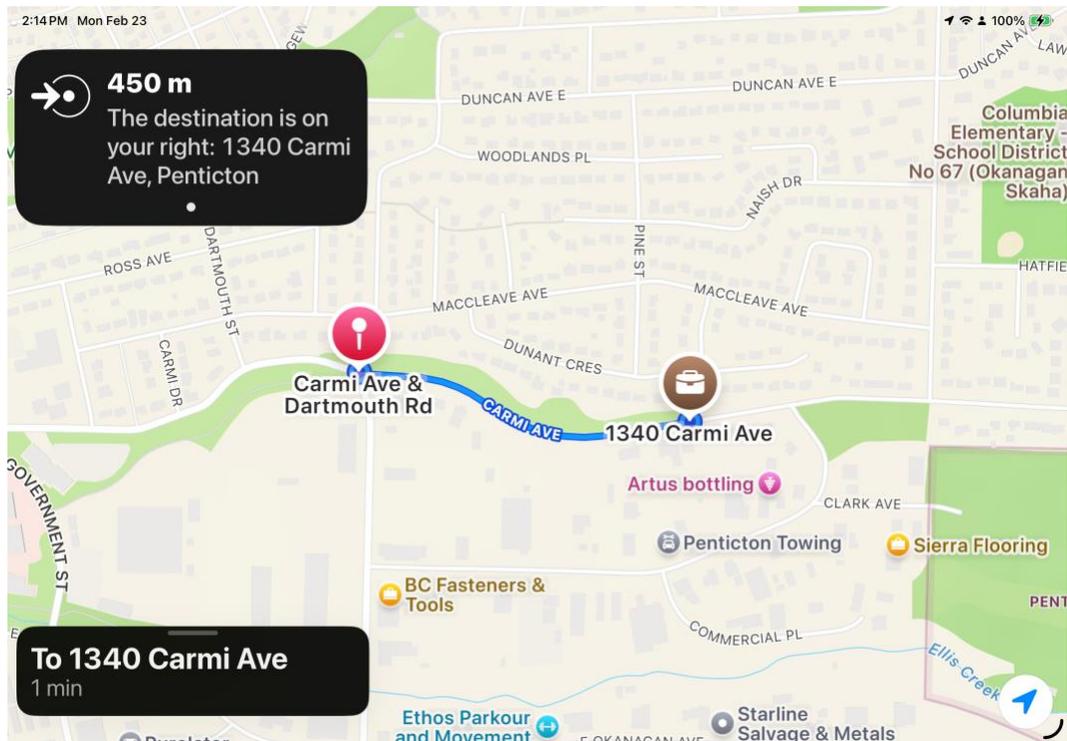
- Allow return only if there is no swelling or deformity
- No continued bleeding
- No reduced range of motion
- No pain when using the injured part

Step 6: Documentation

- Record the injury on an accident report form
- Inform parents or guardians

6. Maps & Directions

From closest intersection and closest Hospital



7. Staff Emergency Roles & Contacts

Role/Name	Cell	Email	Certifications
Charge Person: Bob Pond	XXX XXX-XXXX	bobpond@pondperformance.com	CPR-C / First Aid, CAT[C], CSCS, ATC
Charge/Call: Heidi Spencer	XXX XXX-XXXX	coach.hspencer@gmail.com	CPR-C / First Aid, CAT[C], CSCS
Call/Control: Mark Macmillan	XXX XXX-XXXX	mamacmillan@skatewithpower	CPR-C / First Aid, Sport Aid, NCCP
Control/Gopher Isabelle Hansen	XXX XXX-XXXX	izzy.isabelle.hansen@gmail.co m	CPR-C / First Aid, Sport Aid, CSEP-PT, FRSC, NCCP

8. Roles & Responsibilities

Charge Person:

Assigned to: Bob POND

Alternate: Heidi Spencer

- Clear the risk of further harm to the injured person by securing the area and
- shelter the injured person from the elements.
- Delegate who oversees the other participants.
- Protect yourself (wears gloves if in contact with body fluids)
- Assess ABCs
- Wait by the injured person until EMS arrives and the injured person is
- transported
- Fill in an accident report form.

Call Person:

Assigned to: Heidi Spencer

Alternate: Marc MacMillan

- Call for emergency help
- Provide all necessary information to dispatch (see calling card)
- Clear any traffic from the entrance/access road before ambulance arrives.
- Wait by the driveway entrance to the facility to direct the ambulance
- Call the emergency contact person listed on the injured person's medical profile.

Control Person:

Assigned to: Thurman

Alternate: Isabelle Hansen

- Manages bystanders/participants
- maintains scene safety
- assists with crowd flow and privacy

Gopher / Runner:

Assigned to: Isabelle Hansen

Alternate: Thurman

- Retrieves equipment (AED/first aid)
- communicates between locations
- escorts EMS to scene

9. Emergency Medical Staff (EMS)

Name/Role	Credential	Phone	On-site Hours	Notes
Bob Pond	CAT[C], CSCS, ATC	(250) 488-6139	Full time in the Summer. Works on and off site during the Veas competitive season.	Athletic Therapist for the Penticton Veas – travels for Veas away games.
Heidi Spencer	CAT[C], CSCS	(403) 704-7071	Full time with Summer Camps and Team Training	Runs her own business Dynamo Athletics, working with private clients.

10. Emergency Phone Numbers

Emergency (9-1-1 or local):	250-492-4300
Crisis Line:	1-888-353-2273
Fire:	250-490-2300
Hospital:	250-492-4000
Nearest Hospital (Name/Phone):	Penticton Regional Hospital
Poison Control:	1-800-567-8911
Facility Manager:	Bob Pond / Marc MacMillan

Appendix A – Wallet/Card-Size Quick Reference

<p>EMERGENCY QUICK REFERENCE</p> <p>Facility Address: 1340 Carmi Avenue, Penticton, BC</p> <p>Best Access / Entrance: Main Entrance Parking Area on Carmi Avenue</p> <p>Meet Point for EMS: Front Door</p> <p>Call-back Number: (250) 488-6139</p> <p>Nearest Hospital: Penticton Regional Hospital</p>
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Cut-out Call Card: Fill and keep with first aid kit and on person.

Appendix D – Record of Training Drills

Log staff training (First Aid/CPR), EAP drills (dates/outcomes), and equipment checks (AED pads/battery expiry, kit restocking).

Date	Activity (Drill/Check/Tra ining)	Participants	Findings/Actions	Completed By
___/___/___	_____	_____	_____	_____
___	___	___	___	___
___/___/___	_____	_____	_____	_____
___	___	___	___	___
___/___/___	_____	_____	_____	_____
___	___	___	___	___
___/___/___	_____	_____	_____	_____
___	___	___	___	___

Appendix E – Incident Report Form

Appendix F – Athlete Medical Questionnaire

Appendix G – EAP Flow Chart