



Sierra Club Group/Chapter/Section Outings - Safety Management Plan (SMP)

Section I: Leader(s) Information

Outing Name:	Dates for Outing:
Leader Name:	Phone number:
Leader Name:	Phone number:

Section II Outing Information - Fill out this section if you are not using Campfire Events

Outing Purpose Statement & Description of Activities:

Outing Announcement: Include trip date(s) and time(s), fees (if any), brief description of outing, difficulty rating, participant pre-requisites, leader name and contact information.

Pre-Trip Talk: Include the tone you plan to set for your talk, a welcome greeting, conduct, safety guidelines, conservation topics, Leave No Trace points you want to cover and liability waiver information.

Please be sure to send communication to participants regarding Sierra Club's stance on vaccines (may be with unvaccinated participants and that Sierra Club requests that they let the leader know if they develop symptoms or test positive for covid after the outing.

In Case of an Emergency:

1. Ensure the area is safe to enter
2. Stabilize patient and administer first aid
3. ***Initiate emergency services and follow the steps you created below for OUT OF 911 area***
4. Continue to care for patient until medical help arrives
5. Contact the Emergency Line/On-call person immediately. **Call 1-888-OUTINGS**
6. If possible, someone should go with the patient to the hospital. The most experienced leader should stay with the rest of the group
7. Complete an [Incident Report](#)

Please send a copy of your Safety Management Plan to your Outings chair or entity designee



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Section III: Resources

Please check all resources that apply to your Outing:

Available resources	Location of resource	Notes on use
<input type="checkbox"/> 911	If NOT in 911 area, write steps for emergency response	
<input type="checkbox"/> Cell phone		Signal reliability: Location of best signal:
<input type="checkbox"/> Radio		Call sign: Channel: Repeater:
<input type="checkbox"/> InReach/PLB		
<input type="checkbox"/> Landline		Phone number:
<input type="checkbox"/> First Aid Kit		
<input type="checkbox"/> Medical Forms		
<input type="checkbox"/> Vehicle		Location of keys: Location of spare keys:
<input type="checkbox"/> Other		

Partner Contacts:

Name:	Position:	Work phone:	Mobile phone:
Name:	Position:	Work phone:	Mobile phone:

Land/Water Management or Facility Contact:

Name:	Position:	Work phone:	Mobile phone:
Name:	Position:	Work phone:	Mobile phone:

Clinic and/or Hospital Contacts and Directions (please attach printed map for each):

Clinic or Hospital Name:	Address:	Phone number:	Distance from site

Directions from site (including hiking and trailhead information if applicable):

Closest Ambulance comes from:	Distance from site (miles):
Closest Fire Station or Police:	Distance from site (miles):