



Preparing an Emergency Action Plan (EAP)

Do you have a plan in place should a serious injury occur to one of your athletes? What would you do first? Who would you call for assistance?

An Emergency Action Plan (EAP) is a plan coaches design to help them respond in a responsible and clear-headed way if an emergency occurs.

An EAP should be prepared for the facility or site where you normally hold practices and for any facility or site where you regularly host competitions. For away competitions, ask the host team or host facility for a copy of their EAP.

An EAP can be simple or elaborate. It should cover the following:

- Designate in advance **who is in charge** if an emergency occurs (this may be you).
- **Have a cell phone** with you and make sure the battery is fully charged. If this is not possible, find out the exact location of a telephone you can use at all times. Have spare change in case you need to use a pay phone.
- Have **emergency telephone numbers** with you (facility manager, superintendent, fire, police, ambulance), as well as athletes' contact numbers (parents/guardians, next of kin, family doctor).
- Have on hand a **medical profile for each athlete** so that this information can be provided to emergency medical personnel. Include in this profile signed consent from the parent/guardian to authorize medical treatment in an emergency.
- Prepare **directions** for Emergency Medical Services (EMS) to follow to reach the site as quickly as possible. You may want to include information such as the closest major intersection, one-way streets, or major landmarks.
- Have a **first-aid kit** accessible and properly stocked at all times (all coaches are strongly encouraged to pursue first-aid training).
- Designate in advance a **call person**: the person who makes contact with medical authorities and otherwise assists the person in charge. Be sure that your call person can give emergency vehicles precise directions to your facility or site.

When an injury occurs, an EAP should be activated immediately if the injured person:

- Is not breathing
- Does not have a pulse
- Is bleeding profusely
- Has impaired consciousness
- Has injured the back, neck or head
- Has a visible major trauma to a limb



EMERGENCY ACTION PLAN

EMERGENCY PHONE #'S	Emergency: 911 COACH: Phone #: ALTERNATE: Phone #:	Checklist: <ul style="list-style-type: none">○ Location of phone numbers are identified○ Emergency phone numbers are listed○ Cellphone
FACILITY ADDRESSES	Address of Facility: Address of Nearest Hospital:	DIRECTIONS: Provide accurate directions to the site:
PERSON IN CHARGE	NAME: Phone #: ALTERNATE 1: Phone #: ALTERNATE 2: Phone #:	Roles and Responsibilities: <ul style="list-style-type: none">○ Clear the risk of further harm to the injured person by securing the area and shelter the injured person from the elements○ Designate who is in charge of the other participants○ Protect yourself (wear gloves if you are in contact with body fluids such as blood)○ Assess the ABC's (Airway is clear, breathing is present, a pulse is present, and there is no major bleeding)○ Wait by the injured person until EMS arrives and the injured person is transported○ Fill in an injury report form
CALL PERSON	NAME: Phone #: ALTERNATE 1: Phone #: ALTERNATE 2: Phone #:	Roles and Responsibilities <ul style="list-style-type: none">○ Call for emergency help○ Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done)○ Clear any traffic from the entrance/access road before ambulance arrives○ Wait by the driveway entrance to the facility to direct the ambulance when it arrives○ Call the emergency contact person listed on the injured person's profile
PARTICIPANT INFORMATION	Participant profile information and emergency contact information is attached.	
FIRST AID KIT	First aid Kit is stocked and its location is known.	