

Design An Emergency Action Plan (EAP)

Design an emergency action plan (EAP) for the facilities where you train and compete. An EAP is a plan designed by coaches to assist them in responding to emergency situations. The idea behind having such a plan prepared in advance is that it will help you 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 may go to attend special training sessions.

An EAP should cover the following items:

1. Designate in advance who is in charge in the event of an emergency (this may very well be you)
2. Have a cell-phone with you and make sure the battery is fully charged and who would have a second phone if yours is dead. If this is not possible, find out exactly where a telephone that you can use is located.
3. Have emergency telephone numbers with you (facility manager, fire, police, ambulance) as well as contact numbers (parents/guardians, next of kin, family doctor) for the athletes, coaches and participants.
4. Have on hand a medical profile for each athlete and participant, so that this information can be provided to emergency medical personnel. Include in this profile a signed consent from the parent/guardian to authorize medical treatment in an emergency.
5. Prepare directions to provide Emergency Medical Services (EMS) to enable them to reach all training and competition sites as rapidly as possible. You may want to include information such as the closest major intersection, one-way streets, or major landmarks.
6. Have a first aid kit accessible and properly stocked at all times (all coaches are strongly encouraged to pursue first aid training).
7. 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 instructions to reach your facility or site.

MEDICAL INFORMATION
PLEASE PRINT CLEARLY

Athlete Name:					
Birth Date:	<small>(Dd/mm/yy)</small>	Age		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address	Street				
	City	Province	Postal		
Health Card Number (optional)					

Parent Name					
Address	Street				
	City	Province	Postal		
Phone #'s					
	Home	Work	Cell		

Family Doctor		
	Name	Phone

Health History

Details:

Allergies	Yes	No	_____
Asthma (Respiratory)	Yes	No	_____
Blackouts/Fainting	Yes	No	_____
Chest pain	Yes	No	_____
Diabetes	Yes	No	_____
Epilepsy	Yes	No	_____
Hearing Disorder	Yes	No	_____
Heart Condition	Yes	No	_____
Recurring Headaches	Yes	No	_____
Seizures	Yes	No	_____
Glasses	Yes	No	_____
Contact Lenses	Yes	No	_____
Injuries (specify)	Yes	No	_____
Medications (specify)	Yes	No	_____
Concussions	Yes	No	_____
Other (including recent surgery)	Yes	No	_____
Other:	_____		

