
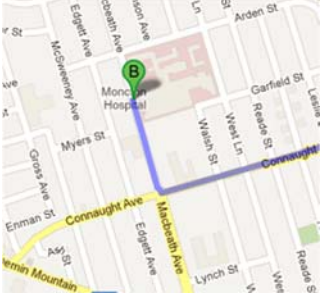




EMERGENCY ACTION PLAN (EAP) EXAMPLE

Attach allergy/medical and emergency contact information for team members and coaching staff.

Emergency Numbers:	9-1-1 (if available in your community)	
Coach Information:	Head Coach: S. Good Cell: (xxx) 987-6543	Assistant Coach: H. Brown Cell: (xxx) 456-7890
Home Facility:	Tel: (xxx) 123-4567 Address: Kay Arena 99 Wynwood Drive Moncton, NB Nearest Major Intersection: Shediac Road and Kenmore Drive	 <p>Map:</p>
Nearest Hospital:	Tel: (xxx) 555-5555 Address: The Moncton Hospital 135 MacBeath Avenue Moncton, NB	 <p>Map:</p>
On-site Charge Person(s) <ul style="list-style-type: none"> <input type="checkbox"/> Clear the risk of further harm to the injured person by securing the area and shelter the injured person from the elements <input type="checkbox"/> Designate who is in charge of the other players <input type="checkbox"/> Protect yourself (wears gloves if in contact with body fluids such as blood) <input type="checkbox"/> Assess ABCs (checks that airway is clear, breathing is present, a pulse is present, and there is no major bleeding) <input type="checkbox"/> Wait by the injured person until EMS arrives and the injured person is transported <input type="checkbox"/> Fill in an accident report form 		Option 1: S. Good Option 2: R. Good Option 3: T. Green
On-site Call Person(s) <ul style="list-style-type: none"> <input type="checkbox"/> Call for emergency help <input type="checkbox"/> Provide all necessary information to dispatch (e.g., facility location, nature of injury, what, if any, first aid has been done) <input type="checkbox"/> Clear any traffic from the entrance/access road before ambulance arrives <input type="checkbox"/> Wait by the driveway entrance to the facility to direct the ambulance when it arrives <input type="checkbox"/> Call the emergency contact person listed on the injured person's medical profile 		Option 1: H. Brown Option 2: V. Smith Option 3: B. Whiting