



Task 6: Design an emergency action plan (EAP)

This task requires you to design an emergency action plan for the basketball gym in which you coach. An Emergency Action Plan (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.

What's in an EAP?

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 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. If this is not possible, find out exactly where a telephone that you can use is located. Have spare change in the event you need to use a pay phone.
3. Have emergency telephone numbers with you (facility manager, fire, police, and ambulance) as well as contact numbers (parents/guardians, next of kin, family doctor) for the participants.
4. Have on hand a medical profile for each 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 the site 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.

You can use the templates that are provided below to assist you in completing this task.

EMERGENCY ACTION PLAN

EMERGENCY PHONE #'s	911 Coach: PH: () Coordinator: PH: ()	Checklist: <input type="checkbox"/> Location of telephones are identified (cell or land lines) <input type="checkbox"/> Emergency telephone numbers are listed <input type="checkbox"/> Cell phone, battery well charged <input type="checkbox"/> Change available to make phone calls from a pay phone
	Address of Facility: Address of Nearest Hospital:	DIRECTIONS: Provide accurate directions to the site:
FACILITY ADDRESS	NAME: PH: () ALTERNATE 1: PH: () ALTERNATE 2: PH: ()	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 (wears gloves if he/she is in contact with body fluids such as blood) • Assess ABCs (checks that 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 accident report form
	NAME: PH: () ALTERNATE 1: PH: () ALTERNATE 2: PH: ()	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 medical profile
CHARGE PERSON	PARTICIPANT INFORMATION	
	Participant profile information and emergency contact information is attached (Where)	
CALL PERSON	FIRST AID KIT	
	Location of First Aid Kit is identified (Where)	

Sample Emergency Action Plan

Contact Information

Attach the medical profile for each participant and for all members of the coaching staff, as well as sufficient change to make several phone calls if necessary. The EAP should be printed two-sided, on a single sheet of paper.

Emergency phone numbers: 9-1-1 for all emergencies
Cell phone number of coach: (xxx) xxx-xxxx
Cell phone number of asst coach: (xxx) xxx-xxxx

Phone number of home facility: (xxx) xxx-xxxx

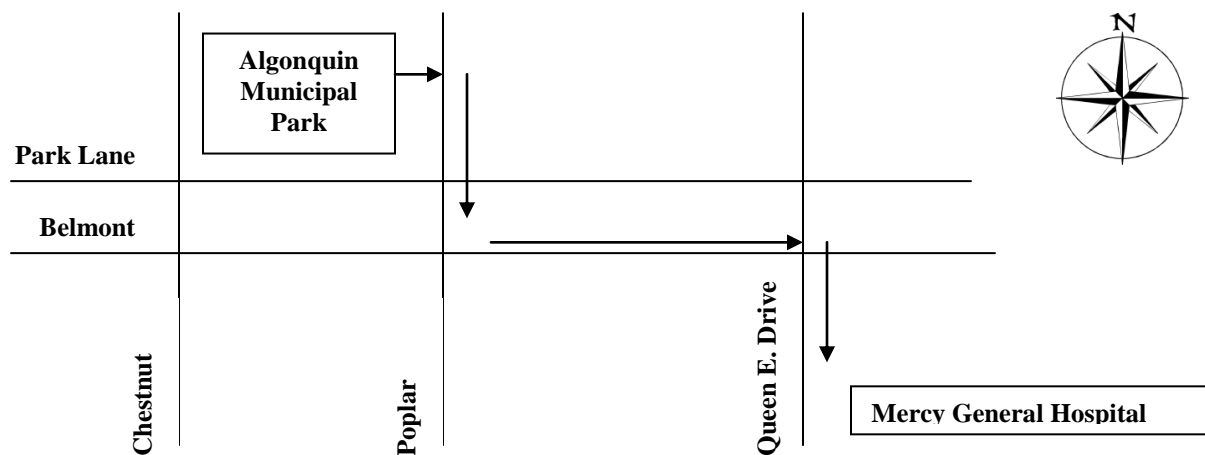
Address of home facility: Algonquin Municipal Park
 123 Park Lane,
 between Chestnut St. and Poplar St.
 City, Province/Territory XXX XXX

Address of nearest hospital: Mercy General Hospital
 1234 Queen Elizabeth Drive
 City, Province/Territory XXX XXX

Charge person (1st option): Suzie Chalmers (coach)
Charge person (2nd option): Joey Lemieux (assistant coach)
Charge person (3rd option): Angela Stevens (parent, usually on site)

Call person (1st option): Brad Fontaine (parent, cell xxx-xxxx)
Call person (2nd option): Sheila Lachance (parent, cell xxx-xxxx)
Call person (3rd option): Stefano Martinez (parent, cell xxx-xxxx)

Directions to Mercy General Hospital from Algonquin Municipal Park:



MEDICAL INFORMATION

PLEASE PRINT CLEARLY

Athlete Name:					
Birth Date	(dd/mm/yy)	Age		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address	Street				
	City	Province	Postal		
Medicare Number					

Parents 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 _____
- Other (including recent surgery) Yes No _____
- Other: _____