

# **Capital District Minor Football Association**

## **Emergency Action Plan (EAP)**

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_, 20\_\_\_\_

REVISED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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### **PURPOSE**

The purpose of this Operating Procedure is to describe the CDMFA Emergency Action Plan (EAP) to help coaches, directors, trainers, etc. respond to emergency situations.

For away competitions, ask the host team for a copy of their EAP or get all the information from them that will be necessary in case of emergency. (See Required Items for Every Event on Page 2)

### **CAUSES FOR IMMEDIATE ACTIVATION OF EAP**

There must be immediate action of the EAP if the injured person

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



## **REQUIRED ITEMS AT EVERY EVENT**

1. Cell Phone with fully charged battery
2. EMERGENCY DESIGNATE\*
3. The CALL PERSON\*\*
4. Medical profiles for each player (located in the first aid kit)
5. Directions to field for Emergency Medical Services (See field addresses below)
6. First-Aid Kit, fully stocked
7. Medical Profile for each athlete along with the signed consent from the parent/guardian to authorize medical treatment in an emergency. Also, their emergency contact numbers
8. Emergency Telephone numbers at location of sporting event:
  - President and or coaches
  - Fire
  - Police
  - Ambulance

### **\*Emergency Designate**

- The person that is in charge if an emergency occurs
- Secures the area and shelters the injured person from the elements
- Assess ABCs (Check that airway is clear, breathing is present, a pulse is present and there is no major bleeding)
- Emergency designate should always protect themselves by wearing gloves and a mask if in contact with body fluids such as blood
- Waits by the injured person until EMS arrives and the injured person is transported

### **\*\*Call Person**

- The person whom makes contact with the medical authorities and assists the Emergency Designate. **This person needs to know the precise directions to the facility or site.**
- Provides all the necessary information to dispatch (location, nature of injury, description of first aid that has been done, allergies, and other medical problems or history for that athlete)
- Clears any traffic from the entrance/access road before ambulance arrives
- Waits by the driveway entrance to the facility to direct the ambulance when it arrives
- Calls the emergency contact person listed on the injured person's medical profile.

## PROCEDURE WHEN INJURY OCCURS

### STEP 1- Control the Environment

- A. Stop all athletes on the field or in the area
- B. Protect yourself if you suspect bleeding by donning gloves
- C. If outdoors, shelter the injured athlete from the elements and from any traffic

### STEP 2- Do an Initial Assessment of the Situation

Check athlete for:

- A. Absence of breathing
- B. Absence of pulse
- C. Any profuse bleeding
- D. Impaired consciousness
- E. Injury to back, neck or head
- F. Visible major trauma to limb
- G. Inability to move his/her arms or legs
- H. Loss of feeling in arms and/or legs

## **ACTIVATE EAP!!!**

If athlete does not show any signs of A-H above, continue to Step 3

### STEP 3- Do a Second Assessment of the Situation

- A. Gather patient history and facts by talking to the injured athlete as well as anyone who witnessed the incident
- B. Stay with the injured athlete and try to calm him/her; your tone of voice and body language are critical
- C. **If the athlete is not injured**, have the athlete move himself/herself off the playing surface

### STEP 4- Assess the injury

- A. Have someone with first-aid training complete an assessment of the injury and decide how to proceed
- B. If the person trained in first aid is not sure of the severity of the injury, or no one present has first-aid training....

## **ACTIVIAATE EAP!!!**

If the assessor is sure the injury is minor, continue to Step 5

### STEP 5- Control the Return to Activity

Allow the athlete to return to activity after a minor injury only if there is no:

- A. Swelling
- B. Deformity
- C. Continued bleeding
- D. Reduced range of motion
- E. Pain when using the injured part

### STEP 6- Record the Injury on an Accident Report Form and Inform the athletes Parents/Guardian



**FOOTBALL FIELD ADDRESSES**

BEAUMONT BEARS	5417 - 43 Ave, Beaumont
CAMROSE BUFFALOS <b>Camrose Aquatic Center</b>	5204 50 Ave Camrose (South past baseball diamond)
EDMONTON CHARGERS <b>WP Wagner School</b>	6310 Wagner Rd Edmonton
EDMONTON MUSTANGS <b>Confederation Park</b>	11204 43 Ave NW Edmonton
FORT SASK FALCONS <b>Taurus Field</b>	8200 Southfort Drive, Fort Sask. (Behind Dow Centennial Center, 8700 84 St)
LEDUC WILDCATS <b>Leduc Composite High School</b>	4308 50 St Leduc
MILLWOODS GRIZZLIES <b>Turf Field</b>	7004 23 Ave NW
NEMFA SEAHAWKS <b>Clarke Park</b>	11000 Stadium Road NW Edmonton
SHERWOOD PARK <b>Emeralds Hills Turf Field</b>	4501 Emerald Dr Sherwood Park
SPRUCE GROVE COUGARS <b>Fuhr Sports Park</b>	211 Jennifer Heil Way (Campsite Rd) Spruce Grove
STONY PLAIN BOMBERS	Stony Plain- 5210 55 Ave (SW of outdoor pool)
ST ALBERT SAMFA <b>Larry Olexiuk Field</b>	#10, 47 Riel Dr, St. Albert (formally known as Riel Field)
WEST EDMONTON RAIDERS <b>Jasper Place Bowl</b>	Johnny Bright-8950 163rd St Edmonton
WETASKIWIN WARRIORS <b>Norm Brown Field</b>	4519-50Ave Wetaskiwin
<i>OTHERS</i>	
Coronation Park	114th Ave and 135th St Edmonton
Foote Field	6820 116 St NW Edmonton
Clarke Park	11000 Stadium Road NW Edmonton
M.E. Global Athletic Park	5644 56 Ave, Lacombe
Strathcona Athletic Park	1100 Clover Bar Rd Sherwood Park
Millwoods (grass field)	7004 23 Ave NW Edmonton
Eldon Brown Field	93rd Ave and Sherridon Dr, Ft. Saskatchewan
Lede Field	48th Ave and approx. 42 St Leduc
Queen Elizabeth High School	9425-132 Ave NW Edmonton

# PRINTABLE EMERGENCY ACTION PLAN

Attach medical profile for each athlete and for all members of the coaching staff.

Emergency Phone Numbers (Fire/Ambulance/Police):	
Cell Phone number of Coach:	
Cell Phone number of Assistant Coach:	
Cell Phone number of Trainer:	
Address of Facility:	
Emergency Designate (1st Option):	
Emergency Designate (2nd Option):	
Emergency Designate (3rd Option):	
Call Person (1st Option):	
Call Person (2nd Option):	
Call Person (3rd Option):	

**DIRECTIONS TO NEAREST HOSPITAL:** Name of Hospital: \_\_\_\_\_

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# HEAD INJURIES AND CONCUSSIONS

THE FOLLOWING INFORMATION IS PRESENTED AS A SERIES OF GUIDELINES ONLY. HEAD INJURIES **MUST** BE TREATED BY A QUALIFIED MEDICAL PROFESSIONAL

Head injuries and concussions can occur in many sports, either in training or during competitions. Because of the potentially serious consequences of injuries to the head, coaches must take certain precautions and should enforce strict safety measures when dealing with such injuries.

The information contained in this section is not designed to train coaches on how to implement a medical treatment or to offer medical advice if a concussion occurs. Rather, its purpose is to provide some recommendations on how to manage situations involving head injuries in a responsible manner. It is important to note that there is currently a lack of consensus in the medical community regarding precise grading scales and criteria for returning to training or competition following a concussion.

## WHAT IS A CONCUSSION?

A concussion is an injury to the brain that results from a hit to the head or to another part of the body that allows the transmission of impact forces to the head. A concussion manifests itself as a temporary alteration in mental state; it may also be accompanied by physical symptoms.

## COMMON CAUSES OF CONCUSSIONS

The situations that may result in head injuries vary greatly from sport to sport. Producing a comprehensive list of possible causes is therefore difficult. However, some common causes include

- A. Direct blows to the head, face, jaw or neck
- B. Collisions from the blind side or hits from behind
- C. Hard fall on the buttocks or a whiplash effect
- D. Poor quality of protective sport equipment (shock absorption), failure to wear protective head equipment, or improper adjustment of such equipment
- E. The environment (e.g. obstacles near a playing surface)
- F. Significant differences in skill level, age or size of the athletes involved in activities with physical contact or risk of impact
- G. Poor physical condition or insufficient strength in the neck and upper-body musculature

## SYMPTOMS OF A CONCUSSION

Symptoms of a concussion include headache, dizziness, loss of consciousness, nausea, lethargy, memory loss, confusion or disorientation (lack of awareness of time, place, date), vacant stare, lack of focus, ringing in the ears, seeing stars or flashing lights, speech impairment, balance impairment, and problems with sight.

Other signs may include a major decrease in performance, difficulty following directions, slow responses to simple questions, and inappropriate or unusual reactions (laughing, crying) or behaviours (change in personality, illogical responses to sport situations).

# A PERSON CAN SUFFER FROM A CONCUSSION WITHOUT LOSING CONSCIOUSNESS

## MANAGING AN ATHLETE WITH SYMPTOMS OF A CONCUSSION

Take the following short-term measures if an athlete suffers a concussion?

- A. Arrange to have an unconscious athlete with significant changes in mental state following a head injury transported to the emergency department of the nearest hospital by ambulance. This is a serious situation, and the athlete ***must be seen by a medical doctor immediately***. In such a situation, the **EMERGENCY ACTION PLAN MUST BE IMPLEMENTED**
- B. Do **NOT** allow an athlete showing ANY symptoms of a concussion to return to the current practice or competition.
- C. Do **NOT** leave an athlete showing symptoms of a concussion alone, and make sure that he or she is monitored for any deterioration in his or her condition. The athlete should be medically evaluated as soon as possible after the injury. The circumstances of the injury should be recorded and communicated to the medical personnel.
- D. If any of the symptoms of concussion reoccur, the athlete's condition should be considered serious, and the individual **MUST go to the hospital immediately**

## MANAGING AN ATHLETE'S RETURN AFTER A CONCUSSION

Although an athlete may have received authorization to return to regular training and competition, this must be done gradually. The athlete must be re-evaluated periodically during the weeks that follow his/her return to ensure that there are no recurring symptoms.

Listed below are a series of steps to help coaches manage the return to training or competition of an athlete who has suffered a concussion. Each step should take at least one day, although each step may be longer or shorter depending on individual circumstances (Step 5 applies predominantly to sports that involve body contact).

**STEP 1:** No activity, complete rest: if no symptoms are observed for one full day, proceed to Step 2

**STEP 2:** Low-intensity continuous exercise, such as walking, jogging, or cycling on a stationary bicycle: if no symptoms are observed, proceed to step 3

**STEP 3:** Low-intensity, sport-specific activity without contact; if no symptoms are observed, step 4

**STEP 4:** Moderate-intensity, sport-specific training activities without body contact: if no symptoms observed, step 5

**STEP 5:** Regular practice with body contact if it is required by the sport (no hard impact); if no symptoms are observed, step 6

**STEP 6:** Return to regular training and to competition.

If symptoms do recur, the athlete must immediately stop any form of activity and be examined by a medical doctor before resuming training or competition. It is extremely important for the athlete, the coach and the medical personnel to be open and frank when evaluating the athlete's condition. If recurring symptoms are not disclosed, the athlete may suffer permanent damage.

**Repeated Concussions: Some data suggest that after a first concussion, athletes are at greater risk of future concussions. If an athlete has a history of repeated concussions, he or she should participate in sport activities only after obtaining full clearance to do so from a medical professional.**



**Note:** The information is based on the summary and agreement statement of the first International Symposium on Concussion in Sport, held in Vienna 2001, and on a brochure produced by Judo Canada entitled SAFETY FIRST-WHAT YOU NEED TO KNOW ABOUT CONCUSSIONS. The Coaching Association of Canada is grateful to the Concussion in Sport Group and its chair, Dr. Karen M Johnston, Division of Neurosurgery, McGill University Health Centre, and to Judo Canada's sport director, Andrzej Sadej, for permission to adapt this material. The Coaching Association of Canada also wishes to express its thanks to Dr. Johnston for reviewing this text.

