



Emergency Action Plan

Date: _____ Event: _____ Location: _____

Charge Person		Call Person	
<div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto;"></div> <p>Insert Photo</p>		<div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto;"></div> <p>Insert Photo</p>	
Name: _____		Name: _____	
Backup #1: _____		Backup #1: _____	
Backup #2: _____		Backup #2: _____	
Location Information			
Location Address:			
Other Location Info:			
Nearest Hospital Address:			
Directions to Hospital:			
Important Numbers			
Emergency Services:		Facility Manager	

ATTACH PLAYER MEDICAL PROFILES & EMERGENCY CONTACT LIST



Emergency Action Plan Instructions

Charge Person Responsibilities

- Conduct an initial assessment of the injury.
- Designate someone to watch the other participants (stop all activities and ensure all participants are in a safe area if nobody is available to supervise).
- Wait with the injured participant and help keep them calm until emergency medical services arrive and conduct their assessment of the injury.
- Record the injury using their club's accident report form

Charge Person Responsibilities

- Call for emergency help.
- Provide all necessary information to dispatch.
 - The facility location
 - The closest access door to the injured participant
 - The nature of the injury
 - A description of first aid that has been performed
 - Other medical information, such as allergies or medical conditions
- Clear any traffic from the facility entrance or access road before the ambulance arrives.
- Wait by the entrance to direct the ambulance.
- Call the participant's emergency contact person.
- Assist the charge person as needed.

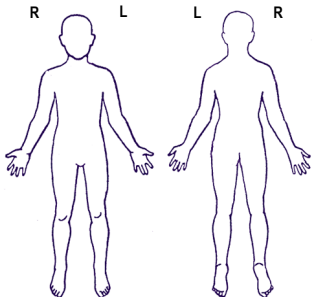
Tips and Reminders

- You can save and re-use this form to prepare an EAP for your usual practice site and for any site where you host competitions.
- When preparing for away competitions, ask the host team or host facility for a copy of their EAP in advance.
- Print out or copy directions from mapping websites like Google Maps

PLAYER INFORMATION

PLAYERS NAME	SURNAME	GIVEN NAME	MIDDLE NAME OR INITIAL
ADDRESS			
CITY	POSTAL CODE		
HOME PHONE	()		
PLAYER EMAIL	@		

INJURED BODY PART

	<p>SPECIFIC BODY PART</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FOLLOW UP</p> <p><input type="checkbox"/> HOSPITAL</p> <p><input type="checkbox"/> FAMILY PHYSICIAN</p> <p><input type="checkbox"/> OTHER _____</p>	<p>FIRST AID TREATMENT</p> <p><input type="checkbox"/> ICE <input type="checkbox"/> TAPE <input type="checkbox"/> TENSOR</p> <p><input type="checkbox"/> SPLINT <input type="checkbox"/> CRUTCHES</p> <p><input type="checkbox"/> OTHER _____</p>													
		<p>VITAL SIGNS N/A <input type="checkbox"/></p> <table border="1"> <thead> <tr> <th>TIME</th> <th>PULSE</th> <th>B.P.</th> <th>RESP. RATE</th> <th>TEMP</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		TIME	PULSE	B.P.	RESP. RATE	TEMP								
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TYPE OF INJURY

<input type="checkbox"/> CONCUSSION WITH LOSS OF CONSCIOUSNESS	<input type="checkbox"/> RUPTURE OF TENDON	<input type="checkbox"/> CONTUSION
<input type="checkbox"/> CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS	<input type="checkbox"/> LIGAMENT RUPTURE WITH INSTABILITY	<input type="checkbox"/> TENDONITIS / BURSITIS
<input type="checkbox"/> FRACTURE	<input type="checkbox"/> LIGAMENT RUPTURE WITHOUT INSTABILITY	<input type="checkbox"/> DENTAL INJURY
<input type="checkbox"/> DISLOCATION	<input type="checkbox"/> LESION OF MENISCUS	<input type="checkbox"/> DEEP WOUND
<input type="checkbox"/> RUPTURE OF MUSCLE	<input type="checkbox"/> SPRAIN	<input type="checkbox"/> LACERATION / ABRASION
<input type="checkbox"/> RUPTURE OF TENDON	<input type="checkbox"/> STRAIN	<input type="checkbox"/> OTHER _____

HISTORY / MECHANISM

<p>HAS THE PLAYER HAD A PREVIOUS INJURY OF THE SAME LOCATION AND TYPE?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES _____ MONTHS AGO</p>	<p>WHEN DID THE INJURY OCCUR?</p> <p><input type="checkbox"/> TRAINING</p> <p><input type="checkbox"/> MATCH</p> <p>FIELD CONDITIONS _____</p>
<p>WAS THE INJURY CAUSED BY OVERUSE OR TRAUMA?</p> <p><input type="checkbox"/> OVERUSE</p> <p><input type="checkbox"/> TRAUMA</p>	<p>WAS THE INJURY CAUSED BY CONTACT WITH ANOTHER PLAYER?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>

NOTES

<p>TRAINER NAME</p> <p>></p> <p>TEAM NAME</p> <p>></p> <p>HEAD COACH NAME</p> <p>></p>	<p>RETURN TO ACTIVITY TIME-LINE / HOME INSTRUCTIONS</p> <p>></p>
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