



# Emergency Action Plan (EAP)

Team Name:

Person in Charge:

Cell #:

Alternate Person in Charge:

Cell #:

Call Person:

Cell #:

Alternate Call Person:

Cell #:

Person with First Aid and CPR Training:

## To Activate Emergency Action Plan:

- **Person in Charge** is to control the environment
- If the participant does not show the ABC's and needs CPR, send someone to obtain a defibrillator located:
- Cue the team **Call Person** to call 911 and report the following:
  - Caller's name
  - "We have a *[age]* year old *[male/female]* athlete who is *[conscious/unconscious]* and may have *[injury]*"
  - Outline type of First Aid that has already been administered
  - Provide directions to field/facility
  - Ask for projected time of arrival
  - Provide cell phone number
  - **Remember to let the Dispatcher terminate the call**
- **Call Person** to report back to **Person in Charge** to inform of estimated arrival time
- Clear any traffic from the entrance/access before ambulance arrives
- Wait by the entrance to guide ambulance when it arrives
- **Call Person** to notify parents/guardians/emergency contact if not on the scene
- **Person in Charge** to provide First Aid
- **Person in Charge** to remain with injured player until EMS arrives and player is transported
- Have the injured **Player Emergency Information Form** ready for the paramedics
- Complete the **Player Injury Report Form**

## **Facility Diagram**

Include a diagram of the facility with the locations of telephones, first-aid, desired emergency response routes, and other useful information marked.

## **Health Care Facilities**

Include list of local health care facilities with locations.

**Brightshores Health System – Owen Sound:**

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