# **Emergency Action Plan (EAP)**



### Activate the EAP if:

Any loss of consciousness

- Possible Spine Injury
- Difficulty or absent breathing or pulse
- Dislocation, Open Fracture, Displaced Closed Fracture

#### **Emergency Procedures:**

#### Check the scene

- Is it safe for you to help?
- What happened?
- How many victims are there?
- Can bystanders help?

#### Instruct coach or bystander to call 911

- Provide the following information
  - Name, staff position, phone number
    - General information about the injury or situation, number of individuals injured, type of injury that has occurred, treatment given
    - Location of victim(s), address, specific directions
    - Any additional information
    - \*STAY ON THE PHONE, BE THE LAST TO HANG UP\*

#### • Perform emergency CPR/First Aid

- Check circulation/airway/breathing, level of consciousness, and severe bleeding
  - If athletic trainer is present he/she should stay with victim (if able) and provide immediate care
  - If athletic trainer is not present, most qualified staff (training/certifications) should stay with victim (if able) and provide immediate care
- Instruct coach or bystander to get an AED
- Designate coach or bystander to control crowd, protect privacy
- Contact <u>school emergency personnel, athletic</u> <u>trainer, school admin</u> if not present already at the scene

#### Meet ambulance and direct to appropriate site

- Open Appropriate Gates/Doors
- Designate an individual to "flag down" EMS and direct to scene
- Assist AT and/or EMS with care as directed
  Retrieve Necessary Supplies/Equipment
- If a parent/guardian is not present, a school staff member should go with the victim to the hospital or follow in a car if not allowed in the ambulance

## • Document event and debrief (drill or event)

- Provide additional page with the following:
  - Map of facility, entrances, equipment locations, etc.
  - Additional school/facility policies that could be used in emergency and non-emergency situation.

Uncertainty of if you have a medical emergency

# Sport/Venue name and address:

Emergency personnel: Present:
On-call:
AED location(s):
First Aid kit/equipment location(s):
Player medical information:
Address/directions to location:

Address:

Directions to specific location in venue:

Keys needed to access gates/doors:

<u>Review and Rehearse Annually:</u> Approved:

Date: