



# Emergency Action Plan (EAP)



## Activate the EAP:

- Any loss of consciousness
- Possible spine injury
- Dislocation, open fracture, displaced closed fracture
- Difficulty or absent breathing or pulse
- Uncertainty of if you have a medical emergency

## Emergency procedures:

- **Check the scene:**
  - Stay calm.
  - 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:
    - Provide: name, location of downed athlete, address, telephone #,
    - Number of individuals injured,
    - Type of injury that has occurred, treatment given,
    - Specific directions to venue.
    - Any additional information.
  - **\*STAY ON THE PHONE, BE THE LAST TO HANG UP\***
- **Perform emergency CPR/First Aid:**
  - Check airway/breathing/circulation, consciousness, and bleeding.
    - If **school emergency personnel** is present they will stay with the ill/injured person and provide immediate care.
    - If **not present, most qualified coach** (training/certifications) will stay with the ill/injured and provide immediate care.
  - **Instruct coach or bystander to GET AED!!**
- **Designate someone for crowd and privacy management.**
- **Contact school emergency personnel, athletic trainer, school admin if not present on scene.**
- **Meet ambulance and direct to appropriate site:**
  - **Open Appropriate Gates/Doors,**
  - Designate an individual to "flag down" EMS and direct to scene,
  - Control injury site, limit care providers etc.
- **Assist AT and/or EMS with care as directed:**
  - **Retrieve Necessary Supplies/Equipment**
- **If parent(s)/guardian are NOT present; school staff, or an appropriate adult should go with the student-athlete to the hospital.**
- **Document event and debrief.**

## Sport/Venue name:

[Blank area for Sport/Venue name]

## Emergency personnel:

**Present:**

**On-call:**

[Blank area for Emergency personnel details]

## AED location(s):

[Blank area for AED location(s)]

## First-aid kit/equipment:

[Blank area for First-aid kit/equipment]

## Player medical information:

[Blank area for Player medical information]

## Address/Directions to location:

**Address:**

**Directions to location in venue:**

[Blank area for Address/Directions to location]

## Keys needed to access gates/doors:

[Blank area for Keys needed to access gates/doors]

Review and rehearse annually (minimum):

Approved:

Date: