



# EMERGENCY ACTION PLAN

EMERGENCY

PHONE NUMBERS

911

**Coach:**

**PH:** (     )

**Coordinator:**

**PH:** (     )

**Check List:**

- Location of telephones are identified (cell or land lines)
- Emergency telephone numbers are listed
- Cell phone, batter well charged
- Change available to make calls from a pay phone

FACILITY ADDRESS

**Address of Facility:**

**Address of Nearest Hospital**

**Directions:** (Provide accurate directions to the site)

CHARGE PERSON

**NAME:**

**PH:** (     )

**ALTERNATE 1:**

**PH:** (     )

**ALTERNATE 2:**

**PH:** (     )

**Roles and responsibilities**

- Clear the risk of further harm to the injured person by securing the area and shelter the injured person from the elements
- Designate who is in charge of the other participants
- Protect yourself (wears gloves if he/she is in contact with body fluids such as blood)
- Assess ABCs (checks that airway is clear, breathing is present, a pulse is present, and there is no major bleeding)
- Wait by the injured person until EMS arrives and the injured person is transported
- Fill in an accident report form

CALL PERSON

**NAME:**

**PH:** (     )

**ALTERNATE 1:**

**PH:** (     )

**ALTERNATE 2:**

**PH:** (     )

**Roles and responsibilities**

- Call for emergency help
- Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done)
- Clear any traffic from the entrance/access road before ambulance arrives
- Wait by the driveway entrance to the facility to direct the ambulance when it arrives
- Call the emergency contact person listed on the injured person's medical profile

**PARTICIPANT INFORMATION**

Participant profile information and information is on file with the club

**FIRST AID KIT**

Location of First Aid Kit: