

EMERGENCY ACTION PLAN

TEAM NAME:

Head Coach: _____ Phone: _____

Assistant Coach: _____ Phone: _____

Athletic Director: _____ Phone: _____

Principal: _____ Phone: _____

FACILITY ADDRESSES:

Practice Facility:

Competition Facility:

Strength and Conditioning Venue:

Outdoor Facility:

Indoor Facility:

- **SCENE CONTROL:** Limit the scene to first aid providers and move bystanders away from the area.
- **EMS PROTOCOL:** When you call EMS, always provide your name and title or position, current address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions and other information as requested.

Emergency Medical Services Phone Number:

Hospital Name:

Emergency Room Phone Number:

Hospital Directions:

EMERGENCY TASK ASSIGNMENTS:

1. Immediate care of the injured or ill participant
2. Emergency equipment retrieval
3. Call EMS
4. Unlock and open doors for EMS
5. Flag down EMS and direct to scene
6. _____
7. _____
8. _____
9. _____

ASSIGNED TO:

- Assigned to:
- Assigned to:
- Assigned to:
- Assigned to:
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