

EMERGENCY ACTION PLAN

_____ *Team Name*

Head Coach: _____ **Phone:** _____
Assistant Coach: _____ **Phone:** _____
Park Supervisor: _____ **Phone:** _____
Director of Athletics: _____ **Phone:** _____

Emergency Medical Services Phone Number: _____

EMS Protocol

When you call EMS, provide your name and title or position, current address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested.

Scene control: Limit scene to first aid providers and move bystanders away from area.

Facility Addresses

Practice Facility: _____
Competition Facility: _____
Strength and Conditioning Venue: _____
Outdoor Facility: _____
Indoor Facility: _____

* **Hospital Name:** _____

Emergency Room Phone Number: _____

Hospital Directions

Emergency Task Assignments

Immediate care of the injured or ill participant
Emergency equipment retrieval
Call EMS
Unlock and open doors for EMS
Flag down EMS and direct to scene

Assigned to

