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
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________