

Emergency Action Plan (EAP)

An Emergency Action Plan (EAP) is a plan designed by coaches to assist them in responding to emergency situations. The idea behind having such a plan prepared in advance is that it will help you respond in a responsible and clear-headed way if an emergency occurs.

An EAP should be prepared for the facility or site where you normally hold practices and for any facility or site where you regularly host competitions. For away competitions, ask the host team or host facility for a copy of their EAP.

An EAP can be simple or elaborate but should cover the following items:

1. Designate in advance who is in charge in the event of an emergency (this may very well be you).
2. Have a cell phone with you and make sure the battery is fully charged. If this is not possible, find out exactly where a telephone is located. Have spare change in case you need to use a pay phone.
3. Have emergency telephone numbers with you (facility manager, fire, police, ambulance, veterinarian) as well as contact numbers (parents/guardians, next of kin, family doctor) for the participants.
4. Have a medical profile for each participant on hand so this information can be provided to emergency medical personnel. Include a signed consent from the parent/guardian to authorize medical treatment in an emergency in this profile.
5. Prepare directions to provide to Emergency Medical Services (EMS) to enable them to reach the site as rapidly as possible. You may want to include information such as the closest major intersection, one way streets, or major landmarks.
6. Have a first aid kit accessible and properly stocked at all times (all coaches are strongly encouraged to pursue first aid training).
7. Designate a “call person” (the person who makes contact with medical authorities and otherwise assists the person in charge) in advance. Be sure that your call person can give emergency vehicles precise instructions to reach your facility or site.

When an injury occurs, an EAP should be activated immediately if the injured person:

- is not breathing
- does not have a pulse
- is bleeding profusely
- has impaired consciousness
- has injured the back, neck or head
- has a visible major trauma to a limb



Emergency Action Plan Checklist

Access to telephones

- Cell phone, battery well charged
- Training venues
- Home venues
- Away venues
- List of emergency phone numbers (home competitions)
- List of emergency numbers (away competitions)
- Change available to make phone calls from a pay phone

Directions to access the site

- Accurate directions to the site (practice)
- Accurate directions to the site (home competitions)
- Accurate directions to the site (away competitions)

Participant information

- Personal profile forms
- Emergency contacts
- Medical profiles

Personnel information

- Person in charge is identified
- Call person is identified
- Assistants (charge and call persons) are identified

- *The medical profile of each participant should be up to date and located in the first aid kit.*
- *A first aid kit must be accessible at all times and must be checked regularly. See the appendices for suggestions on contents of a first-aid kit.*

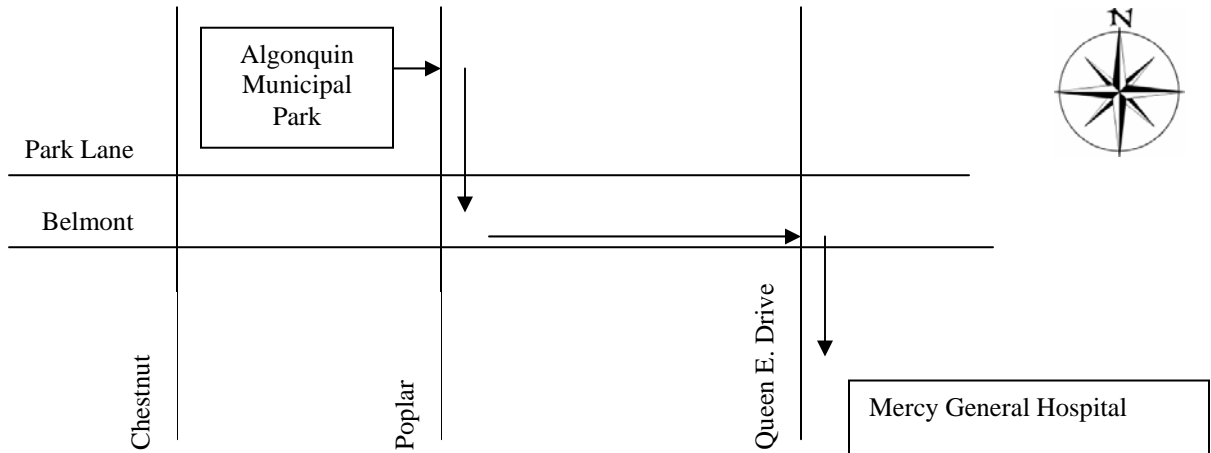
Sample Emergency Action Plan (p.1 of 2)

Contact Information

Attach the medical profile for each participant and for all members of the coaching staff, as well as sufficient change to make several phone calls if necessary. The EAP should be printed two-sided, on a single sheet of paper.

Emergency phone numbers:	9-1-1 for all emergencies
Cell phone number of coach:	(xxx) xxx-xxxx
Cell phone number of assistant coach:	(xxx) xxx-xxxx
Phone number of home facility:	(xxx) xxx-xxxx
Address of home facility:	Algonquin Municipal Park 123 Park Lane, between Chestnut St. and Poplar St. City, Province/Territory XXX XXX
Address of nearest hospital:	Mercy General Hospital 1234 Queen Elizabeth Drive City, Province/ Territory XXX XXX
Facility contact (1 st option):	Suzy Chalmers (coach)
Facility contact (2 nd option):	Joey Lemieux (assistant coach)
Facility contact (3 rd option):	Angela Stevens (parent, nurse, usually on site)
Call person (1 st option):	Brad MacKenzie (parent, cell xxx-xxxx)
Call person (2 nd option):	Sheila Stevens (parent, cell xxx-xxxx)
Call person (3 rd option):	Stefano Martinez (parent, cell xxx-xxxx)

Directions to Mercy General Hospital from Algonquin Municipal Park:



Sample Emergency Action Plan (p.2 of 2)

Roles and responsibilities

Charge person

- ❑ 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

- ❑ 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.

EMERGENCY ACTION PLAN

Every coach must have this information or know exactly where it can be found for EVERY facility at which he/she instructs.

EVENT: _____

SITE: _____

FACILITY OWNER/MANAGER: _____

ALTERNATE CHARGE PERSON FOR FACILITY: _____

EMERGENCY CONTACT FOR RIDER: _____

ALTERNATE CONTACT FOR RIDER: _____

LOCATION OF FIRST AID KIT (HUMAN): _____

LOCATION OF FIRST AID KIT (HORSE): _____

LOCATION OF MEDICAL PROFILES: _____

NUMBER CARD

Location of phones near lesson site: _____

PHONE NUMBERS

Emergency: _____ Ambulance: _____

Fire: _____ Poison Control: _____

Police: _____ Hospital: _____

Facility (where you are located): _____

Veterinarian: _____

Phone: _____ after hours number: _____

CLEAR LOCATION DIRECTIONS FOR EMERGENCY PERSONNEL:

Steps To Follow When an Injury Occurs

Note: it is suggested that emergency situations be simulated during practice in order to familiarize coaches and athletes with the steps below.

Step 1: Control the environment so no further harm occurs

- Stop all participants.
- Protect yourself if you suspect bleeding (put on gloves).
- If outdoors, shelter the injured participant from the elements and from any traffic.

Step 2: Do a first assessment of the situation

If the participant:

- is not breathing
- does not have a pulse
- is bleeding profusely
- has impaired consciousness
- has injured the back, neck or head
- has a visible major trauma to a limb
- cannot move his/her arms or legs or has lost feeling in them

If the participant does not show the signs above, proceed to Step 3



**Activate
EAP!**

Step 3: Do a second assessment of the situation

- Gather the facts by asking the injured participant as well as anyone who witnessed the incident.
- Stay with the injured participant and try to calm him/her; your tone of voice and body language are critical.
- If possible, have the participant move himself/herself off the playing surface. Do not attempt to move an injured participant.

Step 4: Assess the injury

Have someone with first aid training complete an assessment of the injury and decide how to proceed.

If the person trained in first aid is not sure of the severity of the injury or there is no one available who has first aid training, activate EAP. If the assessor is sure the injury is minor, proceed to step 5.



**Activate
EAP?**

Step 5: Control the return to activity

Allow a participant to return to activity after a minor injury only if there is no:

- swelling
- deformity
- continued bleeding
- reduced range of motion
- pain when using the injured part

Step 6: Record the injury on an accident report form and inform the parents

Head Injuries and Concussions: Guidelines for Coaches

N.B.: The following information is presented as a series of guidelines only.
Head injuries must be treated by a recognized medical professional.

Introduction

Head injuries and concussions can occur in many sports, either in training or during competitions. Because of the potentially grave consequences of injuries to the head, coaches must take certain precautions and should enforce strict safety measures when dealing with them.

The information contained in this section is not designed to train coaches on how to implement a medical treatment or to offer medical advice in the event of a concussion. Rather, its purpose is to provide some recommendations on how to manage situations involving head injuries in a responsible manner. It is important to note that there is presently a lack of consensus in the medical community regarding precise grading scales and return to training or competition criteria following concussions.

What is a concussion?

A concussion is an injury to the brain that results from a hit to the head, or to another part of the body that allows the transmission of impact forces to the head. It shows itself through a temporary alteration in the mental status of the individual, and may also be accompanied by some physical symptoms.

Some common causes of concussions

The situations that may result in head injuries vary greatly from sport to sport. Producing a comprehensive list of possible causes is difficult. However, some common causes include:

- direct blows to the head, face, jaw, or neck.
- collisions from the blind side, or hits from behind.
- hard fall on the buttocks, or whiplash effect.
- poor quality of protective sport equipment (shock absorption), failure to wear protective equipment designed for the head, or improper adjustment of the same.
- the environment (e.g. obstacles near playing surface).
- significant differences in the skill level, age, or size of participants involved in activities with physical contact or risk of impact.
- poor physical condition, or insufficient strength in the neck and upper body musculature.

Symptoms of a concussion

Symptoms observed in the case of a concussion include headache, dizziness, loss of consciousness, nausea, lethargy, memory loss, confusion or disorientation (lack of awareness of time, place, date), vacant stare, lack of focus, ringing in the ears, seeing stars or flashing lights, speech impairment, balance impairment, and problems with sight.

Other signs may include a major decrease in performance, difficulty following directions given by the coach, slow responses to simple questions, and displaying inappropriate or unusual reactions (laughing, crying) or behaviours (change in personality, illogical responses to sport situations).

A person can suffer from a concussion without losing consciousness.

Managing a participant with concussion symptoms

The following short-term measures should be implemented in the event that a participant suffers a concussion:

- An unconscious participant, or a participant with significant changes in mental status following a head injury, must be transported to the emergency department of the nearest hospital by ambulance. This is a grave situation and the participant **must be seen by a medical doctor immediately**. In such a situation, the **Emergency Action Plan must be implemented**.
- A participant showing any of the concussion symptoms should not be allowed to return to the current practice or competition.
- A participant showing concussion symptoms must not be left alone, and monitoring for the deterioration of his/her condition is essential. He/she should be medically evaluated as soon as possible following the injury. The circumstances of the injury should be recorded and communicated to the medical personnel.
- If any of the concussion symptoms reoccur, the participant's condition should be considered serious, and the individual must go to the hospital immediately.