



EMERGENCY ACTION PLAN (EAP**) GUIDELINES**

**Emergency Action Plan Description
Emergency Action Plan Checklist
Directions to Local Hospitals and Area Parks
Emergency Action Plan (EAP)
Player Injury Report Form
Player Emergency Information Form**

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Emergency Action Plan Description

Sports injuries can occur at practices and games. In order to ensure all athletes are properly cared for in case of serious injury, an Emergency Action Plan (EAP) should be prepared for each team to follow. Preparing an EAP in advance will help teams respond to emergency situations in a confident manner.

The EAP should be reviewed and established at the beginning of each season.

There are four key components to an EAP:

- 1) Access to phones
- 2) Directions
- 3) Player Information
- 4) EAP Personnel – Charge Person (usually team Assistant Coach/Manager) and Call Person, as well as alternates

The Charge Person should be the one that is most qualified in First Aid and familiar with these emergency procedures. This individual should be familiar with:

- what emergency equipment is available at your facility or location
- the address of the nearest hospital/medical facility
- Provide important EAP information to any visiting team officials
- Secure a controlled and calm environment (advise coaches to take team away from the injured player)
- Assess / tend to the injured player; determine if an ambulance is needed
- Direct others until medical personnel arrive

The Manager (or designate) is responsible for maintaining the First Aid kit and medical records and to bring the kit and forms, as well as ice, to practices and games.

The Call Person will:

- Keep a record of emergency phone numbers
- Make the telephone call for assistance
- Provide all necessary information to dispatch (including location, nature of injuries, description of First Aid that has been done)
- Report back to Charge Person
- Clear any traffic from the entrance/access road before ambulance arrives
- Wait by the driveway entrance to guide the ambulance when it arrives

In the event of a serious injury to a player, the EAP should be immediately implemented. Forward the incident report within 24 hours, to the Bradford Soccer Club – The player injury Report Form should be submitted to the Bradford Soccer Club within 72 hours. gm@bradfordsoccer.com

Emergency Action Plan Checklist

Access to phones	<ul style="list-style-type: none"> ○ Cell phones, batteries well charged ○ Check for the correct emergency number (over 98% of locations in Canada and US will link caller to an Emergency Dispatch Centre, but smaller communities may not use 911)
Directions	<ul style="list-style-type: none"> ○ Accurate directions to all sites as well as specific field locations (i.e. for practices, home games, away games)
Player Information	<ul style="list-style-type: none"> ○ Confidential Player Medical Information Forms containing emergency contacts and any known medical conditions about players should be on hand at all times ○ Knowledge of pre-existing medical conditions might be required and should be readily available to medical / EMS staff
EAP Personnel	<ul style="list-style-type: none"> ○ Charge Person is identified ○ Call Person is identified ○ Alternates (Charge Person and Call Person) are identified
<ul style="list-style-type: none"> • The Confidential Player Medical Information Forms should be up to date and kept in the First Aid bag • A First Aid kit to be accessible at all times and checked regularly 	

Directions to Local Hospitals

Southlake Regional Health Centre - 596 Davis Drive.
Newmarket, ON L3Y 2P9, (905) 895-4521

Royal Victoria Regional Health Centre - 201 Georgian Drive,
Barrie ON L4M 6M2, (705) 728-9090

Directions to Local Bradford Soccer Club Fields

As listed on BSCWS website at <https://www.bradfordsoccer.com/page/show/2794072-fields>

- Henderson Park and Bradford Soccer Dome: 3224 10th Sideroad, Bradford
- Joe-Magani Field: 3541 11th Line, Bradford
- Bud Brown Park: 9 Dixon Road, Bradford
- Bradford District High School (BDHS): 70 Professor Day Drive, Bradford
- Holy Trinity High School: 100 Melbourne Drive
- Dream Fields: 123 Crossland Blvd (North side of 8th line)



EMERGENCY ACTION PLAN (EAP)

TEAM NAME:	
CHARGE PERSON / Cell #:	
ALTERNATE CHARGE PERSON / Cell #:	
CALL PERSON / Cell #:	
ALTERNATE CALL PERSON / Cell #:	

Response When an Injury Occurs

- Control the environment
- Assess the player's injuries (ABCs – airway, breathing, circulation/pulse; any major bleeding) – put on gloves if you suspect bleeding
- For a suspected serious injury (conscious or unconscious) DO NOT to move the player from the position of injury. The only appropriate movement would be to maintain a patent airway if the player is unconscious but breathing.
- Where known medical conditions such as asthma and anaphylaxis exist and where the patient carries a “puffer/inhaler” or an Epi-Pen”, these remedies should be administered where appropriate per directions even if an ambulance is en-route. The parent/ team trainer/manager should know how to use both.
- **If any of the following is identified, activate EAP (next page):**
 - Decreased, irregular or not breathing
 - No pulse
 - Bleeding profusely
 - Impaired or decreasing level of consciousness
 - Injury to the back, neck or head
 - Major trauma to a limb, skull, spine
 - Deterioration of neurological function; cannot move or feel limbs
 - Mental status changes: lethargy, altered arousal, confusion, agitation
 - Seizure activity
 - You believe you should
- If not an emergency, treat injuries with First Aid and/or follow the Bradford Soccer Club Concussion Protocol
- <https://www.bradfordsoccer.com/page/show/2794080-constitution-and-policy>



To Activate EAP:

- **Charge Person** is to control the environment (advise coaches to take team away from injured player)
- Put on gloves if you suspect bleeding
- If outdoors, shelter injured player from the elements or any traffic
- Cue the team **Call Person** to call 911 and report the following:
 - Caller's name
 - "We have a *** year old (male/female) athlete, who is (conscious/unconscious) and may have a *** injury"
 - Outline type of First Aid that has already been administered
 - Directions to field/facility
 - Ask the projected time of arrival
 - Provide cell phone number
 - **Remember to let the Dispatcher terminate the call**
 - Call person or designate to report back to Charge Person to inform him/her of the estimated arrival time
 - Clear any traffic from the entrance/access road before ambulance arrives
 - Wait by the entrance to guide the ambulance when it arrives
 - Call Person to notify parents/guardian/emergency contact if not on the scene
- **Charge Person** to provide First Aid as required
- **Charge Person** to remain with injured player until EMS arrives and player is transported
- Have the injured player's **Player Emergency Information Form** ready for the paramedics. (see below in this document)
- Complete **Player Injury Report Form** (see below in this document)



Player Injury Report Form

This form must be completed for all injuries occurring at a soccer event and requiring an evaluation by a Physician or Health Practitioner (e.g. 911 is called, player taken to hospital/clinic, concussion suspected). A Team Official (Coach, Assistant Coach, Manager) is to complete this form and submit it to the BSC office – within 72 hours (scan/email to gm@bradfordsoccer.com).

Date: _____ Time: _____

Player's Full Name: _____ OS # _____

Location of Accident (Field Name, Town, etc): _____

List Injuries:

Describe Incident:

Emergency Medical Services called? Yes _____ No _____

Hospital / Clinic (where player was transported): _____

Mode of Transportation to Hospital / Clinic: _____

Parents / Guardians of Player Name(s): _____

Advised: Yes _____ No _____

TEAM INFORMATION:

Team Name: _____ Opposing Team: _____

Name of Team Official completing this form: _____

Team Official Position: _____

Signature: _____

(1) Witness Name: _____ Witness Phone #: _____

(2) Witness Name: _____ Witness Phone #: _____



Team Name: _____ Date: _____

Player Emergency Information Form

Player's name: _____ Birth Date: _____

Address: _____ Phone #: _____

Emergency Contacts:

Mother/Guardian _____	Father/Guardian _____
Phone #: _____	Phone #: _____
Cell #: _____	Cell #: _____

Alternate Contact(s):

Name: _____	Relationship: _____
Phone #: _____	Cell #: _____

Family Doctor: _____ Phone #: _____

MEDICAL INFORMATION

*** This information is being provided voluntarily in accordance with the BSC Privacy Policy*

- Is player allergic to medications? If so please list.

- Does player have other allergies (i.e. bee sting, dust, etc)? If so please list.

- Does player suffer from any serious illnesses or conditions? (please check)

<input type="radio"/> Asthma	<input type="radio"/> Diabetes	<input type="radio"/> Epilepsy	<input type="radio"/> Other (please specify)
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- Does player take any regular medication(s)? If so please list.

- Does player wear contact lenses?

- Previous Injuries / Concussions (please include dates):

Signature: _____ Date: _____

Print Name: _____