

## Emergency Action Plan Checklist



### Access to telephones

- Cellphone, 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

- The person in charge is identified
- The 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 for a first-aid kit.*

© Coaching Association of Canada Jan. 2003

# Sample Emergency Action Plan

## 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: \_\_\_\_\_

Cell phone number of assistant coach: \_\_\_\_\_

Phone number of home facility: \_\_\_\_\_

Address of home facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address of nearest hospital: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Charge person (1st option): \_\_\_\_\_ (coach)

Charge person (2nd option): \_\_\_\_\_ (assistant coach)

Charge person (3rd option): \_\_\_\_\_ (parent, nurse, usually on site)

Call person (1st option): \_\_\_\_\_ parent, cell: \_\_\_\_\_

Call person (2nd option): \_\_\_\_\_ parent, cell: \_\_\_\_\_

Call person (3rd option): \_\_\_\_\_ parent, cell: \_\_\_\_\_

Directions to Hospital from Playing Area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Event and conditions:** (what was the event during which the incident took place, location of incident, surface quality, light, weather etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Actions taken / intervention:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**After treatment, the patient was:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sent home       Sent to hospital/a clinic       Returned to activity

### Charge Person Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_

Role (Coach, assistant, parent, official, bystander, therapist): \_\_\_\_\_

### Witness Information

(Someone who observed the incident and the response, not the charge person)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_

