



Emergency Action Plan Kit

One of the most critical goals of the first parent meeting is to establish an emergency action plan (EAP) and the persons responsible for implementing the EAP. Sports injuries happen at practices and games. As such, the EAP should be developed for both settings.

What is an EAP?

An EAP is an established procedure for dealing with serious injuries which occur on or near a field of play.

There are four primary elements in an EAP including:

- (a) **Access to Phones:** Confirm either the location of the nearest pay phone or make arrangements to have a cellular phone available at the field. Information about emergency numbers should be known as well.
- (b) **Access to Sites:** Cards with directions to facilities should be prepared and made available for each practice and game. The specific location of the field should be known so that if medical personnel are required, they can be directed accordingly.
- (c) **Information on Participants:** If a player is injured and needs to be transported to hospital it will be useful, in some cases, if knowledge of pre-existing medical conditions are available to medical staff, eg, in the case of a head injury where information regarding pre-existing medical conditions could not be given by the player. A player medical card with information, emergency contacts, such as doctors, and any known medical conditions about players should be on hand at all times.
- (d) **Charge Person/Call Person:** Specific persons should be designated as Charge Persons and Call Persons. Alternates should also be appointed.

The Charge Person should be the one that is most qualified in first-aid and emergency procedures. This individual will:

- Know what emergency equipment is available at the facility
- Secure a controlled and calm environment
- Assess/tend to injured player
- Direct others until medical personnel arrive

The Call Person will:

- Keep a record of emergency phone numbers and know the location of telephones at the facility
- Make the telephone call for assistance
- Guide the ambulance (if required) in and out of the facility

Where a serious injury occurs to a player, the EAP should be immediately implemented and following evacuation of the injured player, the incident should be reported to Georgetown Soccer Club.

Establish who will be responsible for a team first-aid kit. This person is responsible for maintaining the first-aid kit and medical records and for bringing the kit and forms, as well as ice/ice packs, to all practices and games. All teams should have a basic first-aid kit. Ice/ice packs should be on hand at all games.

All players are required to wear proper equipment for practices and games. This includes proper soccer shoes, shin pads, socks which completely cover the shin pads, athletic shorts, ie, no buttons or zippers, and a proper t-shirt, ie, no ripped or torn shirts. For games, players are expected to wear their GSC team uniform. Players should also have a water bottle and should not be wearing any jewellery such as watches, chains, earrings, etc.

Emergency Action Plan Checklist

Access to Telephones	<ul style="list-style-type: none"> • Cell phone, battery well charged • Training venues • Home venues • List of emergency phone numbers (for home and away games) • Change available for pay phone
Directions to Access Site	<ul style="list-style-type: none"> • Accurate directions to practice site • Accurate directions to home game site(s) • Accurate directions to away game site(s)
Participant Information	<ul style="list-style-type: none"> • Player Emergency Medical Cards
Personnel Information	<ul style="list-style-type: none"> • Person in charge is identified • Call person is identified • Alternates (charge and call persons) are identified

TEAM EMERGENCY ACTION PLAN

Team:	
Site:	
Charge Person:	
Alternate Charge Person:	
Call Person:	
Alternate Call Person:	
Location of Phone(s):	
Phone Numbers:	
Details of Location, ie, street address:	

When calling emergency services, state:

1. Your name
2. "There has been a suspected (type of injury) at (location)"
3. Please send an ambulance to (location) and someone will meet the ambulance there
4. Ask the projected time of arrival
5. Give them your phone number, if possible

Steps to Follow When an Injury Occurs

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

Step 1: Control the environment so that 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 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
- can not move his/her arms or legs or has lost feeling in them.

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

Step 3: Do a second assessment of the situation

- Gather the facts by talking to 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 advise on 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 that the injury is minor, proceed to Step 5.

Step 5: Control the return to activity

Allow the 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 parents



Player Medical Information Card

Player's Name:	Date of Birth (dd/mm/yy):
Address:	
Telephone:	Health Card No.:
Emergency Contact:	
Parent/Guardian (if under 18):	
Address:	
Home Phone:	Cell Phone:
Relationship to Player:	
Family Doctor:	Phone No.:
IMPORTANT	
List drug allergies, if any:	
List other allergies, if any:	
Serious illness, if any, ie: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other	
If Other indicated, please provide details:	
Is regular medication required? Please list.	
Are contacts worn?	
Other relevant information:	
Parent/Guardian Signature (if under 18):	Date: