

EMERGENCY ACTION PLAN

I. GENERAL INFORMATION

SCHOOL YEAR _____

DISTRICT _____ SCHOOL _____ SPORT _____

PRIMARY EMERGENCY CONTACT _____ NUMBER _____

BACK-UP EMERGENCY CONTACT _____ NUMBER _____

ii. PRE-PARTICIPATION COMMUNICATION

PRACTICE LOCATION _____ GAME LOCATION _____

PRACTICE TIME _____ GAME TIME_ - see attached schedule-

EMS CAPABILITIES/LIMITATIONS _____

EMS ROUTE AND NORMAL EXPECTED TIME OUT _____

METHOD OF COMMUNICATION _____ EMERGENCY NUMBER IF BY PHONE _____

AED LOCATION _____ DISTANCE/TIME FROM VENUE _____

COLD WATER IMMERSION TUB LOCATION _____ TIME FROM VENUE _____

COLD WATER IMMERSION TUB RESPONSIBILITY _____

WGBT MEASUREMENT TECHNIQUE AND RESPONSIBILITY _____

COMMENTS _____

iii. PERSONNEL RESPONSIBILITIES

COOL ZONE MONITORING RESPONSIBILITY

PRIMARY _____ SECONDARY _____

CPR/FIRST AID CERTIFIED

PERSONEL _____

AED CERTIFIED PERSONEL _____

PRIMARY ATTENDANT TO INJURED: _____

BACK-UP/FIRST ASSIST ATTENDANT TO INJURED: _____

PRIMARY ATTENDANT TO NON-INVOLVED STUDENT ATHLETES _____

EMS CALL: INITIAL CALL AND ON-SITE DIRECTION

RESPONSIBLE _____ METHOD _____ NUMBER _____

SECONDARY _____ METHOD _____ NUMBER _____

PARENT CALL: INITIAL CALL AND ON SITE DIRECTION:

RESPONSIBLE _____ METHOD _____ phone list available _____

ADMINISTRATION CALL RESPONSIBILITY _____

ON CALL ADMINISTRATOR _____ NUMBER _____

BACK-UP ON CALL ADMINISTRATOR _____ Number _____

FIRST AID KIT/EMERGENCY MEDICAL SUPPLIES RESPONSIBILITY _____

AED RESPONSIBILITY (PRIMARY) _____ (SECONDARY) _____

DOCUMENTATION (MEDICAL HISTORY, PHYSICALS,PRECAUTIONS,INSURANCE AND RISK MANAGEMENT)
RESPONSIBILITY _____

LIGHTNING RESPONSIBILITY (MONITOR DISTANCE AND CLEAR VENUE _____

Date discussed _____ Date(S) rehearsed _____
