



Emergency Action Plan

_____ **Team Name**

Head Coach: _____ **Phone:** _____

Assistant Coach: _____ **Phone:** _____

Assistant Coach: _____ **Phone:** _____

Assistant Coach: _____ **Phone:** _____

Emergency Medical Services Phone Number: _____

EMS Protocol

When you call EMS, provide your name and title or position, current address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested.

Scene control: Limit scene to first aid providers and move bystanders away from area.

Facility Addresses

Practice Facility: _____

Competition Facility: _____

Strength and Conditioning Venue: _____

Outdoor Facility: _____

Indoor Facility: _____

Hospital Name: _____

Emergency Room Phone Number: _____

Hospital Directions

Emergency Task Assignments

Immediate care of the injured or ill participant

Emergency equipment retrieval

Call EMS

Unlock and open doors for EMS

Flag down EMS and direct to scene

Assigned to

