



EMERGENCY ACTION PLAN (EAP) TEMPLATE

Attach allergy/medical and emergency contact information for team members and coaching staff.

Emergency Numbers:	9-1-1 (if available in your community)	
Coach Information:	Head Coach: _____ Cell: _____	Assistant Coach: _____ Cell: _____
Home Facility:	Tel: _____ Address: _____ _____ Nearest Major Intersection: _____ _____	Map:
Nearest Hospital:	Tel: _____ Address: _____ _____	Map:
On-site Charge Person(s) <input type="checkbox"/> Clear the risk of further harm to the injured person by securing the area and shelter the injured person from the elements <input type="checkbox"/> Designate who is in charge of the other participants <input type="checkbox"/> Protect yourself (wears gloves if he/she is in contact with body fluids such as blood) <input type="checkbox"/> Assess ABCs (checks that airway is clear, breathing is present, a pulse is present, and there is no major bleeding) <input type="checkbox"/> Wait by the injured person until EMS arrives and the injured person is transported <input type="checkbox"/> Fill in an accident report form		Option 1: _____ Option 2: _____ Option 3: _____
On-site Call Person(s) <input type="checkbox"/> Call for emergency help <input type="checkbox"/> Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done) <input type="checkbox"/> Clear any traffic from the entrance/access road before ambulance arrives <input type="checkbox"/> Wait by the driveway entrance to the facility to direct the ambulance when it arrives <input type="checkbox"/> Call the emergency contact person listed on the injured person's medical profile		Option 1: _____ Option 2: _____ Option 3: _____