



# Emergency Action Plan (EAP)



<b>Emergency Phone Number:</b>		9-1-1
<b>Tournament Coordinator:</b>	<b>Contact #1:</b> Sheri Howlett <b>Cell:</b> 604-613-4885	<b>Contact #2:</b> _____ <b>Cell:</b> _____
<b>Coach Contact:</b>	<b>Contact #1:</b> Darren Simpson <b>Cell:</b> 604-782-9871	<b>Contact #2:</b> _____ <b>Cell:</b> _____
<b>Home Facility:</b>	<b>Location:</b> Exhibition Park <b>Address:</b> 32470 Haida Dr, Abbotsford, BC V2T 5A6 <b>Entrance:</b> Just off Golden Ave & Trethewey St. <b>Nearest Major Intersection:</b> Maclure Road & Trethewey St.	
<b>Nearest Hospital</b>  <b>Nearest Care Centre</b>	<b>Location:</b> Abbotsford Regional Hospital <b>Address:</b> 32900 Marshall Rd, Abbotsford, BC, V2S 0C2 <b>Phone Number:</b> (604) 851-4700 <b>Estimated Travel Time:</b> Approximately 10 minutes by car (traffic-dependent) <b>Distance to Hospital:</b> 4.7km	<b>Location:</b> Abbotsford Urgent and Primary Care Centre <b>Address:</b> 2692 Clearbrook Rd, Abbotsford, BC, V2T 2Y8 <b>Phone Number:</b> (604) 852-9300 <b>Estimated Travel Time:</b> Approximately 7 minutes by car <b>Distance to Hospital:</b> 3km <b>Hours:</b> 9:00 a.m. – 8:00 p.m.
<b>On-site Charge Person(s):</b> <ul style="list-style-type: none"> <li><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</li> <li><input type="checkbox"/> Designate who is in charge of the other participants</li> <li><input type="checkbox"/> Protect yourself (wears gloves if he/she is in contact with body fluids such as blood)</li> <li><input type="checkbox"/> Assess ABCs (checks that airway is clear, breathing is present, a pulse is present, and there is no major bleeding)</li> <li><input type="checkbox"/> Wait by the injured person until EMS arrives and the injured person is transported</li> <li><input type="checkbox"/> Fill in an accident report form</li> </ul>		<b>Person 1:</b> Name: _____ Contact #: _____  <b>Person 2:</b> Name: _____ Contact #: _____
<b>On-site Call Person(s):</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Call for emergency help</li> <li><input type="checkbox"/> Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done)</li> <li><input type="checkbox"/> Clear any traffic from the entrance/access road before ambulance arrives</li> <li><input type="checkbox"/> Wait by the driveway entrance to the facility to direct the ambulance when it arrives</li> <li><input type="checkbox"/> Call the emergency contact person listed on the injured person's medical profile</li> <li><input type="checkbox"/> person's medical profile person's medical profile</li> </ul>		<b>Person 1:</b> Name: _____ Contact #: _____  <b>Person 2:</b> Name: _____ Contact #: _____



## STEPS TO FOLLOW WHEN AN INJURY OCCURS

**Note:** It is recommended that emergency situations be simulated during practice to familiarize coaches and athletes with the steps below.

### Step 1: Control the environment so that no further harm occurs

- Stop all athletes
- Protect yourself if you suspect bleeding (put on gloves)
- If outdoors, shelter the injured athlete from the elements and from any traffic

### Step 2: Complete an initial assessment of the situation

If the athlete:

- 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
- Cannot move his or her arms or legs or has lost feeling in them



If the athlete does not show the signs above, proceed to Step 3

### Step 3: Do a second assessment of the situation

- Gather the facts by talking to the injured athlete as well as anyone who witnessed the incident
- Stay with the injured athlete and try to calm him or her; your tone of voice and body language are critical
- If possible, have the athlete move himself or herself off the playing surface; do not attempt to move an injured athlete

### Step 4: Assess the injury

- Have someone with first-aid training complete an assessment of the injury and decide how to proceed
- If the person trained in first aid is not sure of the severity of the injury or no one present has first-aid training, activate EAP



If the assessor is sure the injury is minor, proceed to Step 5.

### Step 5: Control the return to activity

Allow an athlete 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 the parents





# ACCIDENT REPORT FORM

## Accident Report Form (cont'd)

### CHARGE PERSON INFORMATION

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: (    )
EMAIL:	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: (    )
EMAIL:	AGE:

### OTHER COMMENTS OR REMARKS


### FORM COMPLETED BY:

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_