



Emergency Action Plan Checklist

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| EAP Persons | <ul style="list-style-type: none"> ○ CHARGE PERSON is identified ○ CALL PERSON is identified ○ Alternates (Charge Person and Call Person) are identified |
| Access to phones | <ul style="list-style-type: none"> ○ Cell phones, battery well charged ○ Emergencies, Call 911 (some smaller communities may not use 911; call 0 or *OPP for dispatch services) |
| Directions | <ul style="list-style-type: none"> ○ Accurate directions to all sites as well as specific field locations (i.e. for practices, home games, away games, tournaments) |
| Player Information | <ul style="list-style-type: none"> ○ Player Medical Information Forms complete with emergency contacts and any known medical conditions must be on hand at all times ○ Knowledge of pre-existing medical conditions might be required and should be readily available to medical / EMS staff |
| <ul style="list-style-type: none"> ● The Player Medical Information Forms must be up to date and kept in the file folder with the First Aid Kit, or print out of Medical Information from the Registration data base ● First Aid kit must be on-hand at all times and must be checked regularly | |

EMERGENCY ACTION PLAN (EAP) Personnel

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|-----------------------------------|--|
| TEAM NAME: | |
| CHARGE PERSON / Cell #: | |
| ALTERNATE CHARGE PERSON / Cell #: | |
| CALL PERSON / Cell #: | |
| ALTERNATE CALL PERSON / Cell #: | |



Emergency Action Plan (EAP)

Each team is required to establish who will be responsible for implementing the EAP at all practices and games. It is imperative that the EAP is shared with parents at the first team meeting.

In the event of a serious injury to a player, the EAP should be immediately implemented.

There are four key requirements to an EAP:

- 1) Access to phones
- 2) Directions
- 3) Player Information
- 4) EAP Personnel – Charge Person (usually team Trainer) and Call Person, as well as alternates, role of team Manager/Trainer

The Team Manager will:

- Be responsible for maintaining the First Aid kit and medical records in file folder
- Bring the kit and forms, as well as ice, to all practices and games.

The Charge Person (or Team Trainer) should be the one that is most qualified in First Aid and emergency procedures. This person will:

- Know what emergency equipment is available at the location
- Secure a controlled and calm environment (direct the team away from the injured player)
- Assess / tend to the injured player; determine if an ambulance is needed, protect player from weather elements (cover with blanket, bring tent/umbrella to injured player)
- Direct others until medical personnel arrive

The Call Person will:

- Keep a record of emergency phone numbers
- Make the telephone call for assistance
- Provide all necessary information to dispatch (including location, nature of injuries, description of First Aid that has been done)
- Report back to Charge Person
- Clear any traffic from the entrance/access road before ambulance arrives
- Wait by the driveway entrance to guide the ambulance when it arrives

Within 24 hours, the incident should be reported to the Hamilton Serbians Youth Soccer Club President.

Within 72 hours, the Player Injury Report Form will need to be submitted to the Hamilton Serbians Youth Soccer Club Secretary.

Local Hospitals

McMaster Children's Hospital – 1200 Main St. W., Hamilton, ON, L8N 3Z5, #905-521-2100

St. Joseph's Emergency – 2757 King Street East, Hamilton, Ontario, L8G 5E4. #905-573-7777

Juravinski Hospital - 711 Concession St., Hamilton, ON L8V 1C3 #905-521-2100

St. Joseph's Hospital – 50 Charlton Avenue East, Hamilton, Ontario L8N 4A6, # 905-522-1155

Directions to Soccer Fields

Check the soccer club website for soccer field location and Google Maps for directions

Shady Acres, Binbrook: 2545 Guyatt Road, Binbrook, L0R 1C0 South on Hwy 56, turn left on Guyatt Road, driveway is approx. 800 m on right hand side (Serbian Holy Trinity Centre gates). South of Hwy56 & Hwy 53.

Winona Vineland Estates: 269 Glover Road, Winona, L8E 5H6. Exit Fruitland Road from QEW, Glover Road is East of Fruitland Road along Barton Street, Glover Road is between Jones Road and McNeilly Road.

[illegible]

Response When an Injury Occurs

- Assess the player's injuries (ABCs – airway, breathing, circulation/pulse; any major bleeding) – put on gloves if you suspect bleeding
- **If any of the following is identified, activate EAP:**
 - Decreased, irregular or not breathing
 - No pulse
 - Bleeding profusely
 - Impaired or decreasing level of consciousness
 - Injury to the back, neck or head
 - Major trauma to a limb, skull, spine
 - Deterioration of neurological function; cannot move or feel limbs
 - Mental status changes: lethargy, altered arousal, confusion, agitation
 - Seizure activity
 - You believe you should
- If not an emergency, treat injuries with First Aid and/or follow HSYSC Concussion Protocol

To Activate EAP:

Charge Person to control the environment (advise coaches to take team away from injured player)

- Use gloves if suspect bleeding
- If outdoors, shelter injured player from the elements or any traffic:
 - Cover player with blanket if cold, bring tent/umbrella to the injured player if needed, again
 - **Do NOT move the player's body position if major trauma is suspected**

- **Cue the Call Person** to call 911 and report the following:

- Caller's name
- "We have a *** year old (male/female) athlete, who is (conscious/unconscious) and may have a *** injury"
- Outline type of First Aid that has already been administered
- Directions to field/facility
- Ask the projected time of arrival
- Provide cell phone number
- **Remember to let the Dispatcher terminate the call, stay on line as needed**
- Call person or designate to report back to Charge Person to inform him/her of the estimated arrival time
- Clear any traffic from the entrance/access road before ambulance arrives
- Wait by the entrance to guide the ambulance when it arrives
- Call Person to notify parents/guardian/emergency contact if not on the scene

- **Charge Person** to provide First Aid: **STABILIZE** (remain with injured player until EMS arrives and player is transported, provide verbal support to calm player until medical service arrives)

- Have injured player's Player Emergency Information Form ready for Paramedics
- Within 24 hours contact Club President to advise of Incident, Within 72 hours complete Player Injury Report Form and submit to Club Secretary



Player Injury Report Form

This form must be completed for all injuries occurring at a soccer event and requiring an evaluation by a Physician or Health Practitioner (e.g. 911 is called, player taken to hospital/clinic, concussion suspected). A Team Official (Trainer, Coach, Assistant Coach, Manager) must complete this form and submit it to the HSYSC Secretary within 72 hours.

Date: _____ Time: _____

Player's Full Name: _____

Location of Accident (Field Name, Town, etc): _____

List Injuries:

Describe Incident:

Emergency Medical Services called? Yes _____ No _____

Hospital / Clinic (where player being transported): _____

Mode of Transportation to Hospital / Clinic: _____

Parents / Guardians of Player: _____

Advised: Yes _____ No _____

TEAM INFORMATION:

Team Name: _____ Opposing Team: _____

Name of Team Official completing this form: _____

Team Official Position: _____

Signature: _____

(1) Witness Name: _____ Witness Ph #: _____

(2) Witness Name: _____ Witness Ph #: _____



Player Emergency Information Form

Player's name: _____ DOB: _____
Address: _____ Phone #: _____

Emergency Contacts:

Mother/Guardian _____ Father/Guardian _____
Phone #: _____ Phone #: _____
Cell #: _____ Cell #: _____

Alternate Contact(s):

Name: _____ Relationship: _____
Phone #: _____ Cell #: _____

Family Doctor: _____ Phone #: _____

MEDICAL INFORMATION

*** This information is being provided voluntarily and for private use in event of emergency action response protocol only*

- Is player allergic to medications? If so please list.

- Does player have other allergies (i.e. bee sting, dust, etc)? If so please list.

- Does player suffer from any serious illnesses? (please check)

| | | | |
|------------------------------|--------------------------------|--------------------------------|--|
| <input type="radio"/> Asthma | <input type="radio"/> Diabetes | <input type="radio"/> Epilepsy | <input type="radio"/> Other (please specify) |
|------------------------------|--------------------------------|--------------------------------|--|

- Does player take any regular medication(s)? If so please list.

- Does player wear contact lenses?

- Previous Injuries / Concussions (please include dates):

Parent Signature: _____ Date: _____