



Emergency Action Plan (EAP)

OVERVIEW



Emergency Action Plan (EAP)

An Emergency Action Plan (EAP) is a plan for coaches and managers to assist them in responding to emergency situations. The idea behind having such a plan prepared in advance is that it will help you respond in a responsible and clear-headed way if an emergency occurs. An EAP should be prepared for the facility or site where you normally hold practices and for any facility or site where you regularly host competitions. For away competitions, ask the host team or host facility for a copy of their EAP.

An EAP can be simple or elaborate but should cover the following items:

1. Designate in advance who is in charge in the event of an emergency (this may very well be you).
2. Have a cell phone with you and make sure the battery is fully charged. If this is not possible, find out exactly where a telephone is located. Have spare change in case you need to use a pay phone.
3. Have emergency telephone numbers with you (facility manager, fire, police, ambulance, veterinarian) as well as contact numbers (parents/guardians, next of kin, family doctor) for the participants.
4. Have a medical profile for each participant on hand so this information can be provided to emergency medical personnel. Include a signed consent from the parent/guardian to authorize medical treatment in an emergency in this profile.
5. Prepare directions to provide to Emergency Medical Services (EMS) to enable them to reach the site as rapidly as possible. You may want to include information such as the closest major intersection, one way streets, or major landmarks.
6. Have a first aid kit accessible and properly stocked at all times (all coaches are strongly encouraged to pursue first aid training).
7. Designate a "call person" (the person who makes contact with medical authorities and otherwise assists the person in charge) in advance. Be sure that your call person can give emergency vehicles precise instructions to reach your facility or site.

When an injury occurs, an EAP should be activated immediately if the injured person:

- 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



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Emergency Action Plan Template

The coaching staff for every team or age group training pool of players in the Soccer Club of Toronto are responsible for implementing an Emergency Action Plan (EAP). This ensures that there is an established procedure in place for dealing with injuries or other emergencies at training sessions or games. A document template is provided below to assist in creating an EAP.

Teams and training pools must all have a person on their staff who is formally trained in first aid and CPR. Teams and training pools must also maintain a complete first aid kit and must make sure it is on hand for games and training sessions in order to deal with minor injuries. This includes making sure ice is available for all training and games. It is recommended that teams/pools designate a person to be responsible for the first aid kit.

There are four primary elements in an EAP including:

A) Access to Phones: make sure that someone on the coaching staff has a charged cell phone available at the field or facility. Information regarding emergency contact numbers should be known as well and should travel with the team/pool.

B) Access to Sites: coaching staff and/or the person designated as the charge person should be prepared to give emergency responders directions to their location, including the address. It is suggested that the team/pool prepare a document at the start of each indoor and outdoor season that simply lists their training locations and home game locations and keeps this document as part of their EAP kit. The charge person should also ensure they have the address available for away games should emergency personnel need to be called.

C) Information on Participants: a medical form that includes players' medical history, past injuries, known medical conditions, allergies, and emergency contact information should be on hand at all times. This will assist medical personnel should there be a situation where a player needs to be transported to a hospital or needs to receive treatment at the field or facility.

D) Charge Person/Call Person: specific persons should be designated as Charge Persons and Call Persons. Alternates should be appointed as well.

The *Charge Person* should be the one that is most qualified in first aid and emergency procedures. This individual will:

- know what emergency equipment is available at your facility
- secure a controlled and calm environment



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- assess/tend to the injured player
- direct others until medical personnel arrive

The *Call Person* will:

- keep a record of emergency phone numbers and will know the location of telephones in the facility and/or keep a charged cell phone available during training and games
- make the telephone call for assistance
- guide the ambulance (if required) in and out of the facility

If it has been necessary for a team/pool to call for emergency medical support, a team official (coach, charge person, manager) must notify the club and should complete an Accident Report Form for submission to the Club General Manager.



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Emergency Action Plan Template

EAP for (facility name or event): _____

Charge Person: _____

Call Person: _____

Emergency Scenarios:

Plan for injury: _____

Plan for missing child: _____

Plan for severe weather: _____

Plan for evacuation of facility: _____



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Facility or Event Details:

Address or Directions to facility: _____

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Phone number at site (if available):

Call Person cell number:

Emergency Numbers:

City of Toronto Police (non-emergency): (416) 808-2222

Local Police (if outside Toronto):

Local Hospital Phone: [123-4567](tel:123-4567)

Local Hospital Address:

Local Toronto Hospitals:

Toronto Western Hospital: 399 Bathurst St, Toronto, ON M5T 2S8
(416) 603-5757

Mount Sinai Hospital 600 University Ave, Toronto, ON M5G 1X5
(416) 586-4800



Emergency Action Plan Checklist



Access to telephones

- ____ Cell phone, battery well charged
- ____ Training venues
- ____ Home venues
- ____ Away venues
- ____ List of emergency phone numbers (home competitions)
- ____ List of emergency numbers (away competitions)
- ____ Change available to make phone calls from a pay phone

Directions to access the site

- ____ Accurate directions to the site (practice)
- ____ Accurate directions to the site (home competitions)
- ____ Accurate directions to the site (away competitions)

Participant information

- ____ Personal profile forms
- ____ Emergency contacts
- ____ Medical profiles

Personnel information

- ____ Person in charge is identified
- ____ Call person is identified
- ____ Assistants (charge and call persons) are identified

- *The medical profile of each participant should be up to date and located in the first aid kit.*
- *A first aid kit must be accessible at all times and must be checked regularly. See the appendices for suggestions on contents of a first-aid kit.*



Sample Emergency Action Plan (p.1 of 2)

Contact Information

Attach the medical profile for each participant and for all members of the coaching staff, as well as sufficient change to make several phone calls if necessary. The EAP should be printed two-sided, on a single sheet of paper.

Emergency phone numbers:

9-1-1 for all emergencies

Cell phone number of coach:

(xxx) xxx-xxxx

Cell phone number of assistant coach:

(xxx) xxx-xxxx

Phone number of home facility:

(xxx) xxx-xxxx

Address of home facility:

Algonquin Municipal Park

123 Park Lane,

between Chestnut St. and Poplar St.

City, Province/Territory XXX XXX

Address of nearest hospital:

Mercy General Hospital

1234 Queen Elizabeth Drive

City, Province/ Territory XXX XXX

Facility contact (1st option):

Suzy Chalmers (coach)

Facility contact (2nd option):

Joey Lemieux (assistant coach)

Facility contact (3rd option):

Angela Stevens (parent, nurse, on site)

Call person (1st option):

Brad MacKenzie (parent, cell xxx-xxxx)

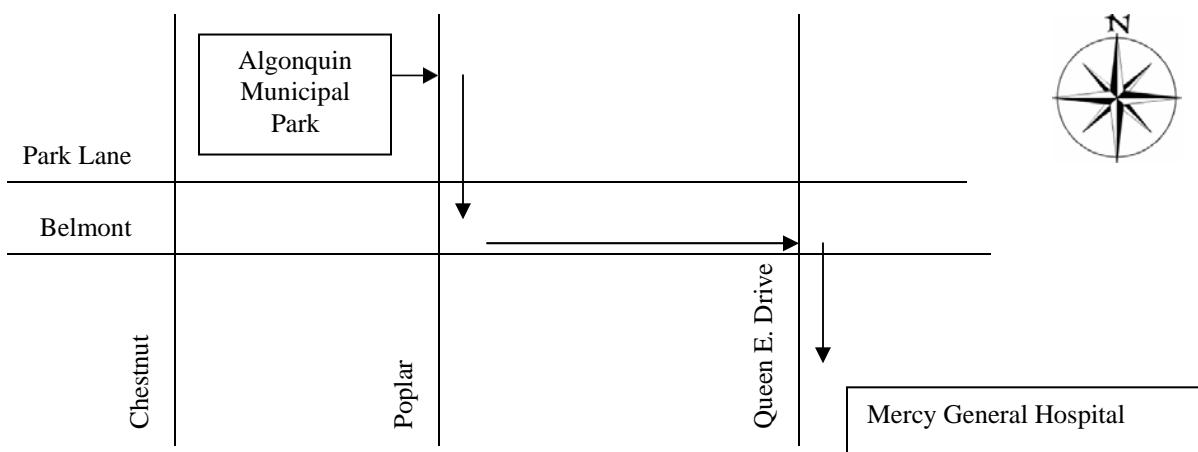
Call person (2nd option):

Sheila Stevens (parent, cell xxx-xxxx)

Call person (3rd option):

Stefano Martinez (parent, cell xxx-xxxx)

Directions to Mercy General Hospital from Algonquin Municipal Park:





Sample Emergency Action Plan (p.2 of 2)

Roles and responsibilities

Charge person

- Clear the risk of further harm to the injured person by securing the area and shelter the injured person from the elements.
- Designate who is in charge of the other participants.
- Protect yourself (wears gloves if he/she is in contact with body fluids such as blood).
- Assess ABCs (checks that airway is clear, breathing is present, a pulse is present, and there is no major bleeding).
- Wait by the injured person until EMS arrives and the injured person is transported
- Fill in an accident report form.

Call person

- Call for emergency help
- Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done).
- Clear any traffic from the entrance/access road before ambulance arrives.
- Wait by the driveway entrance to the facility to direct the ambulance when it arrives.
- Call the emergency contact person listed on the injured person's medical profile.

Soccer Club of Toronto



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EMERGENCY ACTION PLAN

Every coach must have this information or know exactly where it can be found for EVERY facility at which he/she instructs.

EVENT: _____

SITE: _____

FACILITY OWNER/MANAGER: _____

ALTERNATE CHARGE PERSON FOR FACILITY: _____

EMERGENCY CONTACT FOR RIDER: _____

ALTERNATE CONTACT FOR RIDER: _____

LOCATION OF FIRST AID KIT (HUMAN): _____

LOCATION OF FIRST AID KIT (HORSE): _____

LOCATION OF MEDICAL PROFILES: _____

NUMBER CARD

Location of phones near lesson site: _____

PHONE NUMBERS

Emergency: _____ Ambulance: _____

Fire: _____ Poison Control: _____

Police: _____ Hospital: _____

Facility (where you are located): _____

Veterinarian: _____

Phone: _____ after hours number: _____

CLEAR LOCATION DIRECTIONS FOR EMERGENCY PERSONNEL:



Steps To Follow When an Injury Occurs

Note: it is suggested that emergency situations be simulated during practice in order to familiarize coaches and athletes with the steps below.

Step 1: Control the environment so no further harm occurs

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

Step 2: Do a first assessment of the situation

If the participant:

- 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/her arms or legs or has lost feeling in them

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

**Activate
EAP!**

Step 3: Do a second assessment of the situation

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

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 there is no one available who has first aid training, activate EAP. If the assessor is sure the injury is minor, proceed to step 5.

**Activate
EAP?**

Step 5: Control the return to activity

Allow a participant 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



Head Injuries and Concussions: Guidelines for Coaches

Note: The following information is presented as a series of guidelines only. Head injuries must be treated by a recognized medical professional.

Introduction

Head injuries and concussions can occur in many sports, either in training or during competitions. Because of the potentially grave consequences of injuries to the head, coaches must take certain precautions and should enforce strict safety measures when dealing with them.

The information contained in this section is not designed to train coaches on how to implement a medical treatment or to offer medical advice in the event of a concussion. Rather, its purpose is to provide some recommendations on how to manage situations involving head injuries in a responsible manner. It is important to note that there is presently a lack of consensus in the medical community regarding precise grading scales and return to training or competition criteria following concussions.

What is a concussion?

A concussion is an injury to the brain that results from a hit to the head, or to another part of the body that allows the transmission of impact forces to the head. It shows itself through a temporary alteration in the mental status of the individual, and may also be accompanied by some physical symptoms.

Some common causes of concussions

The situations that may result in head injuries vary greatly from sport to sport. Producing a comprehensive list of possible causes is difficult. However, some common causes include:

- direct blows to the head, face, jaw, or neck.
- collisions from the blind side, or hits from behind.
- hard fall on the buttocks, or whiplash effect.
- poor quality of protective sport equipment (shock absorption), failure to wear protective equipment designed for the head, or improper adjustment of the same.
- the environment (e.g. obstacles near playing surface).
- significant differences in the skill level, age, or size of participants involved in activities with physical contact or risk of impact.
- poor physical condition, or insufficient strength in the neck and upper body musculature.



Symptoms of a concussion

Symptoms observed in the case of a concussion include headache, dizziness, loss of consciousness, nausea, lethargy, memory loss, confusion or disorientation (lack of awareness of time, place, date), vacant stare, lack of focus, ringing in the ears, seeing stars or flashing lights, speech impairment, balance impairment, and problems with sight.

Other signs may include a major decrease in performance, difficulty following directions given by the coach, slow responses to simple questions, and displaying inappropriate or unusual reactions (laughing, crying) or behaviours (change in personality, illogical responses to sport situations).

A person can suffer from a concussion without losing consciousness.

Managing a participant with concussion symptoms

The following short-term measures should be implemented in the event that a participant suffers a concussion:

- An unconscious participant, or a participant with significant changes in mental status following a head injury, must be transported to the emergency department of the nearest hospital by ambulance. This is a grave situation and the participant **must be seen by a medical doctor immediately**. In such a situation, the **Emergency Action Plan must be implemented**.
- A participant showing any of the concussion symptoms should not be allowed to return to the current practice or competition.
- A participant showing concussion symptoms must not be left alone, and monitoring for the deterioration of his/her condition is essential. He/she should be medically evaluated as soon as possible following the injury. The circumstances of the injury should be recorded and communicated to the medical personnel.
- If any of the concussion symptoms reoccur, the participant's condition should be considered serious, and the individual must go to the hospital immediately.