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Hello!

The following document is a template for the creation of an emergency action plan for your school and has been developed based off of the [2002 “National Athletic Trainers’ Position Statement: Emergency Planning in Athletics](https://www.nata.org/sites/default/files/EmergencyPlanningInAthletics.pdf)”. Please fill out the “EAP Template Fill-in” with the appropriate information. The information provided in that short document will allow you to ‘fill in the blanks’ in this document to create a personalized and comprehensive emergency action plan (EAP) for your school.

Please note:

1. This document is simply a template to help you get started to create an EAP. Please revise, remove, add items as you wish.
2. The “EAP Template Fill-in” will provide you with the name of the section the information should be placed and the page numbers prior to entry of information. Please note that the page numbers can and will change as you start to put in your information into this template.
3. *Any words that are italicized and highlighted yellow are directions only and should be deleted prior to implementation of your EAP.*
4. Words within brackets such as [School Name] are highlighted yellow and should be revised to match your school prior to implementation of your EAP.
5. The table of contents in this template is set using functions in Microsoft Word to match your document.
   1. When you have completed entering in the information, click on the table in the Table of Contents page, and click “Update Table”. Then click “Update Entire Table”; your table of contents should automatically be corrected.
   2. Should you choose to add sections to this document to match your school’s needs, title the section as you wish, and then from the “Home” button on Microsoft Word, click “Heading 1”. This will then allow the table to recognize a new section when you update the table with the instructions from “a” above.

We hope you find this Emergency Action Plan template to be helpful. Please contact the Korey Stringer Institute with any questions you may have.

KSI Staff

*DISCLAIMER: This emergency action plan is not considered medical or legal advice. All content is for informational purposes, and the Korey Stringer Institute makes no claim as to accuracy, legality or suitability. They Korey Stringer Institute shall not be held liable for any errors, omissions or for damages of any kind.*

Emergency Action Plan

For [Name of School]

Athletics Program

In case of an emergency, personnel responsibilities, locations of emergency equipment, and other emergency information such as 911 call instructions, addresses/directions to the venue, and a chain of command with important phone numbers have been listed here.

Table of Contents

Table of Contents

[Personnel Involved in Development 4](#_Toc487017627)

[Documentation of Recent Changes 5](#_Toc487017628)

[Introduction 6](#_Toc487017629)

[Staff Education 10](#_Toc487017630)

[Chain of Command 10](#_Toc487017631)

[Emergency Telephone Numbers 11](#_Toc487017632)

[Emergency Situation Contact Tree 12](#_Toc487017633)

[Emergency Equipment Locations 13](#_Toc487017634)

[[SCHOOL NAME] AED Location 14](#_Toc487017635)

[General Plan of Action 15](#_Toc487017636)

[Emergency Action Procedures 16](#_Toc487017637)

[Gymnasium 16](#_Toc487017638)

[NAME OF VENUE 17](#_Toc487017639)

[Rehearsal Strategy 18](#_Toc487017640)

[Documentation of Seasonal Coaches Educational Meeting 19](#_Toc487017641)

[Documentation of Emergency Equipment Maintenance 20](#_Toc487017642)

[Approval and Verification Page: 21](#_Toc487017643)

# Personnel Involved in Development

The following individuals were involved with the creation of this Emergency Action Plan:

*[delete for your own EAP the below is just an example]*

*Nancy Adams, MS, ATC (athletic trainer)*

*Brian Smith (athletic director)*

*Michelle Jones, MA, RN (school nurse)*

*Johnson City EMS*

# Documentation of Recent Changes

As changes to the EAP are made, please list the change, page affected and date that the change was made.

|  |  |  |
| --- | --- | --- |
| **Specific Changes Made** | **Page(s) Affected** | **Date** |
|  |  |  |
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| \**add rows as necessary* | | |

**EMERGENCY ACTION PLAN FOR ATHLETICS**

**OVERVIEW**

# Introduction

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the student athlete. The development and implementation of an emergency action plan will help ensure that the best care will be provided.

As emergencies may occur at any time and during any activity, all school activities personnel must be prepared. Athletic organizations have a duty to develop an emergency action plan that may be implemented immediately when necessary and provide appropriate standards of emergency care to all sports participants. This preparation involves formulation of an emergency action plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately and efficiently.

Components of an Emergency Action Plan

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of First Responder
5. Venue Directions with a Map
6. Emergency Action Plan Checklist for Non-Medical Emergencies

**Emergency Personnel**

The first responder in an emergency situation during an athletic practice or competition is typically a member of the sports medicine staff, such as a certified athletic trainer. However, the first responder may also be a coach or another member of the school personnel.

Certification in cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), emergency action plan review, and prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning [including: athletic director, school nurse, certified athletic trainer, all coaches, etc.]. Copies of training certificates and/or cards should be maintained with the athletic director. **All coaches are required to have CPR, First Aid, AED, and concussion management training certifications.** *[revise above statement as determined by your school/state]*

The emergency team may consist of physicians, emergency medical technicians, certified athletic trainers, athletic training students, coaches, managers, and possibly even bystanders. Roles of these individuals will vary depending on different factors such as team size, athletic venue, personnel present, etc.

The four basic roles within the emergency team are:

1. **Establish scene safety and immediate care of the athlete:**
   1. This should be provided by the most qualified individual on the medical team (the first individual in the chain of command).
2. **Activation of Emergency Medical Services:**
   1. This may be necessary in situations where emergency transportation is not already present at the sporting event. Time is the most critical factor and this may be done by anyone on the team.
3. **Equipment Retrieval:**
   1. May be done by anyone on the emergency team who is familiar with the types and locations of the specific equipment needed.
4. **Direction of EMS to the scene:**
   1. One of the members of the team should be in charge of meeting the emergency personnel as they arrive at the site. This person should have keys to locked gates/doors.

**Activating Emergency Medical Services**

Call 9-1-1

Provide information

* Name, address, telephone number of caller
* Nature of the emergency (medical or non-medical)\*
* Number of athletes
* Condition of athlete(s)
* First aid treatment initiated by first responder
* Specific directions as needed to locate the emergency scene (i.e. “use the south entrance to the school off Asylum St.”)
* Other information requested by the dispatcher
* DO NOT HANG UP FIRST

\*if non-medical, refer to the specified checklist of the school’s non-athletics emergency action plan

**Emergency Communication**

Communication is key to a quick, efficient emergency response. There is a pre-established phone tree to ensure all relevant parties are notified. Access to a working telephone line or other device, either fixed or mobile, should be assured. There should also be back-up communication in effect in case there is a failure of the primary communication. At every athletic venue, home and away, it is important to know the location of a workable telephone. Please see page [fill in page # here] for emergency communication guidelines for [School Name].

**Medical Emergency Transportation**

Any emergency situation where there is loss of consciousness (LOC), or impairment of airway, breathing, or circulation (ABCs) or there is a neurovascular compromise should be considered a “load and go” situation and emphasis is placed on rapid evaluation, treatment, and proper transportation. Any emergency personnel who experiences doubt in their mind regarding the severity of the situation should consider a “load and go” situation and transport the individual.

**Non-Medical Emergencies**

For the non-medical emergencies (fire, bomb threats, violent or criminal behavior, etc.) refer to the school emergency action plan and follow instructions.

**Post EAP Activation Procedures:**

*Documentation*

Documentation must be done by ATC (or other provider) and coach immediately following activation of the EAP. Both an injury report and accident report form must be filled out.

*Debriefing*

A team comprising of the ATC, AD, coaches, nurse and one or two other school district employees not involved with the situationsituation must discuss the event within 48 hours. This team must evaluate the effectiveness of the EAP and conduct a staff debriefing. A specific timeline for changes to EAP should be made for promptness.

**Conclusion**

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete’s survival may hinge on the training and preparation of healthcare providers. It is prudent to invest athletic department “ownership” in the emergency action plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency action plan should **be reviewed at least once a year** with all athletic personnel and local emergency response teams. Through development and implementation of the emergency plan [School Name] helps ensure that the athlete will have the best care provided when an emergency situation does arise.

# Staff Education

1. Each season, every coach will receive a copy of the Emergency Action Plan (EAP)
   1. Each coach will provide their signature to confirm they have read the documents and asked any potential questions
2. A copy of the relevant EAP will be in each medical kit which is to be kept with the coach at every practice/event
3. A copy of the EAP will be posted on the wall in the athletic training room.

# Chain of Command

The athletic training should always act as primary care-givers at the site of the injury or accident (when on-site) and would manage the situation according to the following rank:

1. *[place information from page 1 of EAP Fill-in document for chain of command with AT present here]*

In the event that a certified athletic trainer is not on-site at the time of injury the following chain of command would be used:

1. *[place information from page 1 of EAP Fill-in document for chain of command without AT present here]*

[Team Name] CHAIN OF COMMAND

Most medically qualified



\**this chain of command would be completed per team in the event that the chain is different per team*

# Emergency Telephone Numbers

This list is only to be used in case of an emergency.

*[insert information from pages 2 and 3 of “EAP Template Fill-In” in these tables]*

|  |  |
| --- | --- |
| Off Campus Contacts | Phone Number |
| Emergency |  |
| Police department |  |
| Fire and Ambulance |  |
| [Nearest] Hospital |  |
| [Second Nearest] Hospital |  |
| Hazardous Materials |  |
| Poison Control Center |  |

|  |  |
| --- | --- |
| On Campus Offices | Phone Number |
| Athletic Training Room |  |
| Nurse |  |
| Athletic Director |  |
| Main Office |  |
| Administrative Office |  |
| School Counselor Office |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Name | Office | Cell |
| Athletic Trainer |  |  |  |
| Athletic Director |  |  |  |
| Principal |  |  |  |
| Assistant Principal |  |  |  |
| Assistant Principal |  |  |  |
| Nurse |  |  |  |

# Emergency Situation Contact Tree

Coach or First Responder on Scene

CARE

Life Threatening Condition

[1a] CALL

911

\*Have [1b] get the AED

Call Parent/Guardian

Call Athletic Trainer

Call Athletic Director

(if warranted)

Call

Athletic

Trainer

Provide care until EMS arrives.

Do not leave victim.

Provide **proper first aid** and **care** until athletic trainer arrives.

Do not leave victim.

CARE

CARE

CARE

Non-Life Threatening Condition

CHECK

Call Principal

(if warranted)

After the situation is controlled: Contact (phone or email)

*[place information from page 4 of “EAP Template Fill-in” here”*

Athletic Trainer may at their discretion contact sports medicine physician for guidance

# Emergency Equipment Locations

***Emergency Equipment:***

*[delete after you understand the example]*

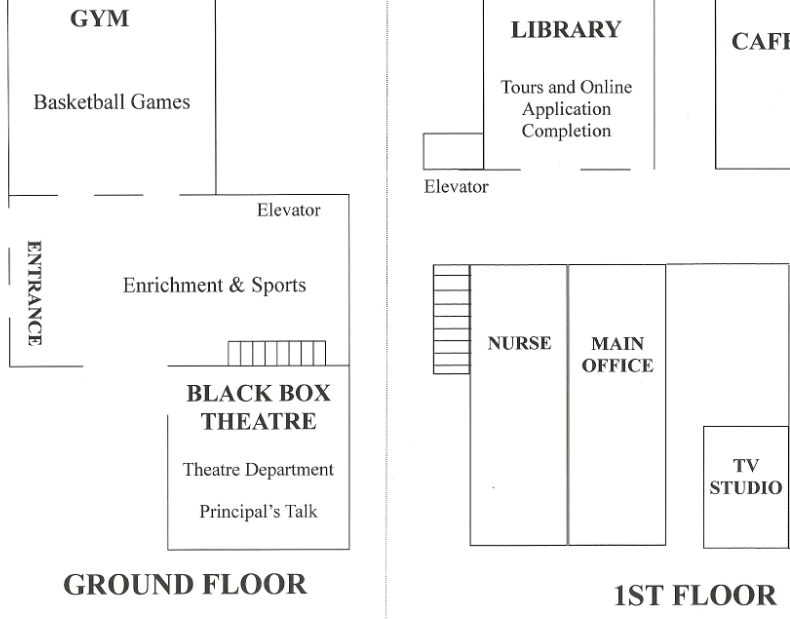
*Place information from page 4 of “EAP Template Fill-in” here. Edit details about emergency equipment as needed.*

* Athletic Training Kit, Emergency Bag, Biohazard/First Aid Kit on site for events covered by ATC
* First Aid Kit located with coach
  + - 1. AED
         1. Located with ATC for all covered events
         2. Located with coach of highest need, determined by athletic trainer, athletic director and coach prior to season
         3. Additional AED located outside [School Name] Gymnasium in lobby
      2. Nearest phone
         1. Athletic Trainer’s personal cell phone when covering events
         2. Coaches’ personal cell phones (with emergency numbers attached here)
         3. In [School Name] – there is a wall-mounted phone connected outside of the gym under the AED
      3. Rescue Inhaler
         1. Coaches are responsible for each student who has an inhaler and is responsible for bringing the inhaler with them to all practices/games
         2. Inhaler must be left with coach (labeled with name) during practices and games (not left in personal bag)
         3. Athletic trainer may be given a backup inhaler by the parent or child to keep as a backup in the med kit.
      4. Epi Pen
         1. Coaches are responsible for each student who has an epi pen and is responsible for bringing their epi pen with them to all practices/games
         2. Epi pen must be left with coach (labeled with name) during practices and games (not left in personal bag)
         3. Athletic trainer may be given a backup Epi pen by the parent or child to keep as a backup in the med kit.
      5. Splints
         1. With ATC during events or in ATR
      6. Spine boards/Cervical Collar
         1. Will be provided by EMS upon arrival
      7. Bio-hazard Materials
         1. Red bags – in each med kit and in ATR
         2. Disposal Bin – in ATR, Room 125

# [SCHOOL NAME] AED Location

The main AED for inside [SCHOOL NAME] is located [place where the AED is located]

*[Place the picture of your school’s layout with the AED locations from page 5 of the “EAP Template Fill-in.” Below is an example of a school layout with the AED placement. Delete this statement and picture]*





# General Plan of Action

1. Most medically qualified person will lead
2. Check the scene – is it safe to help?
3. Is the athlete breathing? Conscious? Pulse?
   1. If NO instruct person to call 911 – LOOK PERSON DIRECTLY IN EYES and

make sure they call!

* 1. Check card for 911 call instructions for your location

1. Perform emergency CPR/First Aid
   1. If severe bleeding – instruct individual to assist with bleeding control
2. Instruct coach or bystander to get AED
3. Instruct coach or bystander to control crowd
4. Contact the Athletic Trainer of [SCHOOL NAME] if they are present

at the school but not on scene

1. Contact parents
2. Contact Athletic Director
3. Contact Principal/Vice Principal
4. Instruct individual to meet ambulance to direct to appropriate site
5. Assist with care as necessary
6. Assistant coach must accompany athlete to hospital – either in ambulance or follow by car
7. Document the event

**[SCHOOL NAME]**

# Emergency Action Procedures

## Gymnasium

**Activate the EAP:**

* Any loss of consciousness
* Possible Spine Injury
* Dislocation, Open Fracture, Displaced Closed Fracture
* Difficulty or absent breathing or pulse
* Uncertainty of if you have a medical emergency

**Emergency Personnel:**

[School Name] Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

**Emergency Procedures:**

1. Check the scene
   1. Is it safe for you to help?
   2. What happened?
   3. How many victims are there?
   4. Can bystanders help?
2. Instruct coach or bystander to call 911

-Provide the following information

1. Who you are
2. General information about the injury or situation
3. Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions\*). **ADDRESS**

**DIRECTIONS**

**GPS COORDINATES**

1. Any additional information
2. **\*STAY ON THE PHONE, BE THE LAST TO HANG UP\***
3. Perform emergency CPR/First Aid
   1. Check airway/breathing/circulation, level of consciousness, and severe bleeding.
      1. If athletic trainer is present he/she will stay with athlete and provide immediate care.
      2. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
   2. **Instruct coach or bystander to GET AED!!**
4. Designate coach or bystander to control crowd
5. Contact the Athletic Trainer for [School Name] if not present on scene
6. Meet ambulance and direct to appropriate site
   1. Open Appropriate Gates/Doors
   2. Designate an individual to "flag down" and direct to scene
   3. Control injury site, limit care providers etc.
7. Assist ATC and/or EMS with care as directed
   1. Retrieve Necessary Supplies/Equipment
8. An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
9. Document event and debrief

**[SCHOOL NAME]**

**Emergency Action Plan**

## NAME OF VENUE

*[Copy and paste this page multiple times for each venue, you will have to change the address, directions and GPS coordinates for each venue – delete this statement prior to use]*

**Activate the EAP:**

* Any loss of consciousness
* Possible Spine Injury
* Dislocation, Open Fracture, Displaced Closed Fracture
* Difficulty or absent breathing or pulse
* Uncertainty of if you have a medical emergency

**Emergency Personnel:**

[School Name] Athletic Trainer will be on site for select practices and events or in direct communication with coaching staff. Emergencies during practices/games not covered, EMS should be contacted immediately.

**Emergency Procedures:**

1. Check the scene
   1. Is it safe for you to help?
   2. What happened?
   3. How many victims are there?
   4. Can bystanders help?
2. Instruct coach or bystander to call 911

-Provide the following information

1. Who you are
2. General information about the injury or situation
3. Where you are (Provide: name, location of downed athlete, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions\*). **ADDRESS**

**DIRECTIONS**

**GPS COORDINATES**

1. Any additional information
2. **\*STAY ON THE PHONE, BE THE LAST TO HANG UP\***
3. Perform emergency CPR/First Aid
   1. Check airway/breathing/circulation, level of consciousness, and severe bleeding.
      1. If athletic trainer is present he/she will stay with athlete and provide immediate care.
      2. If athletic trainer is not present, most qualified coach (training/certifications) will stay with athlete and provide immediate care.
   2. **Instruct coach or bystander to GET AED!!**
4. Designate coach or bystander to control crowd
5. Contact the Athletic Trainer for [School Name] if not present on scene
6. Meet ambulance and direct to appropriate site
   1. Open Appropriate Gates/Doors
   2. Designate an individual to "flag down" and direct to scene
   3. Control injury site, limit care providers etc.
7. Assist ATC and/or EMS with care as directed
   1. Retrieve Necessary Supplies/Equipment
8. An assistant coach must go with the athlete to the hospital or follow in a car if not allowed in ambulance
9. Document event and debrief

# Rehearsal Strategy

*Revise the below statements to match the information provided on page 9 of the “EAP Template Fill-in”. Add, delete, and revise as necessary.*

The athletic trainer will be responsible for reviewing the EAP annually and rehearsing it prior to each sport season.

Coaches at [School Name] will be educated on the EAP prior to their first season of coaching during each academic year. The meeting will be a requirement for all coaches, of all levels, of each sport.

The meeting will be directed by the athletic trainer and will include a power point presentation for recent updates along with a hands-on portion. The hands-on portion will run through different scenarios to ensure the coaches understand the EAP. All coaches will be provided the opportunity to ask any and all questions and the athletic trainer will be responsible for ensuring a proper and adequate answer to all questions.

All coaches must sign in to prove their attendance, see following page. The documentation of attendance will be stored with the athletic trainer.

The athletic director(s) will be provided with a copy of the EAP and will be required to attend one of the meetings with the coaches. Athletic directors must sign in to prove attendance.

# Documentation of Seasonal Coaches Educational Meeting

**Topic: EAP Rehearsal**

**Sign in Sheet**

*This is an example for schools to utilize for an attendance sheet. Revise or delete as you wish.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Coach Name (printed) | Sport | HS | MS | Signature |
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Notes:

# Documentation of Emergency Equipment Maintenance

AED

Responsible Party for ensuring AED Maintenance:

*AEDs should be checked every month*

|  |  |  |  |
| --- | --- | --- | --- |
| Date | AED # | Status | Notes |
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# Approval and Verification Page:

This document has been read and revised by the [School Name] athletic trainer, team physician and athletic director.

*\*Revise this page based off whom is required to approve the Emergency Action Plan document. Delete this statement prior to use.*

Team Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletic Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletic Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------------------------------------------------------------------------------------------------------------------

*\*The below form is an example form for coaches to fill out during the EAP Rehearsal meeting. Revise this form as you see fit for your school, have each coach fill out the form and store this form with the Coach Attendance log from the previous page. Delete this statement prior to use.*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print coach name/sport) have read and understand the Emergency Action Plan for XXXXX Athletics. I understand my roles and responsibility should an emergency occur in my presence. I have also rehearsed this Emergency Action Plan and understand my role in an emergency situation with an athletic trainer present and without. I have been given the opportunity to ask all questions and have received the proper answers to my questions.

I also understand that I must keep my CPR/AED and First Aid Certifications up to date and that it is my responsibility to ensure a lapse does not occur. I am also aware that I must be trained in concussion management and it is my responsibility to ensure a lapse does not occur.

Coach Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_