



## **Waterdown Wolves Emergency Action Plan (EAP)**

In the event of an emergency during a game, practice or tournament it is crucial that we follow our EAP. The EAP outlines the procedure in which we must follow to ensure that the injured player receives the proper medical attention as soon as possible.

### **Coach**

The Coach(s) of the Waterdown Wolves will develop, manage and uphold the EAP.

#### **Responsibilities:**

- develop and maintain the Waterdown Wolves EAP
- designate a Charge Person(s) and a Call Person(s)
- provide the Call Person(s) with all players medical information
- communicate game locations and emergency data to the Call Person(s) in a timely manner
- hold emergency drills to ensure Call and Charge Person(s) are prepared and confident

### **Charge Person**

The Charge Person(s) are in charge should an injury or incident occur. In the case that there is no Charge Person(s) assigned, the designated Coach(s) will assume this role.

#### **Responsibilities:**

- to take control and assess the situation on contact with the injured player
- to instruct all participants and bystanders to leave the injured player alone
- to ensure that the player is not moved
- to leave the player's equipment in place
- to assess the injury and to determine whether further assistance is required
- to decide how to move the player if an ambulance is not needed
- to notify the Call Person(s) if an ambulance is needed and to briefly describe the injury
- to observe the player carefully for any change in condition and to reassure him or her until professional help arrives
- (if necessary) to accompany the injured player to hospital, help reassure them, and provide medical personnel with information on the player's medical history and on the circumstances surrounding the injury.

The charge person must NOT be forced into moving players unnecessarily. More specifically he or she must be guided by the principle of DOING NO HARM.

#### **Requirements:**

Emergency First Aid & CPR updated no later than 6 months previous to the beginning of the season.

## **Emergency Action Plan (EAP) Cont'd...**

### **Call Person(s)**

The Call Person(s) must work side by side with the Charge Person(s) to ensure that emergency information is communicated as quickly as possible.

### **Responsibility:**

- to know the location of all the telephones that could be used for placing calls.
- to know directions and the best access route to the facility. The exact location of each facility should be written out on the back of the number card.
- to provide the ambulance dispatcher with the necessary information. This information includes a statement that a medical emergency exists and describes the nature of the emergency, the exact location of the injured participant, the best access route to that location, and the telephone number of the phone they're calling from.
- to assign someone to stay by the phone
- to report to the Charge Person(s) that the ambulance has been called and to tell the charge person the estimated arrival time.
- to go to the main access entrance and wait for the emergency vehicle.

### **Players:**

During a emergency all uninjured players must only do what is instructed by the Coaches, Charge Person(s) or Call Person(s). They must remain well back of the injured player and remain calm.

### **Parents:**

During an emergency all Parents must remain calm and do as instructed by the Coaches, Charge Person(s) or Call Person(s). They must remain well back of the injured player.

### **Procedure:**

- 1) In the event of an emergency situation the Charge Person(s) must act quickly. The Charge Person(s) must perform the duties outlined in the responsibilities section.
- 2) The Charge Person(s) must assess the situation as quickly as possible and signal the Call Person(s) to perform their prescribed duties.
- 3) The Coach(s) must calm and co-ordinate the parents, observers and players.

**EAP Event Form**



This form must be completed and present at all practices, games and tournaments.

**Event:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Charge Person:** \_\_\_\_\_

**Call Person:** \_\_\_\_\_

**Location of Phones:**

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Emergency: (.....).....-.....

Ambulance: (.....).....-.....

Police: (.....).....-.....

Fire: (.....).....-.....

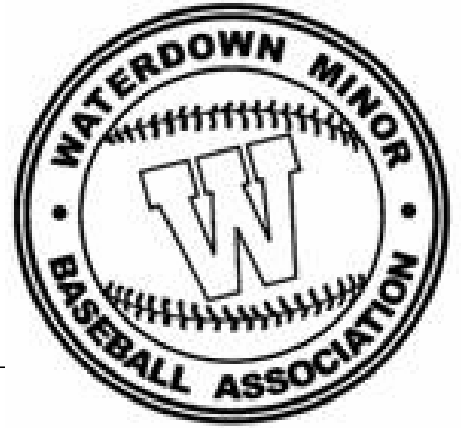
Hospital: (.....).....-.....

Doctor's Office: (.....).....-.....

Facility: (.....).....-.....

Directions to be read to emergency personnel over the phone

**Participant Information Sheet**



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(month) / (day) / (year)

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address #: \_\_\_\_\_

Person to be contacted in case of emergency: \_\_\_\_\_

Relation to Player: \_\_\_\_\_

Day Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Relation to Player: \_\_\_\_\_

Day Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical History: Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Previous injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other conditions (braces, contact lenses, etc.): \_\_\_\_\_  
\_\_\_\_\_

Does the player carry and know how to administer his or her own medications?: Yes: \_\_\_\_ No: \_\_\_\_

All information on this form is confidential and will not be relayed to any person(s) outside of the Waterdown Wolves staff unless of an emergency.



**Charge Person Information**

Last Name:	First Name:
Street Address:	City:
Postal Code:	Phone: ( ) -
E-mail:	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: ( ) -
E-mail:	Age:

**Other Comments or Remarks:**


Form Completed by:

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Print Name Signature