Emergency Action Plan (EAP)

Event: _____

Date: _____

Fill in one plan per venue, post it at the scorer's table and give a copy to every coach.

VENUE

Venue name: _____ **Phone:** _____

Street address for emergency services: _____

Entrance for ambulance: _____ **Gate / key holder:** _____

EQUIPMENT LOCATIONS

AED: _____ **First aid kit:** _____

Ice: _____ **Phone with signal:** _____

NEAREST HOSPITAL

Hospital: _____ **Phone:** _____

Address: _____ **Drive time:** _____

ROLES

ROLE	NAME	PHONE

EMERGENCY CALL SCRIPT

Call the local emergency number. Say: "This is [name] at [venue], [address]. We have a [age] year old [male / female] with [injury / condition]. They are [conscious / unconscious, breathing / not breathing]. Use the [entrance] entrance; someone will meet you." Stay on the line.

APPROVED BY

Club safety officer: _____ **Date:** _____