**EMERGENCY ACTION PLAN**

***School***

**SPORT & VENUE:**  **PRIMARY PHONE:**

**VENUE ADDRESS:**

**AMBULANCE ACCESS TO VENUE:**

**AED ONSITE & AVAILABLE FOR IMMEDIATE ACCESS** **[ ]  AED LOCATION:**

**STORM SHELTER LOCATION FOR ATHLETES & COACHES:**

**EMERGENCY RESPONSE PERSONNEL/CONTACTS**

Identify personnel who will be involved in an emergency medical response. **The person present with the highest level of medical training should be designated to lead and coordinate the emergency response until emergency medical personnel arrive on the scene.**

 **NAME** **PHONE**

**EMS** **911 or**

Athletic Trainer

Team Physician

Coach

Coach

Principal

Athletic Director

Other

Hospital

1. **Person(s) responsible to activate EMS (call 911):**

 **PERSON CALLING SHOULD:**

* Explain the type of emergency
* Provide exact location of emergency
* Provide exact location of where ambulance can access the facility
* Provide condition of patient and type of care being administered
* Provide caller name and contact information
* DO NOT HANG UP until instructed by dispatcher
1. **Person(s) responsible to retrieve any emergency medical equipment:**

Location of emergency/first aid equipment:

Location of the nearest AED:

Person(s) responsible to prepare cold tub:

1. **Person(s) responsible to meet/escort EMS to the scene:**

 **PERSON MEETING AMBULANCE SHOULD:**

* Meet the emergency personnel as they arrive at the site
* Have keys to any potentially locked doors, gates etc.

**Emergency Action Plan updated on:**