# EMERGENCY ACTION PLAN (EAP)

School Name: _____

Venue / Facility Name: _____

Address: _____

Date Created: _____ Date Reviewed: _____

## 1. Purpose

This Emergency Action Plan (EAP) establishes procedures for responding to medical emergencies during athletic practices, competitions, and events to ensure the safety of student-athletes, staff, and spectators.

## 2. Emergency Contacts

Emergency (Police/Fire/EMS): 911

Nearest Hospital: _____

Hospital Phone: _____

Athletic Director: _____ Cell: _____

Principal: _____ Cell: _____

Athletic Trainer (if applicable): _____

## 3. Emergency Personnel Roles

- Person 1 – Call EMS and provide location details.
- Person 2 – Provide immediate care (CPR/AED if needed).
- Person 3 – Retrieve emergency equipment (AED, First Aid Kit).
- Person 4 – Meet and direct EMS to the injured individual.
- Person 5 – Crowd control and clear area.

## 4. Emergency Equipment Locations

AED Location(s): _____

First Aid Kit Location(s): _____

Spine Board Location (if applicable): _____

Ice / Cold Therapy Supplies: _____

## 5. Venue Access Information

Emergency Vehicle Entrance: _____

Gate / Access Code (if applicable): _____

Designated EMS Parking Area: _____

## 6. Weather Emergency Procedures

Lightning: Suspend activity immediately and clear the field. Follow 30-minute rule after last thunder/lightning.

Heat: Monitor heat index, enforce hydration breaks, modify practice intensity as needed.

Safe Shelter Location: _____

## 7. Communication Procedures

- Contact parent/guardian immediately.
- Notify Athletic Director.
- Complete Incident Report within 24 hours.
- Document and review incident.

## 8. Training Requirements

All coaches must maintain current CPR, AED, and First Aid certifications.

Certification Expiration Dates Tracked By: _____

## 9. Review & Distribution

This EAP will be reviewed annually and distributed to all coaches.

Athletic Director Signature: _____

Date: _____