

**Template Emergency Action Plan**  
**Revised:**

|                                        |                             |
|----------------------------------------|-----------------------------|
| Policy Area: Emergency Action Plan     | Subject: Emergency Planning |
| Title of Policy: Emergency Action Plan | Number:                     |
| Effective Date:                        | Page Number:                |
| Approved Date:                         | Approved by:                |
| Revision Date:                         |                             |

TEMPLATE

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TEMPLATE

## Documentation of Review and 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 | Name, Signature and Date of Changes |
|-----------------------|------------------|-------------------------------------|
|                       |                  |                                     |
|                       |                  |                                     |
|                       |                  |                                     |

### I. Purpose of policy:

Though emergency situations are rare, it is probable that sport-related events may have an emergent situation at some time in the year. Proactive planning through the development of an emergency action plan aids in an improved response to these catastrophic and potentially life-threatening injuries. 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. 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. An effective response can be hindered by chaotic actions and increased emotions of those responding to the emergency. The development of an emergency action plan can reduce stress and allow for a cohesive and desirable response to these emergent situations.

Proper preparation for any emergent event involves formulation of an emergency action plan, proper delineation of healthcare services for 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. Athletic organizations have a duty to develop an emergency action plan in accordance with the National Athletic Trainers' Association and several state organizations/legislations that may be implemented immediately when necessary and provide appropriate standards of emergency care to all sports participants.<sup>1</sup>

### Medical Emergency Transportation

Any emergency situation where there is a loss of consciousness, or impairment of Circulation, Airway and Breathing (CAB), a neurovascular compromise, exertional collapse or uncertainty by first responders should be considered an emergent situation and this emergency action plan should be activated.

### 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.

<sup>1</sup>Scarneo-Miller SE, Hosokawa Y, Drezner JA, Hirschhorn RM, Conway DP, Elkins GA, Hopper MN, Strapp EJ. National Athletic Trainers' Association Position Statement: Emergency Action Plan Development and Implementation in Sport. J Athl Train. 2024;00(00):000-000.

### II. Policy statement:

This policy describes the procedures, roles and actions of those members of the emergency response team for the management of any catastrophic injury occurring during athletics at **[Organization Name]**.

This policy will be a living, working document, that is continually reviewed and updated yearly as the organization and our community changes.

### III. Definitions:

- *Emergency Action Plan (EAP)* – A written document outlining the steps and procedures to carry out in the event of a catastrophic injury
- *Emergency Medical Service (EMS)*: An emergency service that provides emergency care and transportation for those in need of extended life support or suffering a limb threatening injury
- *Automated External Defibrillator (AED)*: A life-saving device used to restore a normal sinus rhythm to a victim suffering from sudden cardiac arrest
- *Cardiopulmonary Resuscitation (CPR)*: A life-saving technique in which the rescuer provides effective chest compressions and breaths to the victim of sudden cardiac arrest
- *Athletic Director (AD)*: This person is responsible for the smooth operation of all athletic events
- *Athletic Trainer (AT)*: Health-care professional trained in the prevention and management of emergent situations and musculoskeletal injuries
- *Athletic Training Clinic*: The site the AT stores emergency equipment when not in use, as well as the site for most rehabilitation and preventive techniques
- *Loss of Consciousness (LOC)*: When a patient cannot respond to stimulation, verbally or with movements
- *Circulation, airway, and breathing (CAB)*: This is the order the rescuer should check for signs of life from the victim
- *Qualified Healthcare Professional (QHP)* - As defined by the American Medical Association (AMA), “is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.”

### IV. Scope

This policy applies to all staff members including [insert who this policy would apply to: physicians, emergency medical technicians, AT, athletic training students, coaches, managers, school nurse, administrators, team personnel, facility managers, public safety officials, patients, bystanders, etc.] who are associated with athletics at [organization name]. This includes but is not limited to practices, competitions, strength and conditioning sessions, weight sessions, athletic training clinic visits, in-season and out of season events, amongst others.

### V. Procedures [review to modify order as you feel best fits your organization]

#### Development

##### Venue- and Sport-Specific EAP

1. Each venue of [Organization name] will have its own venue-specific EAP (Appendix A).
  - a. This includes all indoor and outdoor venues, each field, each court, weight room, track, etc.
  - b. If a venue is added during the middle of a season, a venue-specific EAP will be developed within 1 week of notification of the new venue being added.
2. Each sport-team of [Organization name] will have its own specific EAP (Appendix A).
  - a. This includes various levels within individual sports (e.g., freshmen, JV, varsity, etc.).
  - b. This ensures that roles and responsibilities are known ahead of time for each venue the team plays at.
3. A general overview of the procedures to carry out can be found in Appendix B. For response to individual conditions, please see corresponding policies and procedures.

##### EAP Coordinator

1. The EAP Coordinator for [Organization name] is [Insert name/title] and is responsible for:
  - a. Development, updating, implementation, distribution and review of the EAP.
  - b. Evaluation of safety considerations for each facility.

- c. Delineation of a chain of command and associated roles and responsibilities.
  - d. Development of an interdisciplinary healthcare team which assists with the development, updating, implementation, distribution and review of the EAP.
2. In the event that the EAP Coordinator is not available or on-site, the following individual(s) will serve as acting EAP coordinator:
  - a. **[list out roles/names of individuals who can assume this role if needed]**

#### *Development and Coordination*

1. This EAP has been developed and coordinated internally by **[insert who developed the EAP (this person would likely be the EAP coordinator)]** with input from the following individuals: **[insert name or roles of individuals who helped to develop and coordinate the EAP – may include athletic training staff, physicians, nurses, mental health professionals, coaches, administrators, team personnel, facility managers etc.]**.
2. This EAP has been coordinated externally with input from the following individuals: **[insert name or roles of individuals who helped to develop and coordinate the EAP – may include EMS personnel, public safety officials, etc.]**.
3. The EAP Coordinator will evaluate safety considerations for each facility and within each sport team.

### **Implementation**

#### *Updating*

1. The EAP will be reviewed and necessary updates will be implemented annually to ensure procedures are up to date and any changes that need to be made are corrected.
2. If any medical personnel changes, the EAP will be updated immediately and a new EAP will be distributed to all staff (as necessary).
3. If updates are made, a signature with the date will be present in the documentation of recent review and updates section at the top of this document.
4. If any emergency procedures are changed during the season or during rehearsals, the EAP will be updated, therefore resulting in the new procedures to go into effect immediately.

#### *Distribution*

1. Within a week prior to the start of preseason, an email including the EAP and each facility's venue- and sport-specific plan will be sent out to all staff members (e.g., athletic directors, QHPs, athletic training students, strength and conditioning staff, nutrition staff, school administrators and coaches).
2. Within a week prior to the start of preseason, the EAP will be emailed or mailed directly to the local EMS organization.
3. The EAP will be made available to all staff and, as possible, at each location.
  - a. Where possible, the EAP will be posted at the facility (i.e., on the wall, on the fence, etc.).
  - b. Where not possible to post, the EAP will be available **[insert where it will be available, medical kit, coaches binder, mobile phone app, etc.]**.
4. If the EAP is updated during the year, it will be redistributed to all members of the organization/institution.

#### *Post EAP Activation Procedures*

##### Documentation

1. Documentation must be done by **[Insert role of QHP]** and **[other individual(s) responsible, e.g., coach]** immediately following activation of the EAP. **[describe what documents need to be filled out for the organization]. (Appendix C)**

##### After-Action Debriefing

1. A team comprising of the **[insert who will be involved: AT, AD, coaches, and one or two other organizational employees or stakeholders not involved with the emergency situation]** must discuss the event within 48 hours.
2. 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.
3. Documentation of this debriefing should be completed using **Appendix D**.

#### Critical Incident Stress Debriefing

1. A critical incident stress debriefing (CISD) will occur within **[how many hours/days after the event- ideally as soon as possible]**.
2. The CISD will be initiated by **[who initiates/coordinates this? Ideally the organization but may be individually initiated]**.
3. All personnel involved in the emergency will be invited to attend the CISD.

#### **Response**

##### *Venue- and Sport-Specific EAP*

2. Each venue- and sport-specific EAP will outline (at minimum)
  - a. When to activate the EAP **which should occur immediately upon a catastrophic injury occurring**
  - b. Emergency personnel on-site
  - c. Emergency procedures
    - i. Check the scene
    - ii. Determine severity of injury and potential diagnoses
    - iii. Call 911/EMS
      1. Provide venue-specific information for the injury and how to get to the site
  - d. Perform emergency procedures (including CPR, First Aid, Cooling, etc.)
  - e. Designate individual to crowd control
  - f. Contact QHP if not present on scene
  - g. Direct ambulance to patient
  - h. Assist QHP with care as directed
  - i. Accompany patient to hospital
  - j. Document event
  - k. Debrief
3. A general overview of the procedures to carry out can be found in **Appendix B**. For response to individual conditions, please see corresponding policies and procedures.

##### *Pre-Event Medical Meeting*

1. Prior to any athletic event, a pre-event medical meeting will be conducted. Individuals included in the pre-event medical meeting will include (but not limited to): **[insert who will be included here – may include healthcare professionals, school administrators/officials, coaches, facility staff, team personnel, security personnel, officials, and any other personnel potentially involved in the response to an emergency]**. **See Appendix E**.

##### *Emergency Personnel*

1. **[Bi-annual, annual, etc.] certification** in CPR/AED and first aid is required for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning.
  - a. The following individuals are required (at minimum) to be CPR/AED, first aid certified **[insert who is required here AD, school nurse, AT, all coaches, etc.]**.
2. Copies of training certificates and/or cards should be maintained with **[insert who would be maintaining these certifications]**.

3. Each potential responder is required to attend an **annual [insert frequency here if not annual]**, education session on the management of catastrophic illnesses and injuries most common in sport.
4. Additional trainings and requirements for coaches and other athletics staff members are outlined in the Trainings Policy.

#### Roles & Responsibilities

1. Roles and Responsibilities, including Chain of Command is within the venue-specific EAP. **[if this is not within the organization's venue-specific EAP, see Appendix D to fill in roles & responsibilities per venue/team as necessary]**
2. The first responder in an emergency situation during an athletic practice or competition will be a member of the sports medicine staff, such as an AT. However, the first responder may also be a coach or another member of the school personnel.
3. The most medically qualified (see chain of command) will check scene safety and provide patient care.
4. Each team may have different roles & responsibilities delineation. It is the responsibility of the **[insert who is responsible here]** to identify these roles & responsibilities prior to the start of each **[season, academic year, etc.]**.
5. **Appendix F.**

#### Chain of Command

1. The first responder in an emergency situation will be a QHP. However, in the event a QHP is not available, the first responder may be a coach or another member of the school personnel. Follow the roles & responsibilities specific for each venue and sport.

#### *Emergency Communication*

1. Access to a working telephone line or other device, either fixed or mobile, is required for each individual at each venue. See venue- and sport-specific EAP (**Appendix A**) for more information.
  - a. Each team will identify a backup communication plan in the event of a failure of the primary method.
2. Communication is key to a quick, efficient emergency response. A designated individual should call EMS (e.g., call 9-1-1) and remain on the line until directed to hang-up by the operator.
  - a. Each venue will have a designated individual to call EMS, these individuals are delineated in the venue specific EAP (**Appendix A**).
  - b. When communicating with Emergency Medical Services, the following information should be provided:
    - c. Who you are
    - d. General information about the injury or situation
    - e. Vitals
    - f. Suspected injury
    - g. Time of injury
    - h. Location- if they have been moved
    - i. Level of consciousness
    - j. Pertinent medical history - allergies, concussions, etc.
    - k. Any additional information
    - l. Transportation plan
3. A pre-established phone tree has been developed to ensure all relevant parties are notified (**Appendix G**). **[note, remove or revise this based on organizational needs]**
4. Emergency contact numbers can be found in **Appendix H**.
5. During events, hand signals may be a more effective form of communication rather than technology. Hand signals will be developed and rehearsed as part of the Pre-Event Medical Meeting (**Appendix C**) prior to all events.
  - a. Hand signals
    - i. Cart – two hands in steering wheel motion

- ii. EMS – first forward in air
- iii. Head injury – point towards head
- iv. Airway – One finger in the air motioning in circle
- v. **[add/remove hand signals as appropriate for your organization]**

#### *Emergency equipment*

1. Emergency equipment is available at all **[organization name]** venues. Equipment and locations per site can be found in **Appendix F**.
  - a. Importantly, an AED will always be within 3 minutes of each venue.
2. Personnel should be familiar with function and operation of each type of emergency equipment at each site.
3. The equipment will be checked on a regular basis to ensure the maintenance and good condition for use. An equipment maintenance log can be found in **Appendix G**.
  - a. **[insert who will be responsible for monthly maintenance]** will be responsible for monthly checking emergency equipment, including the AED.
  - b. If repairs, replacements or inspection is needed, this will be documented by the **[insert who will be responsible for monthly maintenance]** and communicated to the **[insert who will be responsible for repairing or replacing equipment]**.
4. A readiness-check for all equipment and EMS access points should occur daily.

## **VI. Training/Retraining**

### **Review**

1. All **[insert who will review the EAP, should include all members of the interdisciplinary healthcare team]** will review the EAP prior to the start of preseason.
2. A review of the EAP will occur in the preseason staff meetings prior or competition with all support staff.
  - a. See **Appendix K and L** for documentation sign-off form.
3. The EAP will be reviewed once a year, at minimum.
4. The EAP review will also include a brief overview of catastrophic injuries and corresponding policies for recognition and management of these injuries. **[NOTE: if the organization does not have corresponding policies for conditions yet, consider revising this section until all policies are completed for other catastrophic injuries]**

### **Rehearsal**

1. The **[identify who is responsible for coordinating the rehearsal of the EAP]** is responsible for facilitating a rehearsal session with all relevant staff members prior to the start of sport seasons.
  - a. The meeting will be directed by the **[identify who is responsible for coordinating the rehearsal of the EAP]** and will include a **[describe how the EAP will be reviewed – PowerPoint, distribution and review, etc.]** for recent updates along with a hands-on portion.
  - b. The hands-on portion will run through different scenarios to ensure the parties in attendance understand the EAP. The hands-on portion will also include a review of emergency response plans at each venue.
  - c. All attendees will be provided the opportunity to ask any and all questions and the AT will be responsible for ensuring a proper and adequate answer to all questions.
2. The EAP will be formally rehearsed at least once a year.
3. The following individuals are required to attend at least one annual rehearsal session: **[insert who would be responsible for attending a rehearsal session]**.

4. Additionally, **[consider adding if organization hosts AT students]** - each semester the athletic trainer(s) will review the emergency action plan with the new set of athletic training students that will work with the team that semester. The EAP will be reviewed within the first 7 days of the students beginning their experience.]
5. To facilitate continued rehearsal, unannounced emergency drills throughout the season may occur to ensure efficiency in communication and tasks.
6. Any time a new staff member is hired, **[who will be responsible for reviewing the EAP with the new staff, QHP?]** will review the EAP within 14 days of their hiring and a signature will be required after it has been reviewed and rehearsed.
7. All parties in attendance will sign into the rehearsal (Appendix K) and will sign off stating they understood the rehearsal session and were able to ask and have all their questions answered (Appendix L).

## VII. Policy Approvals

The signatures below indicate approval of this policy. The signature(s) and date(s) encompass the entire document. This policy is effective for one year following the date written below.

Role: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

## **Appendix A. Venue-Specific EAPs**

[add in organization's venue-specific EAPs here – if you need a template to develop a venue-specific EAP, see the next page. Duplicate the venue-specific template for each venue the organization uses].

TEMPLATE

**[ORGANIZATION NAME]**  
**Emergency Action Plan – Venue-Specific**  
**Combs Athletic Complex – Men's Soccer**

*[Copy and paste this page multiple times for **each venue & sport**, 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
- Exertional collapse with central nervous system dysfunction
- Uncertainty of if you have a medical emergency

**Emergency Personnel:**

**[Organization Name]** AT will be on site for **[specify when AT will be onsite]**. Emergencies during activities with no QHP onsite, EMS should be contacted immediately.

Venue Roles & Responsibilities (these are the primary individuals, others may assist with tasks as necessary)

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| 1. Primary Provider of Medical Care - | 5. Crowd Control -              |
| 2. Calls 911 -                        | 6. Meets Ambulance -            |
| 3. Retrieves Emergency Equipment -    | 7. Contacts Stakeholders -      |
| 4. Opens Gates -                      | 8. Accompanies Pt to Hospital - |

**Emergency Procedures:**

- 1) Check the scene
  - a) Is it safe for you to help?
  - b) What happened?
  - c) How many victims are there?
  - d) Can bystanders help?
- 2) Identify severity of injury and potential diagnoses
  - a) Check circulation/airway/breathing (CAB), level of consciousness, and severe bleeding
- 3) Instruct **[identify who will be responsible for calling 911]** to call 911, provide the following information.
  - a) Who you are, General information about the injury or situation
  - b) Where you are (Provide: name, location of downed patient, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions\*)  
**[Insert venue specific ADDRESS DIRECTIONS GPS COORDINATES – If advised to add by EMS]**
  - c) Any additional information
  - d) **\*STAY ON THE PHONE, BE THE LAST TO HANG UP\***
- 4) Perform emergency care (including, CPR, AED application, First Aid, Cooling, etc.)
- 5) Instruct **[identify individual who will retrieve emergency equipment]** to get the relevant emergency equipment (i.e., AED, rectal thermometer, prepare cold-tub, glucose, first aid supplies, emergency kit)
- 6) Designate **[identify individual]** to control crowd
- 7) Contact the AT for **[Organization Name]** if not present on scene
- 8) Instruct **[identify individual]** to meet ambulance and direct to appropriate site
  - a) Open Appropriate Gates/Doors
  - b) This individual will "flag down" and direct to scene
- 9) Assist QHP providing care, EMS and/or other personnel with care as directed
- 10) **[identify individual]** will accompany the patient to the hospital or follow in a car if not allowed in ambulance

11) Document event and debrief within 48 hours of event

## Appendix B. General Plan of Action

### General Plan of Action

1. Most medically qualified person will lead
2. Check the scene – is it safe to help?
3. Is the athlete Conscious? Breathing? Pulse?
  - a. If NO or UNSURE instruct person to call 911 – LOOK PERSON DIRECTLY IN EYES and make sure they call!
  - b. If patient is displaying odd behaviors following a collapse, CALL 911!
  - c. Check card for 911 call instructions for your location
4. Perform emergency care – CPR/Cooling/Spinal Immobilization, etc.
5. Instruct coach or bystander to get emergency equipment (AED, rectal thermometer, prepare cold-tub, etc.)
6. Instruct coach or bystander to control crowd
7. Contact the AT of **[Organization Name]** if they are present at the school but not on scene
8. Contact parents **[delete if not organization appropriate]**
9. Contact Athletic Director
10. Contact **[other administrators as necessary]**
11. Instruct individual to meet ambulance to direct to appropriate site
12. Assist with care as necessary
13. **[who will accompany patient]** must accompany patient to hospital – either in ambulance or follow by car
14. Document the event

## **Appendix C. Documentation of Incident/Incident Report**

[consider putting your organizations incident report documentation requirements here]

## Appendix D. After-Action Debriefing

Date of After-Action Debriefing:

Names of Individuals at Debriefing:

Incident:

Date of Incident:

Times of Incident:

*Please indicate the following information, and add in additional topics, that was reviewed during the after-action debriefing:*

### Management Coordination

- ☐ Roles & Responsibilities
- ☐ Overall Preparation, Review, Rehearsal of EAP

### Communications

- ☐ Emergency signaling procedures
- ☐ Response Time

### Medical Care

- ☐ Use of personal protective gear
- ☐ Care/treatment of patient
- ☐ Victim hand-off to EMS

### Supply/Logistics

- ☐ Accountability
- ☐ Resource tracking
- ☐ Equipment care/maintenance
- ☐ Resupply needs

**Appendix E. Pre-Event Medical Meeting** (also known as a pre-game administrative conference, or other terminology)

**[insert organizations pre-event medical meeting information here, or use template provided on next page]**

# Pre-Event Medical Meeting Template

Event \_\_\_\_\_

Event Location \_\_\_\_\_

Event Date \_\_\_\_\_

Event Time \_\_\_\_\_ AM/PM

Briefing Location \_\_\_\_\_

Briefing Time \_\_\_\_\_ AM/PM

## Participants *(revise as necessary)*

- |                                                                         |                                                                |
|-------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Home Team Athletic Trainer(s)                  | <input type="checkbox"/> Fire/EMS Personnel                    |
| <input type="checkbox"/> Home Team Physician(s)                         | <input type="checkbox"/> Law Enforcement/Security personnel    |
| <input type="checkbox"/> Visiting Team Athletic Trainer(s)              | <input type="checkbox"/> Venue/Event/Game Management Personnel |
| <input type="checkbox"/> Visiting Team Physician(s)                     | <input type="checkbox"/> School/League Administration          |
| <input type="checkbox"/> Event/Host Athletic Trainer(s)                 | <input type="checkbox"/> Game Officials                        |
| <input type="checkbox"/> Event/Host Physician(s)                        | <input type="checkbox"/> AT Spotter(s)                         |
| <input type="checkbox"/> Visiting Team Medical Liaison (VTML) personnel | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> X-ray or other unaffiliated medical personnel  | <input type="checkbox"/> Other _____                           |

## Preferred Method of Communication & Secondary/Back-Up Method of Communication *(indicate preferences)*

### • Cell Phone/Landline

### • Two-Way Radio Channels

- o Event/Gameday Medical (ATs, MDs, etc.)
- o Event Management
- o Administration
- o Fire/EMS
- o Law Enforcement
- o Other

### Hand Signals

- o **ALL CALL (overhead X)**
- o Cart
- o Splints/Immobilization
- o Physician
- o Other

## Designated Responders

- ☐ Event participants (players, coaches, officials)
- ☐ Spirit Team/Band
- ☐ Spectators
- ☐ Other

## Sample Script

### ☐ Introductions/Contact Information/Event Locations

- Exchange of contact information
- Exchange of rosters/medical alert information with medical personnel
- Where will personnel be located during the event?
- How to reach various personnel?

### ☐ Communication

- **"All Call"** Signal
- Other hand signals (if applicable)
- Two-way Radio and/or cell phone communication
- Medical time out communication/procedures (if applicable)
- **"Close the Loop"** (if applicable)



*\*Pre Event Medical Meeting Template developed by the co-author team for the NATA Position Statement: Emergency Action Plan Development and Implementation in Sport (2024). Primarily developed by Darryl Conway, MA, AT, ATC. "All Come" figure from the National Football League.*

## Sample Script continued

### ☐ Environmental

- Weather forecast
- Severe weather plans/environmental concerns (*i.e. lightning, storms, heat/cold, wind, etc.*)
- Safe shelter location(s)
- ☐ **Access Routes**
  - Emergency access Routes/“Wait” locations (primary; secondary; tertiary)
  - Aero medical landing zone (if applicable)
- ☐ **Field/Court/Stand Evacuation Procedures**
- ☐ **Medical Facilities**
  - “Quiet Room” location for evaluation
  - Nearest hospital
  - Trauma center, other specialty hospital(s)
  - X-Ray, Pharmacy
- ☐ **Role Delineation**
  - **Team leader**
  - Airway management
  - Primary/secondary response team roles // “Pit Crew” resuscitation roles
  - Visiting team medical liaison
  - Designated responder(s) for cheerleading/dance, band, spectators
  - Designated responder(s) for family member(s)
- ☐ **Emergency Equipment (availability; location)**
  - AED Location(s)
  - Resuscitation/Airway equipment (*i.e. oxygen, BVM, OPA/NPA, SGA, suction, pulse oximetry, etc.*)
  - Hemorrhage control equipment/supplies
  - Exertional heat illness equipment (*i.e. rectal thermometer, CWI modality, ice, water, sheet, tarp, etc.*)
  - Splints/Immobilization equipment
  - Spinal motion restriction equipment
  - Mechanical CPR equipment (if applicable)
  - Equipment-laden athlete specific equipment
  - Medical emergency equipment (*i.e. Epipen, asthma emergency, Narcan, diabetic emergency, etc.*)
  - Biohazard equipment/supplies
  - Wheelchair
  - Injury transport vehicle
- ☐ **Emergency Protocols**
  - Cardiac Arrest/Airway/Resuscitation procedures
  - Spinal motion restriction techniques/procedures
  - Equipment-laden athlete management
  - Exertional heat injury management
  - Cold weather emergency management
  - Medical emergency management (*i.e. seizures, anaphylaxis, diabetic, asthma, internal, etc.*)
  - Fracture management
  - Multiple athlete scenarios
  - Mental health emergency
  - Severe Weather
  - Crisis management/incident command system (ICS) protocols
- ☐ **Other issues that could potentially impact the emergency action plan** (*i.e. construction, crowd, traffic, other events, etc.*)
- ☐ **Miscellaneous**
- ☐ **Questions/Concerns**

*\*Pre Event Medical Meeting Template developed by the co-author team for the NATA Position Statement: Emergency Action Plan Development and Implementation in Sport (2024). Primarily developed by Darryl Conway, MA, AT, ATC. “All Come” figure from the National Football League.*

## **Appendix F. Roles & Responsibilities**

**[if not within the venue- and sport-specific EAP, ensure this has been discussed and documented per venue/team as necessary. If using the venue- and sport-specific template provided in this EAP Template, this is not necessary and can be deleted]**

1. [insert who] will provide primary medical care to the patient.
2. [insert who] will call for emergency services.
3. [insert who] will retrieve emergency equipment.
4. [insert who] will open gates.
5. [insert who] will act as crowd control.
6. [insert who] will meet and direct the ambulance to the site.
7. [insert who] will contact stakeholders.
8. [insert who] will accompany the patient to the hospital.

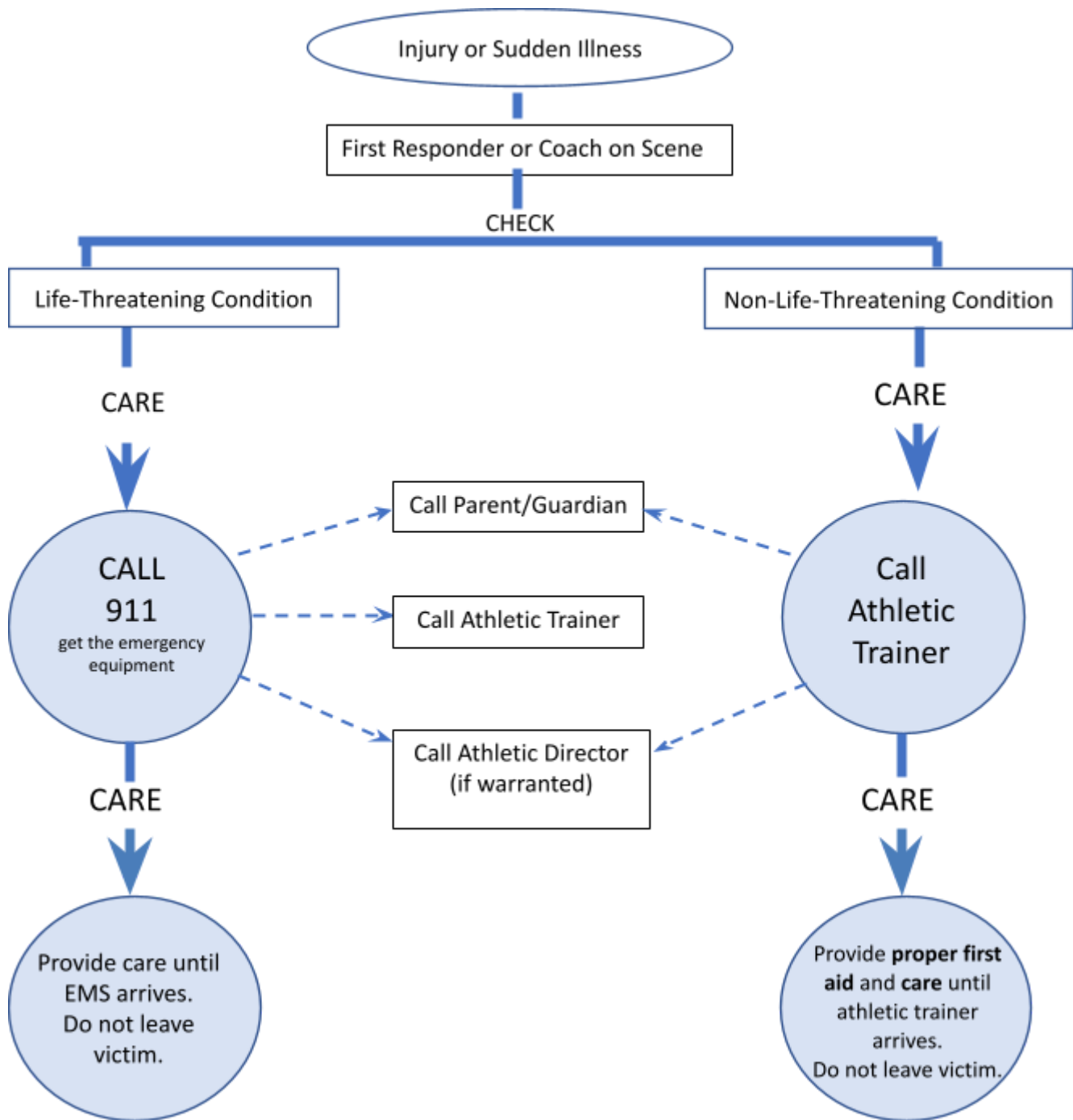
*This is embedded within the venue-specific EAP in Appendix A above.*

Venue Roles & Responsibilities (these are the primary individuals; others may assist with tasks as necessary)

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| 1. Primary Provider of Medical Care - | 5. Crowd Control -              |
| 2. Calls 911 -                        | 6. Meets Ambulance -            |
| 3. Retrieves Emergency Equipment -    | 7. Contacts Stakeholders -      |
| 4. Opens Gates -                      | 8. Accompanies Pt to Hospital – |

## Appendix G. Emergency Contact Tree

### Emergency Situation Contact Tree



## Appendix H. Emergency Contact Numbers

| Off Campus Contacts       | Phone Number |
|---------------------------|--------------|
| Emergency                 | 9-1-1        |
| Police department         |              |
| Fire and Ambulance        |              |
| [Nearest] Hospital        |              |
| [Second Nearest] Hospital |              |
| Hazardous Materials       |              |
| Poison Control Center     |              |

| On Campus Contacts                              | Phone Number |
|-------------------------------------------------|--------------|
| Athletic Training Clinic                        |              |
| Athletic Trainer                                |              |
| Athletic Director                               |              |
| Administrative Office                           |              |
| School Counselor Office                         |              |
| Nurse                                           |              |
| [additional personnel as organization requires] |              |
| [additional personnel as organization requires] |              |

## Appendix I. Emergency Equipment Location

### Considerations:

- Some emergency medical equipment, procedures, and medications require physician authorization.
- Only use medical equipment that you are properly trained to use and is permitted within your scope of practice.
- Verify equipment condition and expiration date (if applicable) before use.
- Coordinate with your local emergency medical services to help determine your emergency medical equipment needs.

| Category                                     | Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airway, ventilation, oxygenation</b>      | <ul style="list-style-type: none"><li><input type="checkbox"/> Bag-valve-mask apparatus (pediatric and adult sizes)</li><li><input type="checkbox"/> CPR mask</li><li><input type="checkbox"/> Oropharyngeal airways in sizes to fit pediatric to adult patients</li><li><input type="checkbox"/> Nasopharyngeal airways in sizes to fit pediatric to adult patients</li><li><input type="checkbox"/> Supraglottic airway devices in sizes to fit pediatric to adult patients (i.e., i-gel® or King LTS-D™)</li><li><input type="checkbox"/> Manual suction device with suction catheter</li></ul> |
| <b>Bleeding control and shock management</b> | <ul style="list-style-type: none"><li><input type="checkbox"/> Commercial arterial tourniquets</li><li><input type="checkbox"/> Wound packing material</li><li><input type="checkbox"/> Sterile gauze trauma pads</li><li><input type="checkbox"/> Rolled gauze</li><li><input type="checkbox"/> Compression wraps</li><li><input type="checkbox"/> Adhesive tape</li><li><input type="checkbox"/> Fluid for irrigation of wounds</li><li><input type="checkbox"/> Occlusive dressing (e.g., chest seal)</li></ul>                                                                                 |
| <b>Cardiovascular</b>                        | <ul style="list-style-type: none"><li><input type="checkbox"/> Automated external defibrillator with adult and pediatric or combination pads</li><li><input type="checkbox"/> Disposable razor</li></ul>                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Diagnostic</b>                            | <ul style="list-style-type: none"><li><input type="checkbox"/> Stethoscope</li><li><input type="checkbox"/> Blood pressure cuffs in sizes to fit pediatric to adult patients</li><li><input type="checkbox"/> Pulse oximeter</li><li><input type="checkbox"/> Glucometer with strips and lancets</li><li><input type="checkbox"/> Pen light</li></ul>                                                                                                                                                                                                                                              |
| <b>Infection control</b>                     | <ul style="list-style-type: none"><li><input type="checkbox"/> Biohazardous materials bags</li><li><input type="checkbox"/> Portable sharps container</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                       | <input type="checkbox"/> Examination gloves in various sizes<br><input type="checkbox"/> Waterless hand cleanser<br><input type="checkbox"/> Emesis bags                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Emergency medications and medication administration</b><br><br><sup>a</sup> Require a prescription | <input type="checkbox"/> Portable supplemental oxygen tank with regulator <sup>a</sup><br><input type="checkbox"/> Nasal cannulas (pediatric and adult sizes)<br><input type="checkbox"/> Non-rebreather masks (pediatric and adult sizes)<br><input type="checkbox"/> Oxygen supply tubing<br><input type="checkbox"/> Low-dose aspirin<br><input type="checkbox"/> Naloxone (via pre-filled auto-injector or pre-packaged nasal spray)<br><input type="checkbox"/> Bronchodilators (via metered-dose inhaler or nebulizer) <sup>a</sup><br><input type="checkbox"/> Epinephrine: ampule or auto-injector <sup>a</sup><br><input type="checkbox"/> Diphenhydramine<br><input type="checkbox"/> Oral glucose<br><input type="checkbox"/> Glucagon emergency kit <sup>a</sup> |
| <b>Orthopedic injury care</b>                                                                         | <input type="checkbox"/> Triangle bandages<br><input type="checkbox"/> Elastic bandages<br><input type="checkbox"/> Slings in various sizes to fit pediatric to adult patients<br><input type="checkbox"/> Moldable aluminum splints in various sizes<br><input type="checkbox"/> Vacuum splints of various sizes<br><input type="checkbox"/> Traction splint<br><input type="checkbox"/> Ice bags or cold packs<br><input type="checkbox"/> Cervical collars in sizes to fit pediatric to adult patients                                                                                                                                                                                                                                                                    |
| <b>Patient packaging, evaluation, and transport</b>                                                   | <input type="checkbox"/> Athletic equipment removal tools<br><input type="checkbox"/> Short spine board with straps<br><input type="checkbox"/> Long spine board with straps<br><input type="checkbox"/> Head immobilizers<br><input type="checkbox"/> Scoop stretcher<br><input type="checkbox"/> Portable transport unit (e.g., MegaMover <sup>®</sup> or QuikLitter <sup>™</sup> )                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Exertional heat stroke management</b>                                                              | <input type="checkbox"/> Rectal thermometer<br><input type="checkbox"/> Lubricating gel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|                            |                                                                                                                                                                                                                                                                                                                                                |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            | <input type="checkbox"/> Tub, small portable pool, or large tarp<br><input type="checkbox"/> Cooler with ice<br><input type="checkbox"/> Water source<br><input type="checkbox"/> 3-4 large towels<br><input type="checkbox"/> Tent for shade                                                                                                  |
| <b>Miscellaneous items</b> | <input type="checkbox"/> General trash collection bags<br><input type="checkbox"/> Alcohol prep pads<br><input type="checkbox"/> Extra batteries for all battery-powered equipment<br><input type="checkbox"/> Towels<br><input type="checkbox"/> Flashlight<br><input type="checkbox"/> Emergency blankets<br><input type="checkbox"/> Sheets |

Appendix J. Maintenance of Emergency Equipment

| Date | Emergency Equipment | Status | Name of Individual<br>Who Checked the<br>Equipment | Notes |
|------|---------------------|--------|----------------------------------------------------|-------|
|      |                     |        |                                                    |       |
|      |                     |        |                                                    |       |
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|      |                     |        |                                                    |       |
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|      |                     |        |                                                    |       |
|      |                     |        |                                                    |       |
|      |                     |        |                                                    |       |

Appendix K. Documentation of Review and Rehearsal of EAP, Sign-In Sheet

Topic: EAP Review and Rehearsal  
Sign in Sheet

Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Meeting facilitated by: \_\_\_\_\_

*This is an example for organizations to utilize for an attendance sheet. Revise or delete as needed..*

| Individual Name (printed) | Sport/Role | Signature |
|---------------------------|------------|-----------|
|                           |            |           |
|                           |            |           |
|                           |            |           |
|                           |            |           |
|                           |            |           |
|                           |            |           |
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|                           |            |           |
|                           |            |           |
|                           |            |           |

Notes:

## Appendix L. Documentation of Review and Rehearsal, Sign-Off Form

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

I \_\_\_\_\_ (print stakeholder name) serve as the \_\_\_\_\_ (role) and have read and understand the Emergency Action Plan for **[Organization Name]** 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 AT present and without. I have been given the opportunity to ask all questions and have received the proper answers to my questions.

**[if applicable]** 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 topics related to sport-related catastrophic injuries and it is my responsibility to ensure a lapse does not occur.

Stakeholder Name (print): \_\_\_\_\_

Role: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This document is provided by the Korey Stringer Institute, an organization housed at the University of Connecticut, and West Virginia University as a template to assist with preliminary drafting of the above policy. Using this document and any other information (text, graphics, images or other materials) from the Korey Stringer Institute or West Virginia University is solely at your own risk. The policies described represent best practices as interpreted by the Korey Stringer Institute and West Virginia University at the time of drafting this document. While the Korey Stringer Institute and West Virginia University does its best to reflect current best practices, the most appropriate policies and procedures are subject to change at and may not be directly reflected in this document. Use of this document does not constitute endorsement by the Korey Stringer Institute or West Virginia University. Modification of the policy or procedures in this document may not reflect best practices. All policy decisions should be reviewed by appropriate local administration prior to implementation. Any individual or organization utilizing this document should use discretion and consider the individual circumstances at their work setting.

This Template has been modified from the Board of Certification, Inc. (BOC) Guiding Principles for AT Policy and Procedure Development.

**This document was heavily revised in 2024 with input from the co-author group for the NATA Position Statement: Emergency Action Plan Development and Implementation in Sport (2024).**