



## Emergency Action Plan (EAP)

An Emergency Action Plan (EAP) is a plan designed to assist in responding to emergency situations. The idea behind having such a plan prepared in advance is that it will help you respond in a responsible and clear-headed way if an emergency occurs.

An EAP should be prepared for the facility or site where you normally hold practices and for any facility or site where you regularly host competitions. For away competitions, ask the host team or host facility for a copy of their EAP.

An EAP should cover the following items:

1. Designate in advance who is in charge in the event of an emergency (this may very well be you).
2. Have a cell phone with you and make sure the battery is fully charged. If this is not possible, find out exactly where a telephone is located. Have spare change in case you need to use a pay phone.
3. Have emergency telephone numbers with you (facility manager, fire, police, ambulance) as well as contact numbers (parents/guardians, next of kin, family doctor) for the participants.
4. Have a medical profile for each participant on hand so this information can be provided to emergency medical personnel. Include a signed consent from the parent/guardian to authorize medical treatment in an emergency in this profile.
5. Prepare directions to provide to Emergency Medical Services (EMS) to enable them to reach the site as rapidly as possible. You may want to include information such as the closest major intersection, one-way streets, or major landmarks.
6. Have a first aid kit accessible and properly stocked always (all coaches are strongly encouraged to pursue first aid training).
7. Designate a "call person" (the person who contacts medical authorities and otherwise assists the person in charge) in advance. Be sure that your call person can give emergency vehicles precise instructions to reach your facility or site.



**When an injury occurs, an EAP should be activated immediately if the injured person:**

- is not breathing does not have a pulse
- is bleeding profusely
- has impaired consciousness
- has injured the back, neck or head
- has a visible major trauma to a limb

### **Emergency Action Plan Checklist**

- Access to telephones Cell phone, battery well charged
- Training Field
- Home Field
- Away Field
- List of emergency phone numbers (home games)
- List of emergency phone numbers (away games)

### **Directions to Access the Field**

- Accurate directions to the field (practice)
- Accurate directions to the field (home games)
- Accurate directions to the field (away games)

### **Participant Information**

- Personal profile forms
- Emergency contacts
- Medical Profiles

### **Personnel Information**

- Person in charge is identified
- Call person is identified
- Assistants (charge and call persons) are identified

**The medical profile of each participant should be up to date and located in the First Aid kit.**

A **First Aid kit** must be accessible always and must be checked regularly.



## **Emergency Action Plan**

### **Contact Information**

Attach the medical profile for each participant and for all members of the coaching staff.

- Emergency phone numbers: 9-1-1 for all emergencies
- Cell phone number of coach:
- Cell phone number of assistant coach:
- Cell phone number of manager:

### **Address of field / facility:**

**Marshall Fields and Vernon Toyota Indoor Sports Centre:** 6601 Okanagan Landing Road, Vernon, BC

**MacDonald Park:** 2800 43rd Ave, Vernon, BC

**DND Fields:** 2950 15 Avenue, Vernon, BC – along Hwy 97 heading North into Vernon

**Greater Vernon Athletic Park:** 7000 College Way, Coldstream, BC

**Beasley Sports Fields:** 3390 Woodsdale Rd, Lake Country, BC

**Reiswig Field:** 3510-3548 Woodsdale Rd, Lake Country, BC

**Mission Sports Fields:** 4105 Gordon Dr, Kelowna, BC

**Rutland Sports Fields:** 435 Hartman Rd, Kelowna, BC

**Parkinson Sports Fields:** 1555 Burtch Rd Kelowna, BC

**UBCO Nonis Turf:** 3257 Knowledge Ln, Kelowna, BC

**Capital News Centre (CNC):** 4105 Gordon Drive, Kelowna, British Columbia

**Rutland Bubble:** 705 Rutland Rd N., Kelowna, BC

**MacArthur Island:** 1655 Island Pkwy, Kamloops, BC

**Hillside Stadium, TRU:** Thompson Rivers University, Dalhousie Dr, Kamloops



### **Name Address Intersection Address of nearest hospital:**

- **Vernon Jubilee Hospital:** 2101 32 St, Vernon, BC
- **Kelowna General Hospital:** 2268 Pandosy St, Kelowna, BC
- **Kamloops Royal Inland Hospital:** 311 Columbia Street, Kamloops, BC

## **Roles and responsibilities**

### **Charge person**

Clear the risk of further harm to the injured person by securing the area and shelter the injured person from the elements

Designate who oversees the other participants

Protect yourself (wears gloves if he/she is in contact with body fluids such as blood)

Assess ABCs (checks that airway is clear, breathing is present, a pulse is present, and there is no major bleeding)

Wait by the injured person until EMS arrives and the injured person is transported

Fill in an accident report form.

### **Call person**

Call for emergency help

Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done)

Clear any traffic from the entrance/access road before ambulance arrives

Wait by the driveway entrance to the facility to direct the ambulance when it arrives

Call the emergency contact person listed on the injured person's medical profile

## Steps To Follow When an Injury Occurs

**Step 1:** Control the environment so no further harm occurs

- Stop all participants
- Protect yourself if you suspect bleeding (put on gloves)
- If outdoors, shelter the injured participant from the elements and from any traffic.

**Step 2:** Do a first assessment of the situation

If the participant:

- Is not breathing
- does not have a pulse →→→ **Activate EAP**
- is bleeding profusely
- has impaired consciousness
- has injured the back, neck or head
- has a visible major trauma to a limb
- cannot move his/her arms or legs or has lost feeling in them

If the participant does not show the signs above, proceed to Step 3

**Step 3:** Do a second assessment of the situation

- Gather the facts by asking the injured participant as well as anyone who witnessed the incident
- Stay with the injured participant and try to calm him/her; your tone of voice and body language are critical
- If possible, have the participant move himself/herself off the playing surface. Do not attempt to pull or carry them off the field

**Step 4:** Assess the injury

Have someone with first aid training complete an assessment of the injury and decide how to proceed. If the person trained in first aid is not sure of the severity of the injury or there is no one available who has first aid training, activate EAP.

→→→ **Activate EAP**

*If the assessor is sure the injury is minor, proceed to step 5.*

**Step 5: Control the return to activity**

Allow a participant to return to activity after a minor injury only if there is no:

- swelling
- deformity
- continued bleeding
- reduced range of motion
- pain when using the injured part

Step 6: If it has been necessary to call for emergency support, a team official must notify the TOFC Technical Director and should complete an Accident Report Form for submission to the club General Manager. Inform Parents if they are not at the site.

**Away Matches:**

In the event of serious injury requiring medical care at a hospital, follow the Emergency Action Plan of the Hosting Club, if they have one in place.

Should it be necessary to take the player to hospital, either by ambulance or by on site vehicle, the team manager should stay with the player if their parent/guardian is not present on the trip.

Each team should have a designated driver parent at each away game if at all possible in case it is necessary for a player and manager to stay past a time that the team bus would depart.

The team bus should keep its regular schedule and the player/manager should return home with the designated driver.



## Head Injuries and Concussions: Guidelines for Staff and Volunteers

**The following information is presented as a series of guidelines only.**

**Head injuries must be treated by a recognized medical professional.**

**Introduction:** Head injuries and concussions can occur in many sports, either in training or during competitions. Because of the potentially grave consequences of injuries to the head, coaches must take certain precautions and should enforce strict safety measures when dealing with them.

The information contained in this section is not designed to train coaches on how to implement a medical treatment or to offer medical advice in the event of a concussion. Rather, its purpose is to provide some recommendations on how to manage situations involving head injuries in a responsible manner. It is important to note that there is presently a lack of consensus in the medical community regarding precise grading scales and return to training or competition criteria following concussions.

**What is a concussion?** A concussion is an injury to the brain that results from a hit to the head, or to another part of the body that allows the transmission of impact forces to the head. It shows itself through a temporary alteration in the mental status of the individual and may also be accompanied by some physical symptoms.

**Some common causes of concussions:** The situations that may result in head injuries vary greatly from sport to sport. Producing a comprehensive list of possible causes is difficult. However, some common causes include:

- direct blows to the head, face, jaw, or neck collisions from the blind side, or hits from behind
- hard fall on the buttocks, or whiplash effect
- poor quality of protective sport equipment (shock absorption)
- failure to wear protective equipment designed for the head, or improper adjustment of the same
- the environment (e.g. obstacles near playing surface)
- significant differences in the skill level, age, or size of participants involved in activities with physical contact or risk of impact
- poor physical condition, or insufficient strength in the neck and upper body musculature



## **Symptoms of a concussion**

Symptoms observed in the case of a concussion include headache, dizziness, loss of consciousness, nausea, lethargy, memory loss, confusion or disorientation (lack of awareness of time, place, date), vacant stare, lack of focus, ringing in the ears, seeing stars or flashing lights, speech impairment, balance impairment, and problems with sight.

Other signs may include a major decrease in performance, difficulty following directions given by the coach, slow responses to simple questions, and displaying inappropriate or unusual reactions (laughing, crying) or behaviors (change in personality, illogical responses to sport situations).

**A person can suffer from a concussion without losing consciousness**

## **Managing a participant with concussion symptoms**

The following short-term measures should be implemented if a participant suffers a concussion:

- An unconscious participant, or a participant with significant changes in mental status following a head injury, must be transported to the emergency department of the nearest hospital by ambulance. This is a grave situation and the participant must be seen by a medical doctor immediately. In such a situation, the Emergency Action Plan must be implemented.
- A participant showing any of the concussion symptoms should not be allowed to return to the current practice or competition.
- A participant showing concussion symptoms must not be left alone, and monitoring for the deterioration of his/her condition is essential. He/she should be medically evaluated as soon as possible following the injury. The circumstances of the injury should be recorded and communicated to the medical personnel.
- If any of the concussion symptoms reoccur, the participant's condition should be considered serious, and the individual must go to the hospital immediately.