

EMERGENCY ACTION PLAN

TCYBA

Team Name.....

Division.....

Contacts:

Coach

Tel No.....

Assistant Coach

Tel No.....

Team Manager

Tel No.....

Team Mum

Tel No.....

Executive Director – Ross Tomlinson

1 778 984 9050

Coach Coordinator – Mandy Botham

Parents – Attach List

Hospital:

Address

.....

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Tel:

Directions from School to hospital:

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School:

Address

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Directions to School for Emergency Responders:

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Roles and responsibilities of person in charge

option 1

- Name.....
- Tel.....

Clear the risk of further harm to the injured person by securing the area and shelter the injured person from the elements
 Designate who is in charge of the other participants
 Protect yourself (wears gloves if he/she is in contact with body fluids such as blood)

option 2

- Name.....
- Tel.....

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 if required

Roles and responsibilities of Call Person

option 1

- Name.....
- Tel.....

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

option 2

- Name.....
- Tel.....

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

option 3

- Name.....
- Tel.....

Player medical information is held

First aid kit is stored.....

