

## **EMERGENCY ACTION PLAN**

—For Use as a Guide in Developing for Team Use—

MEDICAL DIRECTOR	
First Name:	Last Name:
Mobile Phone: ( )	Occupation:
EMT Name:  Mobile Phone:  Company Name: ( )  Company Phone: ( )	AMBULANCE Company: Address: Phone Number: ( ) Is ambulance on-site? Yes or No If not, is ambulance dedicated? Yes or No
CERTIFIED ATHLETIC TRAINER (ATC(s) Name: Mobile Phone: ( )	PHYSICIAN Name: Mobile Number: ( )
Company:	Company:
MEDICAL PLAN (Example)	
There will be one (I) ambulance at the facility fromwill be one EMT accompanying the ambulance with radi	(start time) to the end of all matches. There to band contact.
In addition, there will be (_) trainers, () for each fie prepare the players for the first game. Ice, water, tape, ch	eld that will arrive no later than ( ) a.m. in order to tape and hairs, tables will be provided at the medical tent.
In case of an injury the procedure will be:	
If injury occurs during warm ups or outside of a sch assistance.	nedule game the athlete should report to the medical tent for
	nary on-field assessment. If the injury is not serious the medical a secondary assessment. If the injury is serious the tournament

Together the ATC and EMT will inspect the athlete and determine if the ambulance is needed for transport to the hospital. The medical director will assist in organizing hospital transport for the athlete by private vehicle (with family or friend) if an ambulance ride is declined.

ATC and EMT will take the field and assist.

All major treatment of injuries will be recorded in a medical report by the medical staff that administered treatment. The medical director will collect the reports at the end of each day of competition.

If there is a dispute over the medical care of an athlete this must be brought to the attention of the medical director and the incident will be recorded in writing. Situations such as this will be dealt with on a case-by-case basis.