



Chinooks EAP Template

Date	Revision Number	Notes	Reviewer/Approver
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Policy Overview

An Emergency Action Plan (EAP) should be prepared for each team to follow in order to properly care for our athletes in case of serious injury. It is critical for the EAP to be established at the first parent meeting, outlining the steps to be taken and clearly identifying the people responsible for implementing the EAP at all practices and games.

There are four key components to an EAP:

- Access to phones
- Directions
- Player Information
- EAP Personnel – Charge Person and Call Person (usually the Coach and Team Manager). Have alternates that are qualified in First Aid and Emergency procedures, if possible, should regular EAP Personnel not be present.

Practice Details

Roles and Responsibilities

Charge Person	Call Person
<ul style="list-style-type: none"> ○ Secure a controlled and calm environment ○ Assess and tend to the injured player; determine if an ambulance is needed ○ Know what emergency equipment is available 	<ul style="list-style-type: none"> ○ Keep a record of emergency phone numbers ○ Call 9-1-1 if required ○ Provide all necessary information to dispatch (including location, nature of injuries, description of First Aid that has been done)



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| <ul style="list-style-type: none"> ○ Designate who is in charge of the other participants ○ Stay with injured player until EMS arrives and injured player is transported ○ Fill out Player Injury Report Form and submit to Chinooks administration | <ul style="list-style-type: none"> ○ Clear any traffic from the entrance/access road before ambulance arrives ○ Direct EMS to location, if necessary ○ Call the emergency contact person listed on the injured person's medical profile |
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The team manager, or other appointed person from the team, is responsible for maintaining the First Aid kit and medical records and to bring the kit and forms, as well as ice, to all practices and games.

Access to Phones	<ul style="list-style-type: none"> ○ Cell Phones and battery well charged ○ Check for the correct emergency number (over 98% of locations in Canada and US will link caller to Emergency Dispatch Centre, but smaller communities may not use 911; for International travel, be sure to look this up – in Europe, 80 countries connect with 112)
Directions	<ul style="list-style-type: none"> ○ Accurate directions to all sites as well as specific field locations (ie: for practices, home games, away games, etc.)
Player Information	<ul style="list-style-type: none"> ○ Player Medical Information Forms containing emergency contacts and any known medical conditions about players must be on hand at all times ○ Knowledge of pre-existing medical conditions might be required and should be readily available to medical / EMS staff
EAP Personnel	<ul style="list-style-type: none"> ○ Charge Person is identified ○ Call Person is identified ○ Alternates (charge person and call person) are identified



- The Player Medical Information Forms must be up to date and kept in the Team Manager’s Binder
- A First Aid Kit must be accessible at all times and must be checked regularly

Fields & Facilities

CLUB OUTDOOR FIELDS	LOCATION
Branton School Fields	2103 20 St NW
FE Osborne School Fields	5315 Varsity Drive NW
Rutland Park Community Centre Lower SE Field	3130 40 Avenue SW
Shouldice Turf Fields -- Encana Field Hellard Field Stampeders Field	1515 Home Road NW
Ste Marguerite Bourgeoys Field	4700 Richard Road SW
Westside Recreation Centre Fields	2000 69 Street SW

HOSPITALS	LOCATION
Alberta Children’s Hospital	28 Oki Drive NW / 2888 Shaganappi Tr NW
Foothills Hospital	1403 29 St NW
Peter Lougheed Hospital	3500 26 Ave NE
Rockyview Hospital	7007 14 St SW
South Health Campus	4448 Front Dr SE
Sheldon Chumir Urgent Care (not a hospital)	1213 4 St SW



Steps to follow when an injury occurs

STEP 1: Control the environment so that 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 traffic

STEP 2: Do a first assessment of the situation

If the participant:

- 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
 - Cannot move his/her arms or legs or has lost feeling in them
- If the participant does not show any of the signs above, **activate**



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 move an injured participant.



STEP 4: Assess the injury

- Have someone with the first aid training complete an assessment of the injury and 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**.
- If the assessor is sure that the injury is minor, proceed to Step 5.

STEP 5: Control the return to activity

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

- Swelling
- Deformity
- Continued bleeding
- Reduced range of motion
- Pain when using the injured part

STEP 6: Record the injury on an injury report and inform the parents

- Send copy of injury report to Chinooks administration admin@chinooksoccer.com



TEAM NAME:

	NAME	PHONE NUMBER
CHARGE PERSON:		
ALTERNATE CHARGE PERSON:		
CALL PERSON:		
ALTERNATE CALL PERSON:		

TEAM ROSTER:

FIRST NAME	LAST NAME	EMERG PH #	EMAIL
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WHEN YOU CALL EMERGENCY SERVICES:

State:

- 1) Your name
- 2) “There has been a suspected (type of injury) at (location)”
- 3) “Please send an ambulance to (the location). I will meet the ambulance there.”
- 4) Ask the projected time of arrival
- 5) Give them your phone number if possible



Incident Form

Date:	Time:	
Player's Full Name:		
Location of Accident (Field Name & Number, Town, etc.):		
List Injuries:		
Describe Incident:		
Emergency Medical Services Called?	YES	NO
Hospital / Clinic (where player being transported):		
Mode of Transportation to Hospital / Clinic:		
Parents / Guardians of Player:		
Parents / Guardians Advised:	YES	NO

TEAM INFORMATION:

Team Name: _____

Opposing Team: _____

Name of Team Official completing this form: _____

Team Official Position: _____

Signature: _____