

WOODBRIDGE SOCCER CLUB **EMERGENCY ACTION PLAN (EAP)** **GUIDELINES**

Although serious injuries or accidents are rare, you must be ready to deal with them if and when they occur. As a first step, formal training in first aid and CPR for members of the team staff will give you the confidence and knowledge you need to deal with emergencies effectively.

You should maintain a complete First Aid Kit to help you deal with minor injuries.

The resources that follow will help you to develop an Emergency Action Plan (EAP) along with useful information in the event that you require additional information to effectively manage an emergency situation.

Table of Contents

Page 1: Player Emergency Information Form
Page 2: Emergency Action Plan Description
Page 3: Emergency Action Plan Checklist
Page 4: Directions to Local Hospitals
Page 5: Response when an Injury Occurs
Page 6: Emergency Action Plan (EAP)
Page 7: Player Injury Report Form
Page 8: Ontario Soccer Insurance Information

Player Emergency Information Form

Player's name: _____ Date of Birth: _____

Address: _____

Home Phone #: _____ Email: _____

Primary Emergency Contact:

Name: _____ Relationship: _____

Cell #: _____ Email: _____

Alternate Emergency Contact:

Name: _____ Relationship: _____

Cell #: _____ Email: _____

Family Doctor: _____ Phone #: _____

MEDICAL INFORMATION

This information is being provided voluntarily in accordance with the Privacy Policy.

Please circle responses and elaborate when necessary

- Is player allergic to medications? YES NO
If so please list. _____
- Does player have other allergies (i.e. bee sting, dust, etc)?
YES NO
If so please list. _____
- Does player take any regular medication(s)? YES NO
If so please list. _____
- Does player wear contact lenses? YES NO
- Previous Injuries / Concussions (please include dates): _____

- Does player suffer from any serious illnesses or conditions? (please check)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other (please specify) _____
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Signature: _____

Print Name: _____ Date: _____

Emergency Action Plan Description

Sports injuries can occur at practices and games. In order to ensure all athletes are properly cared for in case of serious injury, an Emergency Action Plan (EAP) should be prepared for each team to follow. Preparing an EAP in advance will help teams respond to emergency situations in a responsible manner.

It is critical for the EAP to be established at the first parent meeting or upon first receipt of these instructions, 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:

- 1) Access to phones
- 2) Directions
- 3) Player Information
- 4) EAP Personnel – Charge Person (usually team Trainer/Manager) and Call Person, as well as alternates

The Charge Person should be the one that is most qualified in First Aid and emergency procedures and will:

- Know what emergency equipment is available at your facility or location
- Know the address of the nearest hospital/medical facility
- Provide important EAP information to any visiting team officials
- Secure a controlled and calm environment (advise coaches to take team away from the injured player)• Assess / tend to the injured player; determine if an ambulance is needed
- Direct others until medical personnel arrive

The Trainer/Manager is responsible for maintaining the First Aid kit and medical records and to bring the kit and forms, to practices and games.

The Call Person will:

- Keep a record of emergency phone numbers
- Make the telephone call for assistance
- Provide all necessary information to dispatch (including location, nature of injuries, description of First Aid that has been done)
- Report back to Charge Person
- Clear any traffic from the entrance/access road before ambulance arrives• Wait by the driveway entrance to guide the ambulance when it arrives

In the event of a serious injury to a player, the EAP should be immediately implemented. Within 24 hours, the incident must be reported to the Woodbridge Soccer Club – Attention: Operations Manager.

Emergency Action Plan Checklist

Access to phones	<ul style="list-style-type: none"> o Cell phones, batteries well charged o Check for the correct emergency number (over 98% of locations in Canada and US will link caller to an 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"> o Accurate directions to all sites as well as specific field locations (i.e. for practices, home games, away games)
Player Information	<ul style="list-style-type: none"> o Player Medical Information Forms containing emergency contacts and any known medical conditions about players must be on hand at all times o 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"> o Charge Person is identified o Call Person is identified o Alternates (Charge Person and Call Person) are identified o Make a list of who is certified in First Aid and CPR



The Player Medical Information Forms must be up to date and accessible

A First Aid kit must be accessible at all times and must be checked regularly

Directions to Local Health care facilities

<p><i>Urgent Care Clinic (x-rays done on site)</i> 9401 Jane St #101, Vaughan, ON L6A 4H7 (905) 832-4554 ext. 4898 Weeknights: 4pm-10pm Saturday and Sunday: 10am-4pm Located just north of Rutherford Rd. on Jane St.</p>	<p><i>Mackenzie Richmond Hill Hospital</i> 10 Trench Street, Richmond Hill, ON L4C 4Z3 Trench Street is located off Major MacKenzie Drive, East of Bathurst St. and West of Yonge St.</p>
<p><i>Etobicoke General Hospital</i> 101 Humber College Blvd, Toronto, ON M9V 1R8 Humber College Boulevard is just off Highway 27, north of Rexdale Blvd., south of Finch</p>	<p><i>Brampton Civic Hospital</i> 2100 Bovaird Drive East, Brampton, Ontario L6R 3J7 The hospital is on the north-east corner of Bovaird Drive and Bramalea Road</p>

Response When an Injury Occurs

Step 1: Control the environment so that no further harm occurs <ul style="list-style-type: none">• 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 <p>If the participant:</p> <ul style="list-style-type: none">• Is not breathing• Does not have a pulse• Is bleeding profusely• Has impaired consciousness, lethargy, altered arousal, confusion• 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• Seizure Activity• For a suspected serious injury (conscious or unconscious), do NOT move the player from the position of injury. The only appropriate movement would be to maintain a patent airway if the player is unconscious but breathing.• Where known medical conditions such as asthma and anaphylaxis exist and where the patient carries a "puffer/inhaler" or an Epi-Pen", these remedies should be administered where appropriate per directions even if an ambulance is en-route. <p>If the participant does not show the signs above, proceed to Step 3.</p>	 Activate Emergency Action Plan?
Step 3: Do a second assessment of the situation <ul style="list-style-type: none">• Gather facts by asking the injured participant as well as witnesses• Stay with the injured participant and try to calm him/her• If possible and if it does not cause risk to the participant, have the participant move himself/herself off the playing surface. Do not attempt to move an injured participant.	
Step 4: Assess the injury <p>Have someone with first aid training complete an assessment of the injury and decide how to proceed. If not an emergency, treat injuries with First Aid and/or follow the Concussion Protocol. If there is any uncertainty of the severity of the injury, activate EAP.</p> <p>If the assessor is sure the injury is minor, proceed to Step 5.</p>	 Activate Emergency Action Plan?
Step 5: Control the return to activity <p>Allow the participant to return to activity after a minor injury only if there is no:</p> <ul style="list-style-type: none">- Swelling- Continued bleeding- Continued pain- Deformity- Reduced range of motion	
Step 6: Record the injury on an accident report form and inform the parents.	

EMERGENCY ACTION PLAN (EAP)

TEAM NAME:	
CHARGE PERSON / Cell #:	
ALTERNATE CHARGE PERSON / Cell #:	
CALL PERSON / Cell #:	
ALTERNATE CALL PERSON / Cell #:	
WHO HAS FIRST AID AND CPR TRAINING?	

To Activate **EMERGENCY ACTION PLAN**:

- **Charge Person** is to control the environment
- If the participant does not show the ABC's and needs CPR, send someone to obtain the defibrillator located at the WSC Club House on the Northside of the hallway in a protective case.
- Cue the team **Call Person** to call 911 and report the following:
 - Caller's name
 - "We have a _____ year old (male/female) athlete, who is (conscious/unconscious) and may have a _____ injury"
 - Outline type of First Aid that has already been administered
 - Directions to field/facility
 - Ask the projected time of arrival
 - Provide cell phone number
 - **Remember to let the Dispatcher terminate the call**

o Call person or designate to report back to Charge Person to inform him/her of the estimated arrival time

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

o Wait by the entrance to guide the ambulance when it arrives

o Call Person to notify parents/guardian/emergency contact if not on the scene

- **Charge Person** to provide First Aid: **STABILIZE**
- **Charge Person** to remain with injured player until EMS arrives and player is transported
- Have the injured player's **Player Emergency Information Form** ready for the paramedics.
- Complete **Player Injury Report Form** (see below in this document)

Player Injury Report Form

This form must be completed for all injuries occurring at a soccer event and requiring an evaluation by a Physician or Health Practitioner (e.g. 911 is called, player taken to hospital/clinic, concussion suspected). A Team Official (Trainer, Coach, Assistant Coach, Manager) must complete this form and submit it to the WSC office - Attention the Operations Manager within 24 hours (scan/email to frank.scarlato@wscstrikers.com or fax to 905-851-6761).

Team Name: _____

Injury Date: _____ Time: _____

Player's Full Name: _____ OSA # _____

Location of Accident (Field Name, Town, Province):

List Injuries: _____

Describe Incident: _____

Emergency Medical Services called? Yes _____ No _____

Hospital / Clinic (where player was transported): _____

Mode of Transportation to Hospital / Clinic: _____

Parents / Guardians of Player Name(s): _____

Parents present at time of injury: Yes _____ No _____

If not present, were parents advised: Yes _____ No _____

TEAM REPRESENTATIVE INFORMATION:

Name of Team Official completing this form: _____

Team Official Position: _____

Signature: _____

Opposing Team (If applicable): _____

(1) Witness Name: _____ Witness Phone #: _____

(2) Witness Name: _____ Witness Phone #: _____

Ontario Soccer Insurance Information

HKMB HUB is the insurance broker responsible for arranging the insurance program for Ontario Soccer and its members.

All Woodbridge Soccer Club (WSC) registered members (players, coaches, managers, referees) are covered through the Ontario Soccer Insurance Program if they suffer a covered injury while participating in an Ontario Soccer sanctioned activity. This Ontario Soccer accident insurance is meant for members who do not have access to another health insurance plan or to supplement existing health insurances; it is not meant to be a “primary payer”.

For detailed information on the insurance coverage you could be eligible to receive, please discuss with the WSC office staff and/or visit the Ontario Soccer website at :

<https://www.hubinternational.com/en-ca/programs-associations/ontario-soccer/>

Ontario Soccer Insurance Forms can be found at:

https://cdn3.sportngin.com/attachments/document/0132/9087/Ontario_Soccer_-_Accident_Claim_Forms_5pages_-_Sept.1.2017_.pdf?_ga=2.112425804.97153235.1559052564-677280152.1555368595