Emergency Action Plan

Every tournament director should understand and take the necessary steps to implement a proper emergency action plan. The Emergency Action Plan may be modified to meet your particular club needs.

Emergency Telephone Lists

Each event should have emergency numbers prominently displayed and easily accessible to all event personnel. A sample emergency telephone list and information sheet is shown at right.

Incident Report Form

This form or a similar version must be completed for every accident. An individual should be assigned this duty and be specific with regards to times of incident, witnesses, etc.

We want your event to be safe and enjoyable for all players!

Emergency Action Plan

1. Describe layout of facility – include!
   a. Locations of first aid equipment, flashlights, fire extinguishers
   b. Location of telephones
   c. Exits and evacuation routes
2. Make a list of support personnel
   a. Front desk staff (extension # of telephone)
   b. Club manager or person on staff trained in CPR (must know where these people are at all times, i.e. a schedule to cover entire tournament)
   c. Tournament director
3. Have numbers readily available
   a. EMS personnel
   b. Police
   c. Fire department
   d. Hospitals
4. Staff responsibilities – Make sure each staff member knows their duties!
   a. Who will call emergency numbers
   b. Crowd control
   c. Who will meet EMS
   d. Who will provide care in an emergency
   e. Record keeping
5. Communication
   a. When to call 911
   b. Chain of command
   c. Who will contact family
   d. A person to deal with club and press
6. Follow-up
   a. Complete accident report form
   b. Replace first aid equipment
   c. Evaluate action plan and debrief staff
   d. Check on condition of athlete
Emergency Telephone List
Dial ( ) for outside line

EMS ___________________________________________
Fire __________________________________________
Police _______________________________________
Poison Control Center __________________________
Other Important Numbers:
Club Manager __________________________________
Power Company _________________________________
Gas Company ___________________________________
Hospital with 24 hour Medical Services

CPR Certified Personnel
Name                Hours on Site   Telephone
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Be prepared to give this information to EMS dispatcher ...
1. Location ________________________________
   Address _________________________________
   City _________________________________
   Directions:

2. This telephone # is: ______________________
3. Caller’s Name ___________________________
4. What happened ___________________________
5. How many people are injured _____________
6. Condition of injured person _____________
7. Help (care) being provided: _______________

DO NOT HANG UP - let dispatcher hang up first!
[KEEP THIS FORM BY EMERGENCY PHONES]