



MILTON YOUTH SOCCER CLUB EMERGENCY ACTION PLAN (EAP) GUIDELINES

- SEPTEMBER, 2015 -

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EMERGENCY ACTION PLAN DESCRIPTION

Because sport injuries can happen anytime, 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. 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, 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) and Call Person, as well as alternates

The Charge Person should be the one whom is most qualified in First Aid and Emergency procedures. This individual will:

- Know what emergency equipment is available at your facility
- Secure a controlled and calm environment (advise coaches to take team away from the injured player)
- Assess and tend to the injured player; determine if an ambulance is needed
- Direct others until medical personnel arrive

The team trainer 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.

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 the 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 should be reported to MYSC. The Player Injury Report Form will also need to be submitted to the office within 72 hours (see sample on Page 8).

EMERGENCY ACTION PLAN CHECKLIST

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
<ul style="list-style-type: none"> ➤ The Player Medical Information Forms must be up to date and kept in the file folder located in the First Aid bag ➤ A First Aid Kit must be accessible at all times and must be checked regularly 	

DIRECTIONS TO LOCAL HOSPITALS

Milton District Hospital = 7030 Derry Road, Milton, ON, L9T 7H6

Joseph Brant Hospital = 1230 North Shore Boulevard, Burlington, ON, L7R 1W7

Oakville Trafalgar Memorial Hospital = 327 Reynolds Street, Oakville, ON, L6J 3L7

Credit Valley Hospital = 2200 Eglinton Avenue West, Mississauga, ON, L5M 2N1

DIRECTIONS TO MILTON SPORTS FIELDS

As listed on MYSC website: https://www.miltonmagic.com/Field_Locations.html

Street addresses are approximate

Kinsmen Park = 180 Wilson Drive (by Robert Baldwin Public School)

Baldwin Park = 720 Woodward Avenue (by Saint Nicolas Elementary Catholic School)

Our Lady Victory School = 540 Commercial Street

Coates Neighbourhood Park South = 709 Bolingbroke Drive (beside Our Lady of Fatima)

Coates Neighbourhood Park North = 650 Yates Drive (by Tiger Jeet Singh Elementary)

Scott Neighbourhood Park = 143 Scott Boulevard

Scott Neighbourhood Park West = 311 Savoline Boulevard (by Queen of Heaven)

Brian Best Park = 325 Commercial Street

Clarke Neighbourhood Park South = 1170 Laurier Avenue (behind Bruce Trail Public School)

Clarke Neighbourhood Park North = 1203 Laurier Avenue (behind St. Anthony of Padua)

Milton District High School = 396 Williams Avenue

Beaty Neighbourhood Park North = 670 Bennett Drive (by Guardian Angels Catholic School)

Lions Sports Park = 99 Thompson Road

Bronte Meadows Park = 165 Laurier Avenue

Boyne Soccer Field = 2300 Britannia Road

Laurier Park = 765 Laurier Avenue

EC Drury High School = 215 Ontario Street South

Bishop Reding High School = 1120 Main Street East

Bristol District Park = 720 Kennedy Circle (across from Metro Grocery Store)

Wilmott (Milton) Community Park = 805 Santa Maria Boulevard

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
- Can not move his/her arms or legs or has lost feeling in them

If the participant does not show any of the signs above, **activate EAP**.



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 MYSC office (info@miltonmagic.com) within 72 hours

EMERGENCY ACTION PLAN (EAP)

TEAM NAME:	
LOCATION:	
CHARGE PERSON	
ALTERNATE CHARGE PERSON	
CALL PERSON	
ALTERNATE CALL PERSON	

KEY PHONE NUMBERS

Location of Phones:

Phone Numbers

- Charge Person:
- Alternate Charge Person:
- Call Person:
- Alternate Call Person:

Details of Location:

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

PLAYER INJURY REPORT 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: _____

Witness Name: _____ Phone Number: _____

Witness Name: _____ Phone Number: _____

PLAYER MEDICAL INFORMATION FORM

General Information			
Player Name:		Team/Prog.:	
Address:		Postal Code:	
Provincial Health #:		Date of Birth:	
Current Weight:		Current Height:	
Mother's Name:		Cell Phone:	
Father's Name:		Cell Phone:	
Emergency Contact (if parent not available):			
Name:		Phone:	Relationship:
Family Doctor:		Phone:	
Pre-Existing Health Conditions (check all that apply)			
Asthma	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>
Inhaler	<input type="checkbox"/>	Presently Injured	<input type="checkbox"/>
Diabetic	<input type="checkbox"/>	Allergies – food or other	<input type="checkbox"/>
Epileptic	<input type="checkbox"/>	Epi-Pen	<input type="checkbox"/>
Prescription Eyewear	<input type="checkbox"/>	History of Concussions	<input type="checkbox"/>
Hospitalized in the last year	<input type="checkbox"/>	Medic Alert Bracelet/Necklace	<input type="checkbox"/>
Currently taking Medication	<input type="checkbox"/>	Depression / Mood Disorder	<input type="checkbox"/>
Blood Disorders	<input type="checkbox"/>	Hearing Issues	<input type="checkbox"/>

Please provide details on any checked items from above and/or information about any conditions not included above. Please indicate any and all allergies or medications:

Immunizations – Please indicate Yes or No. If yes, please indicate date or ‘unknown’:

Tetanus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date/Unknown: _____
Measles/Mumps/Rubella	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date/Unknown: _____
Hepatitis A/B	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date/Unknown: _____

Any medical condition, injury, or suspected health issue should be checked by a physician before participating in a soccer program.

I understand that it is my responsibility to advise the Team Management and MYSC immediately if there is a change in any of the above information. In the event of a medical emergency, Team Management has permission to provide immediate First Aid as required and to take or have my child taken by EMS to hospital if deemed necessary.

I hereby authorize the physician and nursing staff of the medical institution to which my child is taken to undertake examination investigation and necessary treatment of my child. I authorize the information on this form to be released to appropriate parties (physician, nurse, coach) as deemed necessary.

Signature of Parent/Guardian: _____ Date: _____