

## Emergency Plan for US Lacrosse Teams & Leagues

TEAM/LEAGUE NAME: \_\_\_\_\_

FACILITY/VENUE NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

### **Section I: Creating an Emergency Plan**

1. Establish written Emergency Procedures (see separate Emergency Plan Checklist). These procedures outline the responsibilities of the Emergency Response Team during a crisis.
2. Designate the Emergency Response Team and obtain the appropriate contact information for each member.
3. Complete this form for each team in your league. If a team plays on multiple fields or facilities, create a separate form for each facility/venue used.
4. Give a copy of the Emergency Plan to each member of the Emergency Response Team and make sure each person understands their role.
5. Obtain a Participant Medical Emergency Card for all participants on your team (see Section VII).
6. Keep a copy of the Emergency Plan in a binder, along with copies of each participant's Emergency Medical Card, the Emergency Plan Checklist and the Incident Report forms. Have this binder ON HAND at every practice, game and sponsored activity for quick access to this important information.

### **Section II: The Emergency Response Team**

List the names of coaches, managers, and the certified athletic trainer who will be on site for practices, games & activities. These members of your organization will make up your Emergency Response Team. Also list other medical or emergency staff accessible to the team/league (ie., school's medical staff on-site, team doctors, campus police, etc.), who may provide additional assistance.

#### **COACH 1**

NAME: \_\_\_\_\_ Cell PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

#### **COACH 2**

NAME: \_\_\_\_\_ Cell PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

#### **ASS'T COACH/MANAGER**

NAME: \_\_\_\_\_ Cell PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

#### **ATHLETIC TRAINER**

NAME: \_\_\_\_\_ Cell PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

#### **ON-SITE MEDICAL STAFF**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

#### **CAMPUS SECURITY**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**OTHER**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

**Section III: Emergency Communication**

In addition to coaches' and managers' cell phones, list the nearest land-line phone number at the facility and indicate its location below:

ON-SITE PHONE # (LAND LINE): \_\_\_\_\_

PHONE LOCATION: \_\_\_\_\_

**Section IV: Emergency Training**

Indicate which members of your team/league have training or certification in the following procedures:

<b><u>Procedure</u></b>	<b><u>Certified Person's Name</u></b>	<b><u>Position</u></b>	<b><u>Cell Phone #</u></b>
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General First Aid

CPR

AED (Defibrillator)

EPI-Pen Injections

**Section V: Emergency Equipment**

For each piece of equipment named below, indicate whether it is available at the site (Yes/No); who is responsible for it (does the coach normally carry the First Aid kit, or is it always maintained by the school infirmary's staff); and where is the equipment normally located.

<b><u>Equipment Type</u></b>	<b><u>Yes/No</u></b>	<b><u>Person Responsible</u></b>	<b><u>Location</u></b>
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First Aid/Trauma Kit

Splint Kit

Spine Board

AED (Defibrillator)

EPI-Pen (Epinephrine)

**Section VI: Facility/Venue Directions**

Have directions available to read to EMS operator or police when calling for emergency assistance.

1. The \_\_\_\_\_ facility is located at \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ streets.
2. Notable landmarks are: \_\_\_\_\_  
\_\_\_\_\_
3. The quickest access to the playing field is via \_\_\_\_\_
4. The quickest access to the gymnasium or locker room area is via \_\_\_\_\_
5. Attach facility or campus map to this Emergency Plan, marked with access and exit routes. Ensure that all members of the Emergency Response Team know the quickest route to the nearest hospital or emergency medical facility.

**Section VII: Participant Medical Emergency Card**

For Youth and High School teams, an important part of the Medical Emergency Plan is to collect a Participant Medical Emergency Card from each player. Keep this data on hand at every lacrosse activity, as part of your Medical Emergency Plan binder. Have each participant's parent or guardian complete the form prior to the start of the season.

<b><u>US LACROSSE PARTICIPANT MEDICAL EMERGENCY CARD</u></b>		
Player Name _____	Father's Name _____	
Address _____	Father's Employer _____	
City _____	Father's Daytime Phone _____	
State _____ Zip _____	Mother's Name _____	
Birthdate Mo: _____ Day _____ Yr _____	Mother's Employer _____	
Age as of January 1 <sup>st</sup> _____	Mother's Daytime Phone _____	
Home Phone _____	Family Doctor _____	
<b><u>Person to notify if parents can't be reached:</u></b>	Doctor's Phone _____	
Name _____	Special information regarding medical history:	
Daytime phone _____	_____	
Name _____	_____	
Daytime phone _____	_____	
<b>CONSENT TO MEDICAL TREATMENT:</b>		
If the above named participant needs emergency medical treatment and neither parent nor the family doctor can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.		
_____ Signature of Parent/Guardian	_____ Print Name	_____ Date