



CONCUSSION EMERGENCY ACTION PLAN

Emergency numbers:	911 ~ If not, local police, fire, ambulance numbers should be posted	
Contact Information	President:	Cell:
	Manager:	Cell:
	Other:	Cell:
	Other:	Cell:
Facility Information	Address: Telephone: Nearest cross street:	Google Map
Person(s) on-site and in charge <input type="checkbox"/> Clear risk of further harm to the injured person by securing the area and shelter the injured person from the elements. <input type="checkbox"/> Designate who is in charge of the other participants. <input type="checkbox"/> Protect yourself (wear gloves if in contact with body fluids such as blood). <input type="checkbox"/> Check that airway is clear, breathing is present, a pulse is present, and there is no major bleeding. <input type="checkbox"/> Wait by the injured person until the ambulance arrives and the injured person is transported. <input type="checkbox"/> Fill in your PSO insurance service provider accident report form.	Names 1: 2: 3:	
On-site Call Person(s) <input type="checkbox"/> Call for emergency help. <input type="checkbox"/> Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done). <input type="checkbox"/> Clear any traffic from the entrance/access road before ambulance arrives. <input type="checkbox"/> Wait by the driveway entrance to the facility to direct the ambulance when it arrives. <input type="checkbox"/> Call the emergency contact person listed on the injured person's medical profile, or if present, ask emergency contact to monitor injured person.	Names 1: 2: 3:	

"It's better to miss one game than the whole season."