**STREETSBORO HIGH SCHOOL**

**EMERGENCY ACTION PLAN**

**WEIGHT ROOM**

ATTEND TO THE INJURED ATHLETE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (COACH)

(FIRST AID, CPR)

AED IF NECESSARY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ATHLETES)

(GET KEYS NEEDED FROM A COACH TO ACCESS AED IN TRAINERS ROOM OR GYM)

ALERT EMS/911 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (COACH OR ATHLETE)

(IF POLICE OFFICER IS ON SITE FOR A CONTEST, THEY CAN NOTIFY EMS IF NOTIFIED)

CALLER STATES: *“HELLO, MY NAME IS \_\_\_\_\_\_\_. I AM CALLING FROM STREETSBORO HIGH SCHOOL. OUR ADDRESS IS 8585 S.R. 14 STREETSBORO, OHIO. WE NEED EMERGENCY MEDICAL PERSONNEL TO REPORT TO PADUA STADIUM. THEY SHOULD FOLLOW THE DRIVEWAY TOWARDS THE FRONT OF THE SCHOOL AND WILL BE MET BY A REPRESENTATIVE AT THE ENTRANCE TO THE STADIUM. WE HAVE AN ATHLETE WITH A SUSPECTED INJURY.” (GIVE GENERAL INJURY INFO, STAY ON THE LINE TO ANSWER ALL QUESTIONS FROM THE DISPATCHER)*

NOTIFY ATHLETIC TRAINER IF NOT ON SCENE \_\_\_\_/\_\_\_\_ (COACH OR ATHLETE)

(IF ATHLETIC TRAINER IS NOT IMMEDIATELY PRESENT, NOTIFY AS SOON AS POSSIBLE. ATHLETIC TRAINER, STACI BOHANNON, 440-212-1383

(IN CASE OF EMERGENCY, CONTACT EMS BEFORE CONTACTING ATHLETIC TRAINER)

ACCESS NECESSARY SUPPLIES \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ (ATHLETES)

(MEDICAL FIRST AID KITS, SPLINTS, INHALER, ETC.)

SECURE ACCESS TO VENUE FOR EMS

OPEN DOORS TO SCHOOL AND WAIT AT ENTRANCE \_\_\_\_/\_\_\_\_ (COACH OR ATHLETE)

(ATHLETES SHOULD GET KEYS FROM COACH TO OPEN DOORS IF NECESSARY)

MEET EMS AT THE ENTRANCE OF SCHOOL \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (COACH OR ATHLETE)

(DIRECT AMBULANCE TO PARK AT FRONT DOORS AND ENTER THROUGH MAIN DOORS;

GET KEYS FROM COACH TO USE ELEVATOR FOR EMS GURNEY)

CROWD CONTROL AROUND LOBBY/HALLWAY \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ (COACH OR ATHLETE)

(INFORM STUDENT/ADULTS TO CLEAR PATH FOR EMS TO ENTER LOBBY/HALLWAY)

NOTIFY PARENTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (COACH OR TRAINER)

(PHONE NUMBERS SHOULD BE LISTED ON E-CARDS OR IN FINAL FORMS)

GATHER STUDENTS BELONGINGS \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ (ATHLETES)

(DELIVER TO PARENT OR CAN GO WITH EMS)

RIDE TO HOSPITAL IN AMBULANCE \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ (COACH OR ADULT)

(IF PARENT IS NOT PRESENT, A COACH OR OTHER ADULT SHOULD RIDE IN AMBULANCE WITH THE ATHLETE IF AT ALL POSSIBLE)

GATHER THE TEAM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (TEAM CAPTAINS)

(HELP TO CALM AND CONTROL THE SITUATION, KEEP OTHER PLAYERS OUT OF THE WAY OF EMS AND/OR OTHER MEDICAL PERSONNEL)

DOCUMENTATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (COACH OR ATHLETIC TRAINER)

POST INCIDENT NOTIFICATIONS \_\_\_\_\_\_\_\_\_\_\_\_ (COACH OR ATHLETIC TRAINER)

(ATHLETIC DIRECTOR(S) OR PRINCIPAL)

EMERGENCY PHONE NUMBERS

EMS – 911

ATHLETIC TRAINER – STACI BOHANNON, 440-212-1383

ATHLETIC DIRECTOR – RANDY TEVEPAUGH 440-759-9870

NOTE: AT LEAST TWO ATHLETES SHOULD BE ASSIGNED TO EACH TASK DUE TO CHANCE OF ABSENCE

PRACTICED ON \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

COACH SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATHLETIC TRAINER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_