

**LAKE ATHLETICS: "EMERGENCY ACTION PLAN"**

Team: \_\_\_\_\_ Coach: \_\_\_\_\_

**2018-2019 Sport Season**

Coach's Cell Phone: \_\_\_\_\_

1. Each coach must complete all requested data within the first two days of official practice start.
2. An Emergency Action Plan PRACTICE must be completed within the first week of each practice season *(see notes at bottom of this page)*.
3. One copy of this completed page must be on file in the Lake athletic office within seven days of the first official start date of practice.
4. Additional copies of this data should be provided to each coaching staff member, designated first-aid responder and the athletic trainer.

Practice site and official address: \_\_\_\_\_

Specific directions to practice/home site from nearest major intersection: \_\_\_\_\_

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Where should EMS come to have quick access to the injured athlete:

\_\_\_\_\_

Who is to provide primary care to the athlete: \_\_\_\_\_

Where is the First-Aid kit located: \_\_\_\_\_

Where is the AED located from your area: \_\_\_\_\_

Where are the Emergency Medical Information forms: \_\_\_\_\_

Who calls EMS: \_\_\_\_\_

Where is the phone from which to call EMS: \_\_\_\_\_

Who notifies the parent(s) that athlete is being transported: \_\_\_\_\_

Who notifies the trainer and athletic director: \_\_\_\_\_

Who manages the remainder of contest/practice: \_\_\_\_\_

Who opens doors/gates for EMS: \_\_\_\_\_

Who travels with injured athlete: \_\_\_\_\_

Who does follow-up with parent: \_\_\_\_\_

Who documents the injury: \_\_\_\_\_

Where is the closest weather shelter: \_\_\_\_\_

Who has keys/access to weather shelter: \_\_\_\_\_

Who performs daily safety check of field/court area: \_\_\_\_\_

Date of "Emergency Action Plan" Practice: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**SECURITY ACTION PLAN:**

In the event of a "LOCKDOWN", where is the "Shelter in Place": \_\_\_\_\_  
\_\_\_\_\_

In the event of an EVACUATION, where is the "Secure Venue Area": \_\_\_\_\_  
\_\_\_\_\_

Where is the "REUNIFICATION" area designated from this venue: \_\_\_\_\_  
\_\_\_\_\_

Date of Coach "Security Training" (e.g., "ALICE training, etc): \_\_\_\_\_

Date of "*Security Action Plan*" Practice: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_