



WESTERN PENNSYLVANIA YOUTH FOOTBALL LEAGUE

EMERGENCY ACTION PLAN (EAP)

Organization

EAP Coordinator: _____ Phone: _____

Organization President: _____ Phone: _____

Division I Head Coach: _____ Phone: _____

Division II Head Coach: _____ Phone: _____

Division III Head Coach: _____ Phone: _____

Emergency Medical Services: _____ Phone: _____

EMS Protocol - When calling EMS provide your name and title, address where injury occurred, telephone number, nature of emergency and condition of injured individual, first aid treatment administered, specific directions as needed to locate the emergency scene, any other information as requested by dispatcher.

****Scene Control: Limit scene to first aid responders and move bystanders away from area****

FACILITY ADDRESS

Practice Facility: _____

Game Facility: _____

Hospital Name and Phone Number: _____

Location of AED and First Aid Kit: _____

EMERGENCY TASKS	ASSIGNED TO
Immediate care of injured or ill individual:	Phone: _____
Emergency Equipment (AED) retrieval:	Phone: _____
Call EMS or 9-1-1:	Phone: _____
Unlock gates for EMS:	Phone: _____
Direct EMS to scene:	Phone: _____
Contacting Parent(s)/Guardian(s):	Phone: _____
Removing players and spectators from the scene:	Phone: _____
Accompanying injured/ill individual to hospital:	Phone: _____