



THE RICHMOND HILL SOCCER CLUB

Clubhouse Address: 1370 Elgin Mills Rd. East, Richmond Hill, ON., L4S 1M5

Mailing Address: 10660 Yonge St., Box 30553, Richmond Hill, ON., L4C 3C9

Phone: 905-883-4990 Fax: 905-883-4141

Email: info@richmondhillsoccer.com

Web: www.richmondhillsoccer.com

Emergency Action Plan

The coaching staff for every team or pool of players in the RHSC is responsible for implementing an Emergency Action Plan (EAP). This ensures that there is an established procedure in place for dealing with injuries or other emergencies at training sessions or games. A document template is provided below to assist in creating an EAP.

Teams and training pools must all have a person on their staff who is formally trained in first aid and CPR. Teams and training pools must also maintain a complete first aid kit and must make sure it is on hand for games and training sessions in order to deal with minor injuries. This includes making sure ice is available for all training and games. It is recommended that teams/pools designate a person to be responsible for the first aid kit.

There are four primary elements in an EAP including:

A) **Access to Phones:** make sure that someone on the coaching staff has a charged cell phone available at the field or facility. Information regarding emergency contact numbers should be known as well and should travel with the team/pool.

B) **Access to Sites:** coaching staff and/or the person designated as the charge person should be prepared to give emergency responders directions to their location, including the address. It is suggested that the team/pool prepare a document at the start of each indoor and outdoor season that simply lists their training locations and home game locations and keeps this document as part of their EAP kit. The charge person should also ensure they have the address available for away games should emergency personnel need to be called.

C) **Information on Participants:** a medical form that includes players' medical history, past injuries, known medical conditions, allergies, and emergency contact information should be on hand at all times. This will assist medical personnel should there be a situation where a player needs to be transported to a hospital or needs to receive treatment at the field or facility.

D) **Charge Person/Call Person:** specific persons should be designated as Charge Persons and Call Persons. Two alternates or back-ups should be appointed as well.



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The *Charge Person* should be the one that is most qualified in first aid and emergency procedures. This individual will:

- Conduct an initial assessment of the injury.
- Designate someone to watch the other participants (stop all activities and ensure all participants are in a safe area if nobody is available to supervise).
- Wait with the injured participant and help keep them calm until emergency medical services arrive and conduct their assessment of the injury.
- Record the injury using their club's accident report form.

The *Call Person* will:

- Call for emergency help.
- Provide all necessary information to dispatch.
 - The facility location
 - The closest access door to the injured participant
 - The nature of the injury
 - A description of first aid that has been performed
 - Other medical information, such as allergies or medical conditions
- Clear any traffic from the facility entrance or access road before the ambulance arrives.
- Wait by the entrance to direct the ambulance.
- Call the participant's emergency contact person.
- Assist the charge person as needed.

If it has been necessary for a team/pool to call for emergency medical support, a team official (coach, charge person, manager) must notify RHSC and should complete an Accident Report Form for submission to the Club Manager. The Accident/ Insurance Report Form is available on the RHSC website under: Coaches / Risk Management.



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Emergency Action Plan Template

EAP for (facility name or event): _____

Charge Person: _____

Back-up: _____

Back-up: _____

Call Person: _____

Back-up: _____

Back-up: _____

Emergency Scenarios:

Plan for injury: _____

Plan for missing child: _____

Plan for severe weather: _____

Plan for evacuation of facility: _____



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Facility or Event Details:

Address or Directions to facility: _____

Phone number at site (if available): _____

Call Person cell number: _____

Emergency Numbers:

York Region Police (non-emergency): 1 (866) 876-5423 or 1 (905) 764-1300

Local Police (if outside York Region): _____

Local Hospital Phone: _____

Local Hospital Address: _____

York Region Hospitals:

Mackenzie Richmond Hill: 10 Trench St, Richmond Hill, ON L4C 4Z3
(905) 883-1212

Southlake Regional Health Centre: 596 Davis Dr, Newmarket, ON L3Y 2P9
(905) 895-4521

Markham Stouffville Hospital: 381 Church St. Markham, ON L3P 7P3
(905) 472-7000