

EMERGENCY ACTION PLAN



ASSOCIATION DE FOOTBALL MINEUR DE L'OUTAOUAIS

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Activating the EMS System

Making the Call:

- Call 911
- Other Numbers:
 - 311 (non-urgent)
 - Hôpital pour enfants de l'est de l'ontario (CHEO) 613-737-7600
 - Hôpital de Hull (819) 966-6200
 - Coopérative de paramedics de l'Outaouais (819) 643-5005

Providing Information:

- Name, address of venue, telephone number of caller
 - Nature of emergency, whether medical or non-medical
 - Number of athletes injured
 - Condition of athletes (breathing, not breathing, pulse, no pulse, bleeding, conscious, unconscious)
 - First Aid treatment initiated by first responder (blood control, rescue breathing, CPR, etc)
 - Specific directions as needed to location of injured athlete (see individual venue info)
 - Other information requested by dispatcher
-

Emergency situations may arise anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the sport participant in emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

As emergencies may occur at any time during an activity, the Athletic Staff must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate medical emergency equipment and supplies, utilization of appropriate medical emergency personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques, and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the Athletic Staff should enable each emergency situation to be managed appropriately.

Emergency Action Plan Personnel

During typical athletic practice or competition, the first responder to an emergency is typically a member of the Athletic Staff, most commonly a Team Safety Coach. Coaches on site are trained in CPR/AED & First Aid.

Roles of the First Responders

The development of an emergency action plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers, coaches, managers, and possibly bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team or the athletic venue itself. There are five basic roles within the emergency medical team.

1. The first and most important role is establishing safety of the scene and immediate care of the athlete. Acute care (immediate care) should be provided by the most qualified individual on the scene. Individuals with lower credentials should yield to those with more appropriate training.

2. EMS activation may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who

communicates well over the telephone. This person should also be familiar with the location and address of the sporting event.

3. Equipment retrieval may be done by anyone on the emergency team who is familiar with the types and locations of the specific equipment needed. Coaches and managers are good choices for this role.

4. Directing EMS to the scene is the fourth role. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on the ease of access, this person should have keys to any locked gates or doors that may slow the arrival of the medical personnel. A coach or manager may be appropriate for this role.

5. Notify individuals designated on Emergency Contact Roster in Team Book located in Coaches Bag.

Emergency Communication

Communication is key to quick emergency response. Athletic staff and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as telephone tree established as part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event, then direct communication with the emergency medical system at the time of the injury or illness is necessary.

Access to a working telephone or other telecommunication device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a cellular phone. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if not easily accessible.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to

use it properly. Emergency equipment available should be appropriate for the level of training for the emergency medical providers.

Every team is supplied with a medical kit containing first aid supplies. Also, AFMO provides an AED for use at the practices and games. The AED, ice and medical kit are located with the team trainer during practices and games.

Medical Emergency Transportation

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate medical care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a “load and go” situation and emphasis placed on rapid evaluation, treatment and transportation. In order to provide the best possible care for AFMO, all athletes should be transported to the nearest hospital offering the appropriate level of care (e.g. Children’s Hospital of Eastern Ontario).

Non-Medical Emergencies

For the following non-medical emergencies; fires, bomb threats, severe weather and violent or criminal behavior, refer to the emergency action plan checklist for the specific venue and follow the instructions.

Environmental Issues and Protocols

Air Quality

Air quality is important due to forest fires or other events that may create an unsafe environmental exposure for athletes during outdoor sporting events. By understanding when the air is harmful, athletes, parents, and coaches can avoid certain outdoor physical activities and take preventive measures to protect themselves. Check the air quality in Gatineau at weather.gc.ca. You may also refer to the [Air Quality Health Index \(AQHI\)](#) regarding air quality.

Health Risk	Air Quality Health Index	Health Messages	
		At Risk Population*	General Population
Low Risk	1-3	Enjoy your usual outdoor activities.	Ideal air quality for outdoor activities.
Moderate Risk	4-6	Consider reducing or rescheduling strenuous activities outdoors if you are experiencing symptoms.	No need to modify your usual outdoor activities unless you experience symptoms such as coughing and throat irritation.
High Risk	7-10	Reduce or reschedule strenuous activities outdoors. Children and the elderly should also take it easy.	Consider reducing or rescheduling strenuous activities outdoors if you experience symptoms such as coughing and throat irritation.
Very High Risk	Above 10	Avoid strenuous activities outdoors. Children and the elderly should also avoid outdoor physical exertion.	Reduce or reschedule strenuous activities outdoors, especially if you experience symptoms such as coughing and throat irritation.

AFMO will reduce the intensity of activities when the AQHI is moderate (4-6).

AFMO will cancel all outdoor activities when the AQHI is high (7+).

Heat Index

A heat index is an index that combines air temperature and relative humidity in an attempt to determine the human-perceived equivalent temperature. The result is also known as the "felt air temperature" or "apparent temperature." For example, when the temperature is 32°C with very high humidity, the heat index can be about 42°C. AFMO will check the heat index prior to practices or games.

Metrication of [Template:HeatTable](#)

		temperature (°C)																
		27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
Relative Humidity (%)	40	27	28	29	30	31	32	34	35	37	39	41	43	46	48	51	54	57
	45	27	28	29	30	32	33	35	37	39	41	43	46	49	51	54	57	
	50	27	28	30	31	33	34	36	38	41	43	46	49	52	55	58		
	55	28	29	30	32	34	36	38	40	43	46	48	52	55	59			
	60	28	29	31	33	35	37	40	42	45	48	51	55	59				
	65	28	30	32	34	36	39	41	44	48	51	55	59					
	70	29	31	33	35	38	40	43	47	50	54	58						
	75	29	31	34	36	39	42	46	49	53	58							
	80	30	32	35	38	41	44	48	52	57								
	85	30	33	36	39	43	47	51	55									
	90	31	34	37	41	45	49	54										
	95	31	35	38	42	47	51	57										
	100	32	36	40	44	49	54											

	Caution
	Extreme Caution
	Danger
	Extreme Danger

AFMO will cancel all outdoor activities when the heat index is above 42°C. Below that, it will be at the coach's discretion. However, they must follow the CCOHS recommendations on the [website](#).

Lightning

In the case of lightning we will follow the recommendations of the CCOHS (https://www.ccohs.ca/oshanswers/safety_haz/weather/lightning.html).

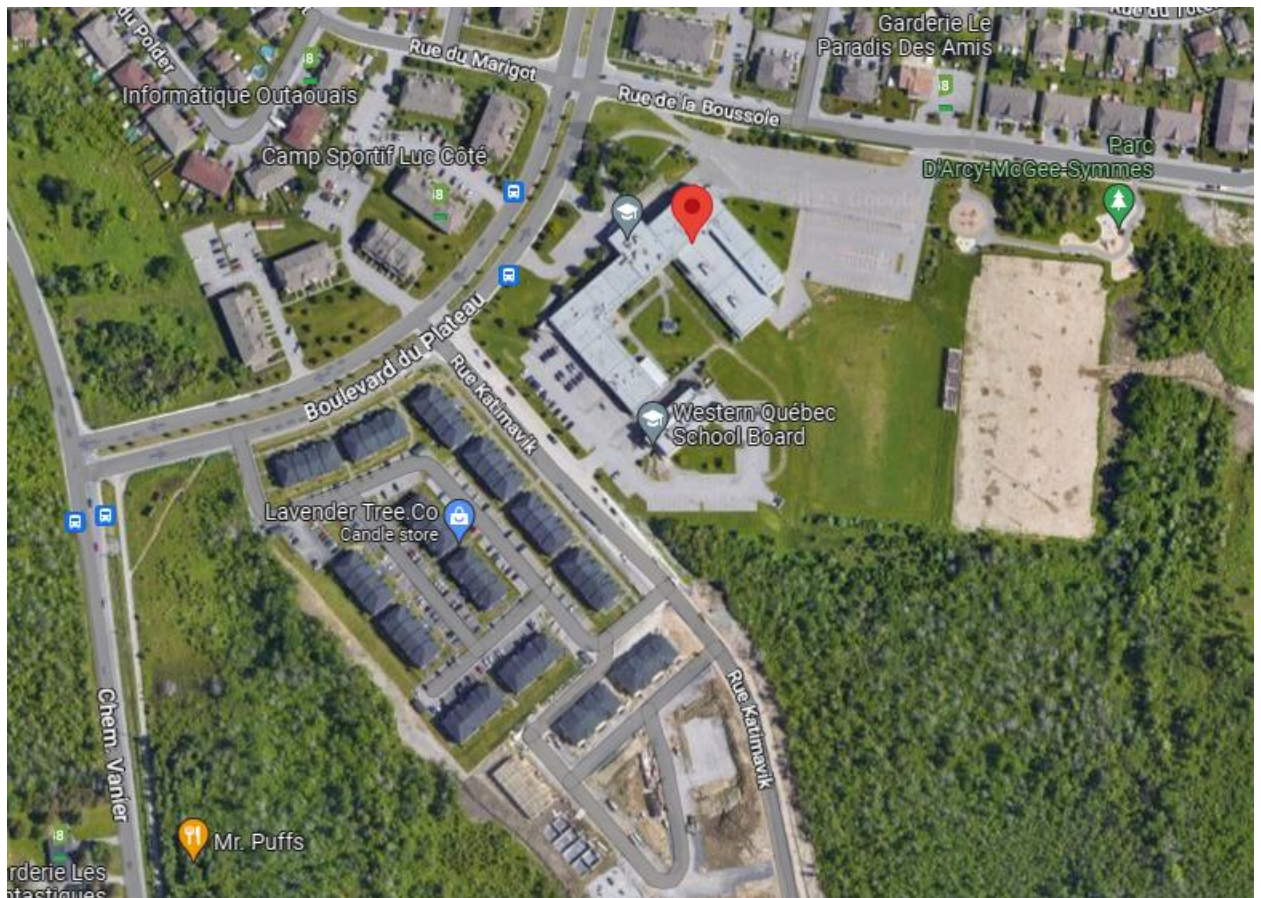
- Practices and/or games should be suspended immediately as soon as lightening is seen or thunder is heard (3 second rule).
- All athletes/officials/spectators should seek safe shelter
 - Safe structures are ones that are fully enclosed with plumbing, telephone, or electrical to ground the structure.
 - Fully enclosed automobiles or busses with the windows up. No golf carts or convertible cars.
 - Dugouts/golf shelters are not safe shelters, secondary to not being grounded in case of a strike.
 - If no suitable shelter available avoid tall objects (trees, light poles, etc.) which allow an easy path to ground. In an open field crouch with legs together, weight on the balls of feet, arms wrapped around knees, and head/ears covered to minimize contact with the ground.
- Play will not resume for at least 30 minutes after the last strike of lightening or clap of thunder.

Venue Directions with Map

D'Arcy McGee School

925 boul. du Plateau, Gatineau, QC J9J 3G2

EMS to enter location on rue de la Boussole and pull into to rear parking lot nearest to the field. Keys to the gate are on a hook in the pod (just inside the front window next to the shelves)



Non-Medical Emergencies: Weather related emergencies require participants to seek shelter such as in their vehicles. D'Arcy McGee does not have an indoor area accessible for shelter.