

CONCUSSION EMERGENCY ACTION PLAN

Emergency numbers:		911 ~ If not, local police, fire, ambulance numbers should be posted	
Contact Information		President:	Cell:
		Manager:	Cell:
		Other:	Cell:
		Other:	Cell:
Facility Information		Address:	Google Map
		Telephone:	
		Nearest cross street:	
Person(s) on-site and in charge			Names
			1:
	shelter the injured person from the elements.		
	Designate who is in charge of the other participants.		
	Protect yourself (wear gloves if in contact with body fluids such as blood).		2:
	Check that airway is clear, breathing is present, a pulse is present, and		
	there is no major bleeding	ng.	
	Wait by the injured person until the ambulance arrives and the injured		3:
	person is transported.		
	Fill in your PSO insurance service provider accident report form.		
On-site Call Person(s)			Names
	Call for emergency help.		1:
	Provide all necessary information to dispatch (e.g. facility location, nature of injury, what, if any, first aid has been done).		
	Clear any traffic from the entrance/access road before ambulance arrives.		2:
	Wait by the driveway entrance to the facility to direct the ambulance		<u></u>
	when it arrives.		
			3:
	- ·	emergency contact to monitor injured person.	