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| Description: Description: Description: Description: Description: Description: olney logo | 100 W. Duncannon Avenue  Philadelphia, PA 19120  Office: 215-456-3014  Fax: 215-456-3138  Web: [www.OlneyCharterHighSchool.org](http://www.OlneyCharterHighSchool.org)  **Mr. James Thompson**  *Principal/School Director*  **Mr. John Seman**  *Athletic Director* |
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*OCHS Emergency Action Plan*

*Coach’s Checklist*

*2018*

**Prior to the Season – HEAD COACH**

\_\_\_ Checked the practice area for potential hazards/safety concerns

\_\_\_ Communicated safety concerns to AD

\_\_\_ Made certain there was access for emergency vehicles

\_\_\_ Made certain EMS has keys for gated or locked areas

\_\_\_ Designate someone to stay with an injured athlete should an injury occur

\_\_\_ Designated someone to activate the emergency medical system

\_\_\_ Designated someone to be responsible for the medical kit

\_\_\_ Designated someone to access the emergency plan and phone numbers for the medical kit

**Emergency Situation**

**\_\_\_** The head coach and/or trainer asked the injured athlete to detail how the injury occurred and how he/she was feeling

\_\_\_ Someone was designated to activate the EMS or call 911

\_\_\_ Someone was designated to stay with injured athlete

\_\_\_ Someone was asked to meet and provide access to the area with EMS

\_\_\_ Someone was instructed to contact the parent or emergency contact person

\_\_\_ Parent was asked what hospital to transport athlete

\_\_\_ If parent cannot travel with athlete, a coach accompanied athlete in the ambulance

\_\_\_ The head coach or trainer contacted the AD based on the severity of the injury

**Follow up Care – Trainer, Head Coach, Athletic Director**

\_\_\_ The trainer followed up by contacting the parent

\_\_\_ The head coach called the parent after the injury

\_\_\_ The athletic director contacted the parent after the injury

\_\_\_ The nurse was notified of the situation

\_\_\_ Insurance forms were obtained by the student upon his/her return to school, if applicable

\_\_\_ If the injury was to an opponent, inquiry was made as to the status of the injured player from within the OCHS athletic department

\_\_\_ If the injury was at an opposing school, the athletic director contacted the opponent’s school to see if the is reciprocity with townships or if it is a private ambulance service

**Return to Play – Head Coach, Trainer, Athletic Director**

\_\_\_ Written permission was obtained from the physician authorizing participation after emergency care or rehabilitation after injury

\_\_\_ Verbal authorization was obtained from the trainer in non-emergency situations

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