



**CLUB TEMPLATE:
EMERGENCY ACTION PLAN
PACKAGE WITH BEST PRACTICES
CONSIDERATION**

PREPARED BY THE ALBERTA ARTISTIC SWIMMING CLUB
POLICIES TASK FORCE

BEST PRACTICES

- At the start of the season the Emergency Action Plan Checklist will be reviewed and acted on accordingly
- Scripts are reviewed annually to ensure any updates are made as needed
- Orientations held and debrief at the end of the season to address any gaps in the Emergency Action Plan

EMERGENCY ACTION PLAN CHECKLIST

EMERGENCY PREPAREDNESS CHECKLIST

- Emergency Action Plan (EAP) – for each Pool facility & for Other Activity
 - Review for accuracy (ensure no changes needed relevant to the new season)
 - Check with facility for their emergency plans & protocols
 - Update the EAP as needed, identify roles within club as call and charge person (it is ideal to identify these individuals in advance of an incident and familiarize them with their roles.)
 - Scripts for phone calls for the call person (any templates for scripts)
 - EMS as identified in your EAP
 - Parents of athlete or emergency contact of coach, dependent on party concerned
 - Everyone else needed to be notified of the incident with standard message
 - Parents of other athletes
 - Other club coaches
 - Board members
- Medical Information Sheets for all participants (mindful of club Privacy policy)
 - Up to date athlete and coach Medical Information Sheets with the emergency contact name
 - Ensure there are 2 copies, 1 for the club and 1 to EMS (if called for)
- First Aid Kit
 - Ensure there is a First Aid kit for each pool facility or activity
- Club Communicator (Call Person)
 - Identify the individual with the authority to speak on behalf of the club externally, if requested, such as media, another club, etc.
- Investigate support resources available for after the incident that may be needed for support of individuals involved
 - For example, victim services of Alberta
 - Local schools and municipalities have different social services available for school aged children
- Board, Coach & Chaperone Orientation
 - Emergency Action Plan
 - Location of medical information (may need more than one given travel and activities)
 - First Aid Kit (may need more than one given travel and activities)
 - Scripts

EMERGENCY RESPONSE CHECKLIST (Pool Facility)

- Notify lifeguards immediately

- Charge person identifies themselves to the lifeguard and follows all directions
 - Delegate a second individual as needed to assist and make lifeguard aware of access to individual's medical information
 - This individual gathers athletes, and takes to location as directed. (Ensure to delegate an individual that has a calm demeanor to manage the situation.)
 - This individual needs to have or prepare a list of athletes in their charge to check off as the parents pick up
 - Delegate a call person
 - This individual needs to know where to access the scripts and contact the identified groups. Contact information is within the medical profiles of athletes and coaches.
 - Ensure this individual has a calm demeanor, ability to communicate clearly and understanding to adhere to the agreed upon script to alleviate any misunderstandings

EMERGENCY RESPONSE CHECKLIST (Other Activity – ie. hotel, outside dryland, other activity)

- Charge person identifies themselves
 - Evaluate the situation
 - Treat the injury, as capable
 - Determine if an ambulance is needed
 - Delegate a second individual as needed to assist
 - This individual gathers athletes, and takes to location as directed. (Ensure to delegate an individual that has a calm demeanor to manage the situation.)
 - This individual needs to have or prepare a list of athletes in their charge to check off as the parents pick up
 - Delegate a call person
 - This individual needs to know where to access the scripts and contact the identified groups. Contact information is within the medical profiles of athletes and coaches.
 - Ensure this individual has a calm demeanor, ability to communicate clearly and understanding to adhere to the agreed upon script to alleviate any misunderstandings
- Follow up needed
 - Incident Report to Synchro Alberta within 72 hours
 - Inquire about victim services options for anyone involved that may need support depending on the severity of the incident
 - Replace medical copy of participant concerned within the medical binder and update as per the incident that occurred
 - Generic, factual communication to the entire club about the incident, being mindful on privacy implications of the information being shared such as medical information

Emergency Action Plan – Pool Facility (Coach)

When a life threatening injury or medical emergency occurs during pool time it is the responsibility of the lifeguard and facility to lead the response. However, it is all of our responsibilities to ensure that the welfare of any individual comes first so in the event that the lifeguard is unable to take action immediately in an emergency situation.

In the event that such a situation arises during pool time or during dryland training where lifeguards are not responsible then follow this emergency action plan. In this instance, the **charge person** takes control of the situation. The charge person should be the person most capable of handling an injury (i.e., the medical person). **The charge person must evaluate the situation, treat the injury, as capable, and determine if an ambulance is needed.** Follow the Emergency Response Protocol; before each event/activity, you should designate who will be the charge person and the call person in case of an emergency situation and have completed the Pre-Event checklist.

EMERGENCY RESPONSE PROTOCOL

- Notify Lifeguards Immediately
- Identify yourself to lifeguard and follow directions
- Delegate a second individual, as needed, to assist and make lifeguard aware of access to individual's medical information
 - This individual gathers athletes, and takes to location as directed. (Delegate an individual with a calm demeanor.)
 - This individual needs to have or prepare a list of athletes in their charge to check off as the parents pick up
- Delegate a Call person
 - This individual needs to know where to access the scripts and contact the identified groups. Contact information is within the medical profiles of athletes and coaches.
 - Ensure this individual has a calm demeanor, ability to communicate clearly and understanding to adhere to the agreed upon script to alleviate any misunderstandings
- Submit Incident Report to Synchro Alberta within 72 hours.
- Review additional follow up needed within the Emergency Action Checklist of the club.



PRE-EVENT CHECKLIST

Go through this checklist before each event/activity and ensure the following has been done.



- ✓ Telephone is working and accessible, or cell phone is charged (have another phone plan ready in case the cell phone doesn't work)
- ✓ Athletes' medical information sheets are easily accessible to send with the ambulance if needed
- ✓ Doors which the Emergency Medical Services must use are unlocked
- ✓ Gates that may block ambulance entrance are open or unlocked
- ✓ Check for the correct emergency number (smaller communities may not use 9-1-1)
- ✓ First kit and supplies are accessible and adequately/fully stocked with equipment properly maintained

EMERGENCY PROTOCOL CARD (Call Person)

1. Ambulance Phone Number: _____
2. Type of Emergency: ie. "We have a --- year old (male/female) athlete, who is (conscious/unconscious) and may have a --- injury"
3. Address of Facility and Location of Access Doors
4. Other Emergency Numbers
Team Doctor _____
Fire _____
Police _____

EXTRA INFO

- ◆ All information that the Call Person requires should be written on this card and carried in the First Aid kit. It should also be posted by the telephone and/or kept with the cell phone.
- ◆ If using a cell phone, tell the Emergency Operator the phone number of the phone you are calling from.

Emergency Action Plan – Other Activity (ie. Chaperone)

When a life threatening injury or medical emergency occurs, the charge person should be the person most capable of handling an injury (i.e., the medical person).

The charge person must evaluate the situation, treat the injury, as capable, and determine if an ambulance is needed. If an ambulance is needed, the charge person designates a **call person** to make the call (should be reliable; i.e., parent, coach or another medical person and **identified in advance of the incident**).

Follow the Emergency Protocol; before each event/activity, you should designate who will be the charge person and the call person in case of an emergency situation and have completed the Pre-Event checklist.

EMERGENCY RESPONSE PROTOCOL

- Charge person identifies themselves
 - Evaluate the situation
 - Treat the injury, as capable
 - Determine if an ambulance is needed
- Delegate a second individual as needed to assist
 - This individual gathers athletes, and takes to location as directed. (Ensure to delegate an individual that has a calm demeanor to manage the situation.)
 - This individual needs to have or prepare a list of athletes in their charge to check off as the parents are pick up, if applicable.
- Delegate a call person
 - This individual needs to know where to access the scripts and contact the identified groups. Contact information is within the medical profiles of athletes and coaches.
 - Ensure this individual has a calm demeanor, ability to communicate clearly and understanding to adhere to the agreed upon script to alleviate any misunderstandings.
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The following templates should be used as guidelines to develop scripts to be ready as part of your Emergency Action Plan. It is important that the individual responsible for calling on behalf of the club is delivering a calm and consistent message to those concerned.

CALL TO PARENTS/ GUARDIANS OR SPOUSE OF THE PATIENT:

REMAIN AS CALM AS POSSIBLE

Hello this is (your name) calling on behalf of the (club name). Your child/spouse (patient's name) has been involved in a medical emergency and is being cared for by Lifeguards/EMS. We need you to meet her at (location of hospital). Do you have someone that would be able to drive you?

The parent/spouse will likely have questions. Answer their questions with short known facts.

It is okay to say that you do not know some of the answers to their questions. Reassure them that their child/spouse is being looked after by Lifeguards or EMS.

If the parent/spouse is in the facility - you can ask them to report to (Facility).

CALL TO OTHER CLUB PARENTS/GUARDIANS OF ATHLETES:

REMAIN AS CALM AS POSSIBLE

Hello this is (your name) calling on behalf of the (Club Name). There has been an emergency at (Facility Name) and the remainder of practice has been cancelled.

We need you to report to (Facility Name) as soon as you can to pick up your child. Coaches will meet you with your child at (give location where you want them to pick up- be as precise as possible)

You may have to provide reassurance to the parents that their child is not injured – sometimes they will only hear up to the point of “emergency.” Do not provide any further details.

Thank-you

CONSENT FOR MEDICAL TREATMENT

Participant's Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Telephone: (_____) _____

Provincial Health Number (optional): _____

Parent or Guardian's Name: _____ Telephone Number: _____

Parent or Guardian's Name: _____ Telephone Number: _____

Alternate emergency contact (if parents are not available)

Name: _____ Telephone: _____

Address: _____

Doctor's Name: _____ Telephone: (_____) _____

Dentist's Name: _____ Telephone: (_____) _____

I, _____, (Participant and Parent/Guardian if under 18) give permission to the Organization to make decisions concerning my/my child's medical care and treatment, and where necessary to authorize such care and treatment in emergency situations. I understand the "Organization" to mean Alberta Artistic Swimming, its affiliated clubs, and their respective directors, officers, employees, contractors, coaches, officials, members, chaperones, agents and representatives.

I understand that the Organization will make every reasonable effort, in the circumstances, to contact _____ at _____ regarding my/my child's medical status in the event an emergency arises. In the event that _____ cannot be reached in an emergency I hereby give my permission for any emergency care and also give permission to the licensed physician, dentist, athletic therapist, nurse, or other medical professional whose services might be required to provide medical care and treatment to me/my child.

I also authorize the release of my/my child's personal health information to the appropriate people as deemed necessary. By signing here, I indicate that I have the understanding and capacity to communicate health care directives for myself/for my child and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the Organization.

Date: _____ Signature of Participant: _____

Date: _____ Signature of Parent or Guardian (if Participant under 18): _____

MEDICAL INFORMATION

The following information is being collected to be used in an emergency by coaches, chaperones and others when supervising the Participant. *You may choose not to respond to some or all of the questions, however, by doing so, that information may not be available in case of emergency and may negatively impact the care the Participant receives.*

Initial here if you choose not to respond to some or all of the questions: _____(Participant and Parent/Guardian if under 18)

Date of last complete physical examination: _____

Please circle the appropriate response and provide details below if you answer "Yes" to any of the questions.

	Yes	No	Previous history of concussions
	If Yes , please indicate		
	Yes	No	Fainting episodes during exercise
	Yes	No	Epileptic
	Yes	No	Wears glasses, If YES, are lenses shatterproof?
	Yes	No	Wears contact lenses
	Yes	No	Wears dental appliance
	Yes	No	Hearing problem
	Yes	No	Asthma
	Yes	No	Trouble breathing during exercise
	Yes	No	Heart Condition
	If Yes , please indicate		
	Yes	No	Medications
	If Yes , please indicate		
	Yes	No	Diabetic – Type I _____ Type 2__
	Yes	No	Wears a medical information bracelet or necklace, If YES, for what?
	Yes	No	Allergies
	If Yes , please indicate		
	Yes	No	Has any health problem that would interfere with participation in artistic swimming
	Yes	No	Has had an illness that lasted more than a week and required medical attention in the past year
	Yes	No	Has had injuries requiring medical attention in the past year
	Yes	No	Has been admitted to hospital in the last year
	Yes	No	Surgery in the last year
	Yes	No	Presently injured. Injured body part: _____
	Yes	No	Vaccinations up to date
			Date of last Tetanus Shot: _____
	Yes	No	Hepatitis B vaccination
Any other medical information you think is relevant			

I understand that it is my responsibility to keep the club advised of any change in the above information as soon as possible