



# **EMERGENCY ACTION PLAN**

Lake Charles Ward 3 Recreation Power Centre Fields  
3200 Power Centre Pkwy  
Lake Charles, LA 70607



Emergency Check List:

1. Call EMS.
2. Make sure a first responder is giving immediate care to the injured or ill participant.
3. Have a person in charge of flagging down and escorting EMS to the scene.
4. Assure that all the proper Emergency equipment have been retrieved and is on the scene.
5. Confirm that all gates/doors are unlocked and open upon EMS arrival.

## **EMS Protocol**

When calling EMS, provide your name and title/position, current address with specific directions, telephone number; number of persons injured; condition of the injury, first aid treatment given/to administer; and other information requested.

## **Control the Scene**

Limit the scene to first aid responders and move bystanders away from the area.

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- Communication
  - Emergency Kits
  - Documents / Medical History
  - Emergency Contacts
  - Record / Copy / Follow Up

### **Communication:**

All first responders should have at least two forms of communication. One will be used as a main form of communication, and the other as a backup – a telephone and radio is suggested.

### **Emergency Kits:**

Emergency kits should be accessible to all first responders.  
Emergency kits are considered to be an AED Machine and a FIST AID KIT.

### **Documents / Medical History:**

If possible, have the player's documents and medical history on hand for if the EMS needs it.

### **Emergency Contacts:**

Contact the player's parent or guardian to notify them of the incident.

### **Record / Copy / Follow Up:**

Fill out a detailed report of the incident, and be sure to make copies to file.  
Follow up with the player on the following work day to find out the full details of the injury.



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## **CALCASIEU SOCCER CLUB**

### **SUPPLEMENTAL EMERGENCY ACTION PLAN**

To supplement the Ward 3 Recreation Emergency Action Plan, the following steps are to be taken on CSC Recreation Soccer Saturday Game Days:

1. Alert one of the following game day personnel as soon as possible:
  - Calcasieu Soccer Club Director, coach, board member or designated volunteer
  - Game Official/Referee
  - Athletic Trainer
  - Security Officer
  - Ward 3 Attendant

*\*Those listed above may be considered first responders*
  
2. Go to the CSC tent located close to the concessions stand building to ask the CSC official to radio, telephone call or text message a CSC member of staff.
  - **Executive Director: Paul Burgess 337-474-6131**
  - **Recreation Director of Coaching: Curtis Stewart 337-274-6350**

# **EMERGENCY ACTION PLAN**

## **Accident/Incident Report**

Time: \_\_\_\_:\_\_\_\_ AM PM      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Field #: \_\_\_\_

Player's Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      M / F

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Sport: \_\_\_\_\_

Team Name: \_\_\_\_\_

Head Coaches Name: \_\_\_\_\_

Assistant Coach (as a secondary contact): \_\_\_\_\_

Details of Incident:

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Ambulance Needed? Y / N      If so, name the hospital: \_\_\_\_\_

Local Authorities Needed? Y / N      If so, name the local authorities contacted: \_\_\_\_\_

Witness or witnesses:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_