



Practice Day Emergency Action Plan Review and Rehearsal Report

Session / Venue Information

Session	Session Date	Organization		
<input type="checkbox"/> Fall		Venue		
<input type="checkbox"/> Winter		Address		
<input type="checkbox"/> Spring		City	State	Zip
<input type="checkbox"/> Summer		Site Coordinator	Phone	

Personnel Information

Name	Role	EAP Certification	ACC Certification Status	Re-Cert Date	Roll Call
	HAT		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	ATC		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	ATC		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	ATC		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	Team MD		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	AMP		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	Neuro Consult		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	Medical Director		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	EMS Director		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	EMT		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	EMT		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	Paramedic		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	Admin Liason		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	Security		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs
	Other		<input type="checkbox"/> Current <input type="checkbox"/> Expired		<input type="checkbox"/> Pres <input type="checkbox"/> Abs

Receiving Facilities

Facility	Status	Readiness
On-Site Radiology	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Equipment-laden athlete ready
Level I/Neuro	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Equipment-laden athlete ready
Nearest Hospital	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Equipment-laden athlete ready
Cardiac Hospital	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Equipment-laden athlete ready
Orthopedic Hospital	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Equipment-laden athlete ready
General Pharmacy	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Equipment-laden athlete ready
Delivering Pharmacy	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Equipment-laden athlete ready
After Hours	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Equipment-laden athlete ready

Emergency Response Equipment

Venue Emergency Equipment Deployment & Readiness Report	<input type="checkbox"/> Completed
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Rehearsal Activities Checklist

Emergency Response Critical Care Categories	Completed live drill	Discussed
Airway emergencies		
Allergic reaction / anaphylaxis		
Breathing emergencies		
Cardiac arrest		
Circulatory emergencies, including hemorrhage and sickle cell		
Cervical spine immobilization		
Concussion/traumatic brain injury		
Disaster		
Extremity splinting		
Environmental emergencies		
Seizure		

Describe the EAP live drills conducted during this venue's EAP review session

Review Activities

Distribute a complete written comprehensive EAP describing specific personnel roles.	<input type="checkbox"/> Completed	<input type="checkbox"/> NA
Discuss and review all specific EAP personnel roles.	<input type="checkbox"/> Completed	<input type="checkbox"/> NA
Rehearse proper use of all appropriate emergency equipment.	<input type="checkbox"/> Completed	<input type="checkbox"/> NA
Rehearse proper management of appropriate protective athletic equipment.	<input type="checkbox"/> Completed	<input type="checkbox"/> NA
Review and complete Venue Emergency Equipment Deployment and Maintenance log.	<input type="checkbox"/> Completed	<input type="checkbox"/> NA
Was there a documented Post-Transport Event Report Form completed since last review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, review the Post-Transport Event Report.	<input type="checkbox"/> Completed	<input type="checkbox"/> NA
If yes, revise the EAP accordingly.	<input type="checkbox"/> Completed	<input type="checkbox"/> NA
Approximate EMS response time:		

Describe all updates to be made to this venue's EAP resulting from this EAP review session

EAP Update Activities

EAP Updates Approved by	Printed Name	Signature (e-signature)	Date
Site Coordinator			
Administrative Liaison			
Medical Director			
EAP Updates Completed by:			
Updated EAP Circulated by:			
Next Scheduled Session:			

Statement

At the time this report was issued, the organization was recognized as having completed the above emergency action plan review and rehearsal activities.

Representative

Typed Name:

Title:

e-Signature:

The above signed representative is authorized to sign this report.



Practice Day Emergency Equipment Deployment & Readiness Report

Organization

Venue

Address

City

State

Zip

Site Coordinator:

Status Check Completed by:

Date:

Approximate Venue EMS Response Time: _____

Emergency Response Personnel

Personnel	Location				Status	
Athletic Trainer(s)	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA
Team Physician(s)	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA
AMP(s)	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA
Neuro-Consultant	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA
Injury Spotter(s)	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA
EMS	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA
Paramedic	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA
X-ray Technician	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA
Other _____	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA

Receiving Facilities

Facility	Location			Status		Equipment-leaden athlete ready	
X-Ray Facility	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Ready	<input type="checkbox"/> NA
Level I Trauma	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Ready	<input type="checkbox"/> NA
Other Trauma	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Ready	<input type="checkbox"/> NA
Nearest Hospital	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Ready	<input type="checkbox"/> NA
Nearest Appropriate Hospital	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Ready	<input type="checkbox"/> NA
Neuro Hospital	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Ready	<input type="checkbox"/> NA
Cardiac Hospital	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Ready	<input type="checkbox"/> NA
Orthopedic Hospital	<input type="checkbox"/> on-site	<input type="checkbox"/> on-call	<input type="checkbox"/> NA	<input type="checkbox"/> Alerted	<input type="checkbox"/> NA	<input type="checkbox"/> Ready	<input type="checkbox"/> NA

Emergency Response Equipment

Emergency Response Equipment	Status	Readiness / Content Tag	Required Maintenance Status	Operational Status
Basic First-Aid Kit	<input type="checkbox"/> Pres <input type="checkbox"/> Replace	<input type="checkbox"/> Complete	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant	<input type="checkbox"/> Ready <input type="checkbox"/> Service
Medical AED	<input type="checkbox"/> Pres <input type="checkbox"/> Replace	<input type="checkbox"/> Complete	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant	<input type="checkbox"/> Ready <input type="checkbox"/> Service
Administrative AED	<input type="checkbox"/> Pres <input type="checkbox"/> Replace	<input type="checkbox"/> Complete	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant	<input type="checkbox"/> Ready <input type="checkbox"/> Service
BLS Airway Supplies	<input type="checkbox"/> Pres <input type="checkbox"/> Replace	<input type="checkbox"/> Complete	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant	<input type="checkbox"/> Ready <input type="checkbox"/> Service
AMP / ALS Airway Supplies	<input type="checkbox"/> Pres <input type="checkbox"/> Replace	<input type="checkbox"/> Complete	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant	<input type="checkbox"/> Ready <input type="checkbox"/> Service
Medications / Formularies	<input type="checkbox"/> Pres <input type="checkbox"/> Replace	<input type="checkbox"/> Complete	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant	<input type="checkbox"/> Ready <input type="checkbox"/> Service
Splints/Immobilizers	<input type="checkbox"/> Pres <input type="checkbox"/> Replace	<input type="checkbox"/> Complete	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant	<input type="checkbox"/> Ready <input type="checkbox"/> Service
Spine board with CIDs	<input type="checkbox"/> Pres <input type="checkbox"/> Replace	<input type="checkbox"/> Complete	<input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant	<input type="checkbox"/> Ready <input type="checkbox"/> Service

Specific locations for all emergency response equipment are detailed in the comprehensive EAP. Readiness tags are placed on each kit and initialed after each review.

Communications

Systems	Status
Land lines	<input type="checkbox"/> Reviewed <input type="checkbox"/> Operational <input type="checkbox"/> NA
Cell phones	<input type="checkbox"/> Reviewed <input type="checkbox"/> Operational <input type="checkbox"/> NA
Radios	<input type="checkbox"/> Reviewed <input type="checkbox"/> Operational <input type="checkbox"/> NA
Hand signals	<input type="checkbox"/> Reviewed <input type="checkbox"/> Operational <input type="checkbox"/> NA
Other	<input type="checkbox"/> Reviewed <input type="checkbox"/> Operational <input type="checkbox"/> NA
Medical Time Out	
Visitor Orientation	<input type="checkbox"/> Completed <input type="checkbox"/> NA
Posted EAP Placard	<input type="checkbox"/> Completed <input type="checkbox"/> NA
EMS Orientation	<input type="checkbox"/> Completed <input type="checkbox"/> NA
Other	<input type="checkbox"/> Completed <input type="checkbox"/> NA

Sports Medicine Concepts, Inc., Audit Statement

At the time this report was issued, the organization was recognized as having completed the Venue Emergency Equipment Deployment & Readiness Report in accordance with Sports Medicine Concepts, Inc., sports emergency care standards and best practices. This report is thus certified accurate.

Sports Medicine Concepts, Inc., Representative

Typed Name:

Title:

e-Signature:

The above signed Sports Medicine Concepts, Inc., representative is authorized to sign this report.

**Michael Cendoma, MS, ATC
Program Director, Sports Medicine Concepts, Inc**

e-Signature: