



# Training Camp 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			
<b>EAP Updates Completed by:</b>			
<b>Updated EAP Circulated by:</b>			
<b>Next Scheduled Session:</b>			

**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.**



# Training Camp 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
<b>Medical Time Out</b>	
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

**Statement**

At the time this report was issued, the organization was recognized as having completed the Venue Emergency Equipment Deployment & Readiness Report.

**Representative**

Typed Name:

Title:

e-Signature:

**The above signed is authorized to sign this report.**