



# **EMERGENCY ACTION PLAN**



Lagrange Soccer Park  
100 W. School Street  
Lake Charles, LA 70605

## **Emergency Check List:**

In case of emergency take the following steps:

1. Call 911 for 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. Ensure that all the proper Emergency equipment has been retrieved and is on the scene.
5. Confirm that all gates/doors are unlocked and open upon EMS arrival.
6. Limit the scene to first aid responders and move bystanders away from the area.
7. Inform a CSC official at the earliest opportunity.

Executive Director: Paul Burgess 337-474-6131

Youth Competitive Director of Coaching: Kyra Williams 337-602-8423

Adult League Director: Jessica Hargrave 337-304-7882

## **EMS Protocol:**

When calling EMS be prepared to provide the following information:

1. Current address with specific directions: Lagrange Soccer Park, 100 W. School Street, Lake Charles. Located behind Coyote Blues Restaurant just off Ryan Street.
2. Your name and title/position and contact number
3. The number of persons injured, nature & condition of the injury, first aid treatment given/to administer
4. Any other information requested.

## **Additional steps & information:**

1. **Area Emergency Rooms:**  
Lake Charles Memorial Hospital, 1701 Oak Park Blvd, Lake Charles, LA 70601  
Lake Area Medical Center, 4200 Nelson Road, Lake Charles, LA 70605  
Christus St. Patrick Hospital, 524 Dr. Michael Debaque Road, Lake Charles, LA 70601
2. **Communication:** All first responders should keep a telephone with them.
3. **Emergency Kits:** First Aid kits are located in the storage room located next to the men's bathroom. Additional supplies are located in the concessions stand.
4. **Documents / Medical History:** If possible, have the player's documents and medical history on hand for if the EMS needs it. Calcasieu Soccer Club registered players should have details electronically stored in Got Soccer.
5. **Emergency Contacts:** Contact the player's parent/guardian to notify them of the incident. Calcasieu Soccer Club registered players should have details electronically stored in Got Soccer.
6. **Record / Copy / Follow Up:** Fill out a detailed incident report and 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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## **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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_