



# **EMERGENCY ACTION PLAN**



## **Ward 3 Enos Derbonne Complex**

7903 Lake 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.
  - First responders are considered CSC Directors, coaches, board members or game officials.
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
  - Youth Recreation Director of Coaching: Curtis Stewart 337-274-6350
  - 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: Enos Derbonne Sports Complex, 7903 W. School Street, Lake Charles. Located south on Lake Street, past Putters driving range.
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 Debakey 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.

# **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:

---

---

---

---

---

---

---

---

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_