

EMERGENCY ACTION PLAN
For the NORTHERN ROCKET FOOTBALL LEAGUE
AREA of _____

For the facility of : _____
(name of school or park/location)

This facility is for: Game Day _____ Practice Site _____

This Emergency Action Plan (EAP) was created on: _____
(day, month, year)

And placed into effect on: _____ for the _____ season
(day, month, year) (year)

Diagram of facility; include physical layout w/ access roads, entry ways onto the field or practice site and estimated distance to the closest emergency medical facility.

ATTACH to this EAP.

NAME OF GAME DAY FIELD: _____

NAME OF PRACTICE SITE: _____

THIS EMERGENCY ACTION PLAN SHALL BE UPDATED ANNUALLY AND FURNISHED TO ALL COACHES AND ADMINISTRATORS AS WELL AS TO THE ATHLETIC DIRECTOR OF THE FACILITY WHERE EVENTS WILL BE HELD, AS WELL AS A COPY ON FILE WITH THE DIRECTOR OF PERSONNEL, NRFL.

It will include the Chain of Command for practice and/or Game Days, Emergency Notification and Communication procedures and a Diagram of the Football Field and/or practice site as well as an Evacuation Plan.

Field Director

Asst. Field Director

PLEASE DEFINE THE RESPONSIBILITIES OF THE FOLLOWING INDIVIDUALS SHOULD THIS EMERGENCY ACTION PLAN NEED TO BE IMPLEMENTED.

FIELD DIRECTOR:

ASST. FIELD DIRECTOR:

HEAD COACH:

Do you have communications in place to coordinate all parties in the event of an emergency situation? _____ What type of communications?

Are your Area Field Director and/or Asst. Field Director on-site at every game/practice at the facility(s) in question? Yes _____ No _____

IF, they are not on-site who is in charge during their absence? _____

Has this individual been instructed in the details of the Emergency Action Plan? Yes _____ No _____

Does your Area have an onsite medical person(s) (Ex. Doctor, nurse, EMT) and if so are they available for ALL games at the facility? Yes _____ No _____

Name of medical person and title: _____

Does your Area have an arrangement for emergency ambulance transportation for an injured player/cheerleader or spectator from the Game Day field or practice site? Yes _____ No _____

Name of Ambulance Company. _____

FOLLOW-UP

Who is responsible for notifying the school of any type of medical emergency requiring treatment and/or transportation from the field/practice site?

Who is responsible for checking on the condition of the injured player/cheerleader?

Who is responsible for filling out the NRFL Injury Form and submitting to the league?

IF the situation warrants and there are media inquiries; who from your organization is designated as the spokesperson? And is this fact known and understood by all coaches within the program? _____

Do you have a contact list of cell phone numbers AND email addresses for all coaches in your areas program? Yes _____ No _____

If the answer to the above question is YES, please attach a copy of that information to this EAP when submitting to the NRFL Director of Personnel

Have all of your players/cheerleaders filled out a Medical Form/Card and is it on file with your area? Do the coaches have a copy of this form/card? Yes _____ No _____

If NO, please explain:

Have you gone over this Emergency Action Plan with all of your areas' coaches, explained it fully and have they indicated that they understand their role in this plan?

Yes _____ No _____

Signed for the Area of _____ Date: _____

Field Director: _____

Asst. Field Director: _____