

**NORTON HIGH SCHOOL
EMERGENCY ACTION PLAN
NORTON BASEBALL FIELD**

ATTEND TO THE INJURED ATHLETE: _____ (BASEBALL COACH)
(FIRST AID, CPR)

AED IF NECESSARY _____ / _____ (ATHLETES)
(CONTACT ATHLETIC TRAINER, GET KEYS NEEDED FROM A COACH TO ACCESS
AED IN STADIUM OR COMMONS, IF THE AED IS NOT PRESENT AT THE FIELD)

ALERT EMS/911 _____ / _____ (COACH OR ATHLETE)

(IF POLICE OFFICER IS ON SITE FOR A CONTEST, THEY CAN NOTIFY EMS IF NOTIFIED)

*CALLER STATES: "HELLO, MY NAME IS _____. I AM CALLING FROM NORTON HIGH SCHOOL.
OUR ADDRESS IS 1 PANTHERWAY, NORTON. WE NEED EMERGENCY MEDICAL PERSONNEL TO
REPORT TO NORTON BASEBALL FIELD. THEY SHOULD FOLLOW THE DRIVEWAY BETWEEN THE
LIBRARY AND GRACE CHURCH AND WILL BE MET BY A REPRESENTATIVE AT THE FRONT OF THE
SCHOOL. WE HAVE AN ATHLETE WITH A SUSPECTED INJURY." (GIVE GENERAL INJURY INFO,
STAY ON THE LINE TO ANSWER ALL QUESTIONS FROM THE DISPATCHER)*

NOTIFY ATHLETIC TRAINER IF NOT ON SCENE ____ / ____ (COACH OR ATHLETE)

(IF ATHLETIC TRAINER IS NOT IMMEDIATELY PRESENT, NOTIFY AS SOON AS POSSIBLE.
ATHLETIC TRAINER, MATT KEISLING, CAN BE CALLED AT 440-541-6181)

(IN CASE OF EMERGENCY, CONTACT EMS BEFORE CONTACTING ATHLETIC TRAINER)

ACCESS NECESSARY SUPPLIES _____ / _____ (ATHLETES)
(MEDICAL FIRST AID KITS, SPLINTS, INHALER, ETC.)

SECURE ACCESS TO VENUE FOR EMS

OPEN GATES TO BASEBALL FIELD & WAIT AT ENTRANCE ____ / ____ (COACH OR ATHLETE)
(ATHLETES SHOULD GET KEYS FROM COACH TO OPEN GATES IF NECESSARY)

MEET EMS AT THE DRIVEWAY BY RIGHT FIELD FOUL POLE ____ / ____ (COACH OR ATHLETE)
(DIRECT AMBULANCE TO GATE BY RIGHT FIELD FOUL POLE)

CROWD CONTROL AROUND GATE BY RIGHT FIELD _____ / _____ (COACH OR ATHLETE)
(INFORM FANS TO CLEAR PATH FOR EMS TO ENTER FIELD AREA)

NOTIFY PARENTS _____ / _____ (COACH OR TRAINER)
(PHONE NUMBERS SHOULD BE LISTED ON E-CARDS OR IN FINAL FORMS)

GATHER STUDENTS BELONGINGS _____ / _____ (ATHLETES)
(DELIVER TO PARENT OR CAN GO WITH EMS)

RIDE TO HOSPITAL IN AMBULANCE _____ / _____ (COACH OR ADULT)
(IF PARENT IS NOT PRESENT, A COACH OR OTHER ADULT SHOULD RIDE IN AMBULANCE
WITH THE ATHLETE IF AT ALL POSSIBLE)

GATHER THE TEAM _____ (TEAM CAPTAINS)
(HELP TO CALM AND CONTROL THE SITUATION, KEEP OTHER PLAYERS OUT OF THE
WAY OF EMS AND/OR OTHER MEDICAL PERSONNEL)

DOCUMENTATION _____ (COACH OR ATHLETIC TRAINER)

POST INCIDENT NOTIFICATIONS _____ (COACH OR ATHLETIC TRAINER)
(ATHLETIC DIRECTOR(S) OR PRINCIPAL)

EMERGENCY PHONE NUMBERS

EMS – 911

ATHLETIC TRAINER – MATT KEISLING (440-541-6181)

ATHLETIC DIRECTOR – TRAVIS DOBBINS (330-571-1810)

PRINCIPAL – RYAN SHANOR (330-316-6962)

NOTE: AT LEAST TWO ATHLETES SHOULD BE ASSIGNED TO EACH TASK DUE
TO CHANCE OF ABSENCE

PRACTICED ON _____ / _____ / _____

COACH SIGNATURE: _____

ATHLETIC TRAINER SIGNATURE: _____