



Emergency Action Plan Evaluation

School: _____ Date: _____

Venues circled were inspected during today's visit. Check (√) indicates required information observed.

Athletic Venues And Emergency Action Plan Components	Baseball	Basketball	Cross Country	Football	Golf	Lacrosse	Soccer	Softball	Swimming	Tennis	Track	Volleyball	Wrestling	Weight Room
1. Directions to Venue														
2. Roles Established														
3. Communication														
4. Emergency Equipment														
5. Emergency Transport														
6. L.T. Shelter & Evacuation *														
EAP Posted/Venue Specific														
EAP Reviewed by LAT														
EAP Distributed to Staff														
EAP Reviewed & Rehearsed														
EAP Principal Approval														
EAP Complete														

Emergency Action Plans Components

- 1. Directions to Athletic Venue** • Written • Map
- 2. Roles Established**
 - Immediate care of the athlete • Activation of Emergency Medical System
 - Emergency equipment retrieval • Direction of EMS to scene • Scene control
- 3. Communication**
 - Primary method • Back-up method (often a landline)
 - Activation of EMS
 - Student emergency information
 - o Critical medical information (conditions, medications, allergies, etc.)
 - o Emergency contact information (parent / legal custodian)
- 4. Emergency Equipment** • Available at venue • Accessible and properly maintained elsewhere
- 5. Emergency Transportation** • Clear route for entering and exiting venue
- 6. Lightning or Thunder Disturbances *** • Safe Shelter • Evacuation Route Identified

The NCHSAA is committed to education-based athletics, with health and safety being a priority. One goal undertaken towards satisfying this priority is insuring that Emergency Action Plans (EAP) meet the requirements set forth by the Gfeller-Waller Concussion Awareness Act, which is referenced on page 37 of the NCHSAA 2016-2017 Handbook. Evaluation of an EAP of a NCHSAA member school is undertaken to initially be instructional and corrective, rather than punitive.

I acknowledge that, during Ken Brown's visit to _____ on _____, he inspected the EAP's at the circled athletic venues. If deficiencies have been identified, I fully understand the corrective measures necessary to be in full and complete compliance. I also understand that failure to comply with the EAP plan component and posting requirements may result in the imposition of fines and penalties; Handbook (Rule 3.2.2(f)(12)/(g)(7), pgs. 46-47).

The NCHSAA will provide a two-week time period for _____, ending on _____, to correct any deficiencies identified in this EAP evaluation. Please note that under some circumstances the commissioner may modify the time period for corrective measures. Appropriate documentation must be submitted upon completion of all issues identified for correction within the two weeks allotted. Proper documentation within the allotted time period may result in the reduction of fines levied by the NCHSAA for noncompliance. Any questions about the information contained in this document should be forwarded to Ken Brown, NCHSAA Health Consultant via email at ken@nchsaa.org.

Principal (or Designee): _____ Date: _____

Title (please print): _____

Athletic Director: _____ Date: _____

NCHSAA *Health and Safety Consultant*: _____ Date: _____

For Office Use

- Appropriate documentation was received for completion of all issues identified for correction on _____.
- Appropriate documentation was not received for completion of all issues identified for correction within the time allotted above.

Additional Comments: _____

Signature: _____