Emergency Action Plan Evaluation

School: _____________________________ Date: __________________

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

<table>
<thead>
<tr>
<th>Athletic Venues And Emergency Action Plan Components</th>
<th>Baseball</th>
<th>Basketball</th>
<th>Cross Country</th>
<th>Football</th>
<th>Golf</th>
<th>Lacrosse</th>
<th>Soccer</th>
<th>Softball</th>
<th>Swimming</th>
<th>Tennis</th>
<th>Track</th>
<th>Volleyball</th>
<th>Wrestling</th>
<th>Weight Room</th>
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<tbody>
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<td>1. Directions to Venue</td>
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<td>3. Communication</td>
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<td>5. Emergency Transport</td>
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<td>6. L.T. Shelter &amp; Evacuation *</td>
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<td>EAP Reviewed by LAT</td>
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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: ______________________________ Date: __________
Safety Consultant ____________________________

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: __________________________

Rev June 2017