



## BC Baseball Umpires Association

### Emergency Action Plan Policy

#### **(1.0) Introduction**

The BCBUA believes in fostering a safe, welcoming, and inclusive environment for participants. From time to time, emergency situations occur that require an immediate response from adults to provide care for participants. The purpose of this policy is to plan for such emergency situations.

#### **(2.0) Application**

The BCBUA will prepare an emergency action plan (EAP) for all events directly organized by the BCBUA, such as clinics and camps.

The game related events directly sanctioned by the BCBUA, such as Provincial Championships, the BCBUA will require that the organizing body provide the BCBUA Umpire Supervisor with a copy of the EAP for the event.

#### **(3.0) Implementation**

The plan should be implemented when any serious injury or medical event occurs, including but not limited to, when a participant:

- Is not breathing
- Does not have a pulse
- Is bleeding profusely
- Has impaired consciousness
- Has visible major trauma
- Cannot move their arms or legs or has lost feeling to them

#### **(4.0) Planning Requirements**

When the BCBUA prepares an EAP per section 2.0 of this policy, the BCBUA will provide the charge person with a level one first aid kit as per WorkSafe.

The completed EAP will be provided to all event leaders and staff.

The call person will be provided with the participant information and medical history documents.



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### (5.0) Required Documents

To respond to a medical emergency, the BCBUA will collect information and medical history as part of its registration process for camps and clinics. It is essential that a designated call person and attending chaperones are in possession of this information.

The collection of this information is mandatory for minor umpires under the supervision of the BCBUA at camps, clinics, and other events, such as Championships.

The BCBUA Personal Information Protection Policy will apply to safeguarding the information collected under this policy.

### (5.1) Participant Information

Participant information collected must include:

- Contact information for the athlete's parents/guardians
- Emergency contact information
- Doctor's name and phone number
- Umpire's birthdate
- Medical number

### (5.2) Medical History Document

Medical history collected must include:

- List of previous injuries
- Allergies
- Current medications
- Other relevant medical information



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### (6.0) Roles & Responsibilities

Three individuals, each with a different responsibility, will work together to implement the EAP in an emergency.

#### (6.1) Charge Person

The role of the charge person is to:

- Immediately enter the field of play and approach the injured participant
- Take control of the situation and secure the area
- Instruct the injured participant to lay still, and inform others to not move the individual
- Assess the injury status of the individual and communicate to the call person if an ambulance is required
- Provide first aid as required
- Determine if other individuals with first aid or other medical expertise may assist
- Stay with the participant until EMS arrive
- Advise the executive director of the event and actions taken

#### (6.2) Call Person

The role of the call person is to:

- Call for emergency help
- Provide all necessary information to dispatch
- Update dispatch on the participant's condition and the medical assistance being performed
- Ensure the athlete's parents/guardians are contacted and if they are not reached the athlete's emergency contact.

#### (6.3) Control Person

The role of the control person is to:

- Ensures fellow umpires, other participants, and spectators are not in the way of the charge person and ambulance crew
- Wait by the entrance to the park to direct the ambulance when it arrives
- Communicate with officials, umpires, the opposing team, and coaches, as required
- Seek highly trained medical personal to assist, if required by charge person



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### Emergency Action Plan

#### Venue Information

Venue name: \_\_\_\_\_

Venue address: \_\_\_\_\_

Ambulance entrance information: \_\_\_\_\_

Nearest AED location (if any): \_\_\_\_\_

EMS Phone Number: 911 \_\_\_\_\_

Nearest hospital: \_\_\_\_\_

Nearest hospital phone number: \_\_\_\_\_

Nearest hospital address: \_\_\_\_\_

#### Contact Person Information

Charge Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Call Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Control Person: \_\_\_\_\_ Cell: \_\_\_\_\_