



Pre-Game EAP Review / Report

- Sport and date of contest _____
- Gameday Administrator identified, contact info. shared. _____
- Competing teams/level. _____
- Home team Licensed Athletic Trainer or Athletic First Responder identified and contact information shared to appropriate home and visiting team personnel for use during event. _____
- Visiting team Licensed Athletic Trainer or Athletic First Responder identified and contact information shared to appropriate home and visiting team personnel for use during event. _____
- Name of lead official is recorded. _____
- Note additional medical personnel at the event. (MD, DO, PA, EMS, etc) _____
- Venue and Sport specific EAP reviewed **Yes No**
- Roles and locations of persons established should the EAP need to be activated.
 - Person designated to provide immediate care of the athlete. **Yes No**
 - Person designated to activate (call) Emergency Medical System. **Yes No**
 - Person designated to retrieve emergency equipment. **Yes No**
 - Person designated to meet EMS and direct them to the emergency scene. **Yes No**
 - Person designated to control the emergency scene and move bystanders. **Yes No**
- Discussed emergency equipment availability and location at venue. (e.g., AED/CPR equipment, spinal injury stabilization equipment, exertional heat illness management equipment etc.) **Yes No**
- Discussed emergency transportation (e.g., What is the planned route for entrance/exit and is the route unencumbered? Is the ambulance a dedicated unit or on stand-by? If an ambulance is not on site, what is the mechanism for calling one? What is the designated hospital?). **Yes No**
- Discussed potential impacts to the EAP. (e.g., construction, weather, crowd flow). **Yes No**

Outdoor Events

- Discussed lightning/thunder disturbances, safe shelter, and evacuation routes. **Yes No**
- Reviewed criteria used to determine if unsafe environmental conditions are present. **Yes No**
- Name, title, cell number of individual monitoring environmental conditions. (e.g., thunder and lightning/wet bulb globe temperature). _____
- Name, title, cell number of individual who will notify lead official of unsafe environmental and field/facility conditions is recorded. _____
- Record the WBGT, if available/needed, at the beginning of the contest. _____