

MEDICAL EMERGENCY ACTION PLAN

Emergency Action Plan

Facility Preparedness

Facility Name:	Facility Phone:
Facility Address:	
Facility Landmark (cross street, landmark everyone knows):	
Nearest Hospital:	
Nearest Trauma Center:	
Best Access Location for EMS Entry:	
Hazardous Weather Interior Location (inner room away from windows):	
Emergency Contact Name & Phone Numbers:	Safety Team Responders
Chief Administrator/Safety Supervisor:	Responder:
Supervisor/Coach:	Responder:
Supervisor/Coach:	Responder:
Supervisor/Coach:	Responder:
Utility Phone Numbers	Electric:
Gas:	Water:
AED Location(s):	
AED Battery Reorder Date:	AED Pad Reorder date:
First Aid Kit Location(s):	
Fire Extinguisher Location(s):	
Cold Tub/Ice/Water Supply Location:	
Weather Conditions (Heat Index or WBGT, Cold, Rain):	

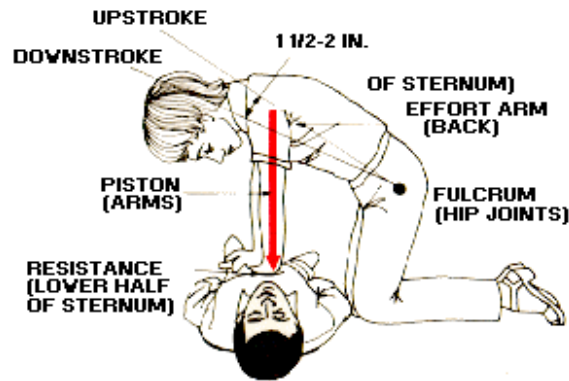
Action Plan

Who provides primary care to injured person?
This person will attend to the injured person, start an assessment, provide any care necessary
Who calls 9-1-1?
Provides address, injured person medical information, description of injury, description of care being given, and stays on the phone with 9-1-1 operator
Who manages the rest of the group while care is being given to the injured person?
This person calms the rest of the group, makes sure they do not run onto field/court/turf/weight room, "take a knee."
Who gets the AED?
Who maintains the AED?
Checks battery daily, Re-orders pads and battery pack
Who gets/maintains the First Aid kit?
Who gets/maintains the Water Supply/Ice/ Ice Tub?
Who meets the ambulance?
Who travels with the injured person?
Who notifies Emergency Contacts in case of injury?
Who documents the injury? How is the injury documented?
See Incident Reporting Form

How To Make a 9-1-1 Call
1. Dial 9-1-1
2. "We have an injured person in need of emergency medical treatment."
3. If the athlete is unresponsive, tell the dispatcher, "the person is UNRESPONSIVE." The EMS will send a PARAMEDIC unit.
4. Give address of facility and best entry point location
5. Describe injury and any treatment given so far
6. What first aid treatment has been initiated
7. The dispatcher will ask you questions. Simply answer them to the best of your ability. Do not hang up until dispatcher hangs up!
8. Provide appropriate emergency care until arrival of EMS
9. Decide who will accompany victim to hospital
10. Notify emergency contacts

CPR

- "Are you OK?"
- Tell someone to call 9-1-1
- If no response (not breathing or is breathing, but did not move or answer your question):
- Compressions: palm of hand on middle of breastbone
- Push down at a rate of 100 - 120 times per minute (fast!)
- Breathe if you know how – cycles of 2 breaths to 30 compressions
- Continue until ambulance arrives

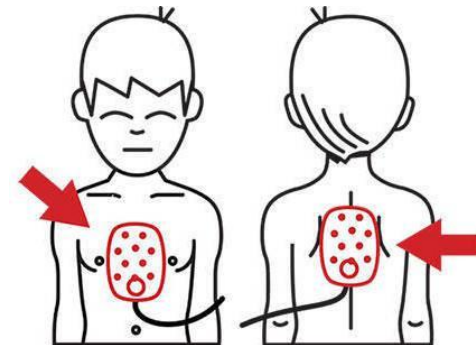
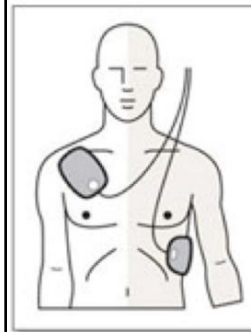


AED PAD PLACEMENT

ADULT

CHILD (age 1 till puberty or 60 - 70 lbs)

- Cut off any clothing covering the chest including bra strap
- Turn on AED (on some models with a cover, lifting the cover turns it on)
- Apply pads as shown and make sure they are plugged into the AED
- Listen to AED. Continue CPR until directed. Make sure no one is touching the victim
- **Where are AEDs?**
 - o Schools - required by Texas State Law
 - o Child Care Centers - NOT required!!!
 - o Home Depot - at exit by check out
 - o Walmart - employee break room
 - o Target - by bathrooms
 - o Government Buildings
 - o Community Centers
 - o Churches - maybe?
 - o Does your child's youth sports league have an AED?



HEAT INJURY: Cool First, Transport Second

- Add ice to pre-filled tub (water <60°F)
- Check Rectal Temp (if rectal thermometer is available)
- Immerse athlete to almost neck (support head/neck/torso)
- Remove excess clothing while in tub
- Stir tub • Monitor athlete – vital signs
- Remove athlete when rectal temp is 102°F
- Shivering may occur
- Cooling is approx. 1° every 3 minutes
- Time how long athlete is in tub - write start time on athlete with Sharpie

ICE TUB or Ice Tarp



BLEEDING

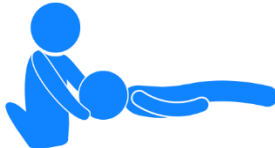

- If blood is gushing or spurting from the wound, call 9-1-1
- **Put on gloves**
- Do not remove any item stuck deep inside
- **Apply pressure** with gauze pad to the wound
- Use **Quikclot bandage** and/or **Bleedstop** powder if available
- If bleeding seeps through the gauze pad, do not remove it, simply add more on top
- Once bleeding has been contained, do not move the victim unless a hazard is present
- Stay with victim until emergency services arrives



HEAD INJURY – Stop activity immediately! Call 9-1-1 if:

- One pupil larger than the other.
- Neck pain.
- Inability to move head/neck.
- Numbness/Tingling down arms/legs.
- Weakness in arms/legs.
- Increasing drowsiness.
- Worsening headache/pain.
- Slurred speech
- Decreased coordination.
- Repeated vomiting or nausea.
- Convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Any loss of consciousness (passed out/knocked out).
- Uncontrollable crying.

BROKEN BONE (FRACTURE)	SEIZURE
<ul style="list-style-type: none"> ● Call 9-1-1 ● Brace and hold the body part in the position you found it ● Do not try to realign body part or remove clothing or shoes ● If the bone is sticking out from the skin, do not try to push it back in. Cover it with a clean cloth ● If there is swelling, gently apply ice pack over clean cloth ● Stop any bleeding by gently applying pressure ● If victim is unresponsive, start CPR 	<ul style="list-style-type: none"> ● Call 9-1-1 ● Do not restrain victim ● Move any harmful objects out of the way ● Cushion victim's head ● Do not put anything into the victim's mouth ● Time the seizure (how long does it last?) ● If unresponsive, start CPR ● After convulsions cease or if vomiting, roll victim on left side ● Remain with victim until ambulance arrives


NECK/SPINE INJURY	CHOKING
<ul style="list-style-type: none"> ● Call 9-1-1 ● If victim is unresponsive, start CPR. ● If victim is face down, stabilize head neck while rolling victim over. ● If victim is responsive, maintain head/neck position in the position you found it. Do NOT reposition even if victim is face down. Call 9-1-1. ● Stabilize head/neck until ambulance arrives 	<ul style="list-style-type: none"> ● Ask "Are you choking? Can I help you?" ● If victim can cough, speak, or breathe, do not interfere ● Give abdominal thrusts. Reach around victim's waist at level of hips ● Make a fist. Wrap other hand around fist and pull sharply up and in ● Repeat until object dislodged ● If woman is pregnant, reach around woman's chest and perform chest thrusts, not abdominal thrusts 

ANAPHYLAXIS - EpiPen™ (Epinephrine Auto-Injector)

ASTHMA – Respiratory Distress

Call 9-1-1 and ...

- Remove from case
- Remove cap on non-needle (blue)
 - “Blue to the sky, orange to the thigh”
- Hold thigh firmly in place (needle will go through clothing)
- Push needle into mid, outer thigh. Listen for “click”.
- Hold in for 3 seconds
- Remove from thigh



Call 9-1-1 if athlete in respiratory distress
Get inhaler and give to victim

- Struggling to breathe
- Significant coughing
- Difficulty talking
- Wheezing/gasping
- Chest tightness (ribs flaring)
- Lips or fingernails gray/blue
- Confusion
- Difficulty walking

SUCKING CHEST WOUND - CHEST SEAL

APPS

A chest seal is indicated when a patient has penetrating chest trauma from neck to navel, on the front, side or back of the chest. The chest seal doesn’t control bleeding inside the chest cavity. Instead, the chest seal prevents air from entering the chest cavity. Air inside the chest cavity can make it difficult to impossible for the patient to breathe.

- Bare the patient’s chest
- Wipe away blood and other fluids to identify the wound location
- Apply the chest seal, following manufacturer directions, over the wound
- Assess the opposite side of the patient’s chest, as well as the sides of the chest, for an exit wound
- If there is an exit wound, apply another chest seal
- Monitor the patient’s breathing
- [VIDEO](#) [SOURCE](#)

[American Red Cross First Aid App - Android](#)
[American Red Cross First Aid App - iPhone](#)

CITY EMERGENCY MANAGEMENT ALERT SYSTEMS

www.KnoWhat2Do.com

- [MAKE AN EMERGENCY ACTION PLAN](#)
- [MAKE AN EMERGENCY KIT](#)
- [CALLING 9-1-1](#)
- [CAREGIVER INFORMATION](#)
- [PETS AND LIVESTOCK](#)
- [SHELTER IN PLACE OR EVACUATE](#)

Sign Up for Your City's Emergency Alert System

Just type the name of your city and emergency management into a search engine.

- [Fate](#)
- [Garland](#)
- [Rowlett](#)
- [Rockwall](#)
- [Royse City](#)
- [Wylie](#)

Many Cities use [NIXLE](#).

Many Cities also use the [SMART 911 app](#).

BABYSITTING

Are you going to be a Babysitter? A Nanny?

In order to properly prepare for Babysitting, please gather the information below.

- **Mother Name and Cell Phone:**
- **Father Name and Cell Phone:**
- **Any other Emergency Contacts**
- **Home Address:**
- **Destination Address:**
- **Return Time:**
- **Post the HOME ADDRESS, LIST OF CHILDREN'S NAMES ON THE BACK OF THE FRONT DOOR!**

Child #1 Name:

- **Allergies:**
- **Epipen: Yes No**
- **Where is it?:**
- **How to Use:**
- **Symptoms to Look For:**
- **Asthma Inhaler: Yes No**
- **Where is it?:**
- **How to Use:**
- **Symptoms to Look For:**
- **Seizure Disorder: Yes No**
- **Symptoms to Look For:**
- **What to do?:**
- **Diabetes: Yes No**
- **Symptoms to Look For:**
- **What to do?:**
- **Any other medical conditions?**
- **Medications: (List dose and when/how to administer)**
- **Bedtime Instructions:**

Child #2 Name:

- **Allergies:**

- **Epipen: Yes No**
- **Where is it?:**
- **How to Use:**
- **Symptoms to Look For:**
- **Asthma Inhaler: Yes No**
- **Where is it?:**
- **How to Use:**
- **Symptoms to Look For:**
- **Seizure Disorder: Yes No**
- **Symptoms to Look For:**
- **What to do?:**
- **Diabetes: Yes No**
- **Symptoms to Look For:**
- **What to do?:**
- **Any other medical conditions?**
- **Medications: (List dose and when/how to administer)**
- **Bedtime Instructions:**

The Home

- **Pool: Yes No**
- **Can child #1 swim? Yes No**
- **Can child #2 swim? Yes No**
- **Gates?**
- **Backyard fence? Yes No**
- **Pets:**
- **Any instructions for pets?:**
- **Alarm System?: Yes No**
- **How to operate:**
- **Kitchen: Gas or Electric Stove**
- **Where are cleaning supplies?**
- **Are cabinets locked?**
- **Are knives kept on counter?**
- **Bathrooms:**
- **Where are cleaning supplies?**
- **Are cabinets locked?**
- **Circuit Breaker Location: Garage, Basement, Storage Closet?**
- **See this [blog post on Electrical Safety and Circuit Breakers](#).**

Poison Safety

What chemicals can kids get into?

- **Cosmetics and Personal Care products (deodorant, eye drops)**
- **Household Cleaners and Chemicals**
- **Medicines**
- **Vitamins/supplements**
- **Foreign Objects (coins, button batteries, tiny toys)**
- **Hand Sanitizers**
- **Skin Creams**
- **Plants**
- **Pesticides and Yard Chemicals**
- **Gasoline**
- **Automobile Chemicals (Window wash fluid, Oil, Brake Fluid, Radiator fluid)**

- **Oil - Baby oil is poisonous to swallow!**

What to do:

- **Keep medicines up and out of sight and reach of children in a locked cabinet.**
- **Make sure household cleaners are stored out of sight and reach of children...preferably locked in a cabinet.**
- **Keep your backpack or purse out of sight and reach of children.**
- **When giving a child medicine, follow the directions exactly as written. Only remove something from a baby's mouth if you can see it.**
- **Make sure the medicine is closed properly after use.**
- **Return the medicine to a safe place immediately after use.**
- **Find out the names of the plants in and around the house.**
- **When playing with children outside, keep them away from plants, berries and mushrooms.**

- **If a child gets into something that may be poisonous, call the Poison Control Center right away at 1-800-222-1222.**

More on Poisoning - click [here](#).

- **Any off-limit areas in the home (home workshop, home gym, etc?)**
- **Are windows secure?**

- **Stairs? Could a child fall through the stairs?**
- **Firearms locked and secured?**
- **Where is a first aid kit (or bring your own)?**
- **Where is a flashlight?**
- **Where is the fire extinguisher?**
- **What to do in the event of a fire?**
- **National Fire Protection Association**
- **Get certified in CPR and First Aid at Rockwall CPR to properly prepare for babysitting!**
- **Printable Google Document**

EDC (Every Day Carry) TRAUMA, WORKPLACE, SPORTS, FIRST AID KIT

Most commercial first aid kits have **poor quality cases** (zippers break and fabric rips), **scissors** (usually plastic), **gloves** (typically tear easily, too small, and may be latex), and **band-aids**.

We prefer a fanny pack to a wall mount because it is easier to grab the bag and go to the victim then run to the kit on the wall and try to determine what you might need.

This is not a "wilderness" kit with additional items that may be needed if EMS are not available or may be significantly delayed.

- 1 Extra-durable Kit Bag - (can be carried as a fanny pack, shoulder pack, chest sling, handle)
- 1 LifeVac
- 2 Vented Chest Seal
- 2 **Tourniquets - See more on tourniquets on p. 11**
- 2 Emergency Trauma "Israeli" Bandages
- 2 Hemostatic Gauze Packs (Quickclot)
- 1 Finger Cut Kit
- 1 Tube of Rapid Seal Wound Gel
- 2 BleedStop Packs
- 24 SteriStrips
- 2 Rolls Packing (Z - Fold) Gauze 4.5" x 4.1 yds
- 20 Sterile Gauze Pads 4" x 4"
- 4 Gauze Rolls 4" x 4 yd
- 30 Fabric Adhesive Bandages 3/4" x 3"
- 4 Fabric Adhesive Bandages 2" x 4"
- 2 Fabric Adhesive Bandages 3" x 4"
- 2 Self Adhesive Tape Rolls
- 4 Blister Bandages
- 3 Burn Gel Dressings 4" x 4"

- 1 Trauma shears
- 1 Penlight
- 4 pairs Nitrile Gloves, Large
- 20 Antibiotic ointment packets
- 20 Iodine Prep pads
- 20 Alcohol Prep Pads
- 1 Tweezers
- 20 Stainless steel lancets (splinter remover)
- 10 Safety Pins
- 50 Q-tips
- 4 Rescue Blankets
- 1 Fire Blanket
- 1 Splint 4.25" x 24"
- 8 Wipes - Individually wrapped antiseptic
- 1 Eye Wash (4 oz or larger)
- 1 30 cc Syringe
- 4 Vomit Bags
- 2 Instant Cold Packs
- 2 Instant Hot Packs
- 2 Mesh Pockets
- 2 Fine Tip Permanent Markers
- 1 Black Ball Point Pen

NOTE: Medications: Include what YOU (your family, staff, etc.) in your kit which may include your prescription medication and any OTC products you typically use. Ask your doctor what he/she thinks may be best to include.

See product links next page.

First Aid Kit Suggestions

Walmart:

[Bleedstop](#)

[Bleedstop Nosebleed](#)

[Band-aids 3/4" x 3"](#)

[Band-aids 3" x 4"](#)

[Band-aids 2" x 4"](#)

[Gauze Pads 4" x 4"](#)

[Self-Adhering Tape 2"](#)

[Wound Enclosure Strips](#) (instead of stitches)

[Liquid Bandage](#)

[Spray Bandage](#)

[Hydrogen Peroxide Spray](#)

AMAZON

[QuikClot 3" x 4' Hemostatic Gauze - rolled](#)

[QuikClot 3" x 4' Hemostatic Gauze - Z fold \(better for packing a wound\)](#)

[Celox 3" x 5' Hemostatic Gauze - Z fold](#)

[Celox 3" x 10' Hemostatic Gauze - Z fold](#)

[Rhino Rescue 3" x 35" Hemostatic Gauze - Z fold](#)

[Band-aids with clotting agent](#)

[Chest Seal Vented](#)

[CAT Tourniquet](#)

[RAT Tourniquet](#)

[Trauma Shears](#)

AED: Automated External Defibrillator .

AEDs may be found in airports, community centers, schools, government buildings, hospitals, and other public locations. They are intended to be used by laypeople who have received minimal training.

Is the AED FDA approved? Check [this table](#).

AEDs should be placed in the highest-traffic areas and in locations where a sudden cardiac arrest is the most likely to occur. AEDs only save lives when they are easy to find and can be used within 3 minutes of a collapse. The survival rates for cardiac arrest decrease by 10% for each minute that passes without emergency medical treatment. Furthermore, very few patients can be revived after 10 minutes without CPR or an electric shock to restore heart rhythm.

What is the best location for the AED?

- Can you (briskly) walk to it (ONE minute) and get back to the victim (ONE minute) within TWO minutes? The goal is to have the AED as close to a victim as possible before it is even needed.
- It should be mounted 48" - 54" from the floor and have unrestricted physical and visual access (no desks, cabinets, doors in the way). The unit must have easy access and clear signage. It should never be locked in a cabinet or out of sight.
- The cabinet should be marked clearly with Defibrillator/AED.
- The cabinet should have a sign above it.

An AED is a device which performs an ECG and looks for a "shockable rhythm." For those with some medical knowledge, this means either ventricular tachycardia or ventricular fibrillation. The shock provided is based on the energy needed to correct the issue. This is measured in joules. Each manufacturer's device will have slightly differing outputs, but all will do the job. All AEDs are operated via battery and will provide many shocks (100 or more) based on the battery purchased. The pads on the AED are one time use and must be replaced if used. Both the battery and pads have expiration dates.

Here are some other considerations:

Voice and/or Text Commands. All AEDs will talk to you. Some provide a screen which will give text commands as well. If you will likely use the AED in a noisy environment, text commands can be very helpful.

Starting the AED. Some AEDs have a Start Button. Some AEDs will start by opening a lid.

Adult and/or Child. Some AEDs will provide one set of pads to be used on any size or aged person. Some AEDs will provide child pads and will adjust the strength of the shock (number of joules) based on whether Adult or Child is selected. Is the AED for a workplace with adults only or is it for a Church or Youth group with a broad mix of ages?

Shock Button. Some AEDs are semi-automatic meaning that the user will have to press the shock button is the AED says "Shock Advised." Other devices are fully automatic meaning that once "Shock Advised" is heard, the AED will give a shock! This means hands off the victim. And some will provide both options giving the owner the ability to set the method of shock. It is very important for all users to know how the device is set!

Compression Advisor. Some AEDs do not provide any feedback on the compressions given by the rescuer. Some will have a rate advisor or metronome and tell the user whether to push faster, push slower, or good rate. Some have an additional feature which provides feedback on the depth of the compressions telling the user to push harder or push softer.

If your facility does not have an AED, we can help you select the right AED.

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TOURNIQUETS

Here is the list of tourniquets approved by the Committee on Tactical Combat and Casualty Care:

- **Combat Application Tourniquet (CAT)**
- Ratcheting Medical Tourniquet -Tactical (RMT-T)
- SAM Extremity Tourniquet (SAM-XT)
- SOF Tactical Tourniquet – Wide (SOFTT-W)
- Tactical Mechanical Tourniquet (TMT)
- TX2” Tourniquet (TX2)
- TX3” Tourniquet (TX3)
- [RAT Tourniquet](#) - This is NOT TCCC approved but is suggested by Special Forces Medics

How Do I Use A Tourniquet?

1. First, make sure you remove the tourniquet from all packaging (plastic and/or box) and loop end through buckle. This is way your tourniquet is ready to go!
2. If possible, remove clothing over the wound to best be able to see the bleeding site. It is best to use trauma shears.
3. If you can determine the bleeding site, apply a tourniquet about 3” **above** the wound. In the arm this means closer to the armpit. For the leg it means closer to the groin. If you cannot determine the bleeding site, apply the tourniquet close to armpit or groin.
4. Route the velcro band around the limb and pass the velcro tip through the inside slit of the buckle.
5. Pass the velcro tip through the outside slit of the buckle. The buckle will lock the band in place.
6. Pull the band very tight (YES, VERY TIGHT!) and securely fasten the band back on itself (to the velcro).
7. Twist the rod (Windlass) until bright red bleeding has stopped and the distal pulse (wrist pulse or foot pulse) is no longer felt.
8. Place the rod inside the clip; locking it in place. Check for bleeding and distal pulse. If bleeding is not controlled, consider additional tightening or applying a second tourniquet proximal side by side to the first and reassess.
9. Secure the rod inside the clip with the strap. Record the time of tourniquet application on the velcro that covers the clip. Recheck the distal pulse and recheck for bleeding.

LIFEVAC

Are you afraid of being the kind of father or mother that doesn't know how to save your baby, your son or daughter, from choking?

Well then all you have to do is ... learn how to use the LIFEVAC! [LifeVac Website.](#)

Choking is the fourth leading cause of unintentional injury death, the leading cause of infantile death, and the fourth leading cause of death among preschool children. The majority of choking-related incidents among children are associated with food, coins and toys. One child dies every five days from choking. Now they don't have to.

Rockwall CPR has been teaching how to use the LifeVac since 2022 in ALL our classes!!

Of course we do teach the Heimlich Maneuver and Back blows/Chest thrusts, but what if they do not work?

- What if the person is too big to get your arms around?
- What about a pregnant woman? Will performing the Heimlich with chest contact work?
- What about an infant or toddler that swallows hard candy or a piece of hot dog? Will the back blows work? See story below.

How Effective Is LifeVac?

Garland Fire Department featured on CBS: [Click Here.](#)

"A11 arrived on scene to find a 5-month-old in mom's arms.

The 5-month-old patient was turning blue, the patient was unable to make a sound, and was not moving air.

Driver/Engineer Gunnoe took the patient and performed back blows. The patient remained unable to move air. During this time Firefighter/Paramedic Kasper was getting the Lifevac device ready. FF/PM Kasper used the Lifevac device on the patient's airway.

The device successfully cleared the airway and she let out a loud scream immediately. The devices have only been on ambulances for about two weeks. Great work by all!"

More About Choking

"Many foods that are thought to be 'kid friendly' are actually dangerous. Foods like grapes, popcorn and nuts can easily become lodged in a young child's throat or lungs. **Hot dogs pose the greatest risk, as they cause more choking deaths than any other food.**"

"In order to reduce the risk of choking, parents and caregivers can do their part by following these safety tips:

- Do not give children younger than 4 any round, firm foods unless they have been cut into very small pieces. Cut hot dogs lengthwise and cut grapes into quarters. This changes the dangerous round shape that can block a young child's throat.
- Do not give toddlers other high risk foods, such as hard candy, nuts, seeds and raw carrots.
- Never let small children run, play or lie down while eating.
- Keep coins and other small items out of reach of young children at all times.
- Carefully read warning labels on toys before giving them to young children.
- To check if a part of a toy is too small, use a small parts test device, which is available at many toy stores.
- Additionally, parents and caregivers should learn first aid for choking and cardiopulmonary resuscitation (CPR) in the event a choking episode occurs." From [Science Daily](#)

INJURY INCIDENT REPORT (For sports leagues and camps)

- Name of Person Completing Report
- Date of Report
- Time of Report
- Name of Injured Person
- Date of Birth of Injured Person
- Gender of Injured Person
- Address of Incident
- Type of Event (Meeting, Fair, Specific Sport, etc.)
- Indoor or Outdoors
- Weather (dry, rain, hot, cold, etc.)
- Surface (concrete, grass, turf, etc.)
- Body part(s) injured
- Description of injury (what happened)
- Bleeding (if yes, where?)
- Unconscious (Yes, even if brief or No)

- How much pain did injured person experience (1 - 10)?
- Was 9-1-1 Called?
- Did ambulance come to scene?
- Did ambulance transport injured person?
- If transported, where? (hospital, home, etc.)
- Name of person who travelled with injured person
- Care given at scene (ice, heat, bandage, immobilization, etc.)
- Was an AED used?
- Was an Ice Tub used?
- NOTES:
- Signatures (injured person and responder)