



MEDICAL ACTION PLAN TEMPLATE (MAP)

Name of Event: _____
Venue: _____
Date of Event: _____
Event hours: _____

Medical Capabilities

1. Medical Room

- a) Location: _____
- b) Personnel: _____
- c) Medical supplies: _____
- d) Communication capability: _____
- e) Responsible for non-emergent assessment and treatment of Skaters and Officials: _____

2. Rinkside medical

- a) Location: _____
- b) Personnel: _____
- c) Equipment: _____
- d) Communication capability: _____
- e) Responsible for on ice and surrounding rink medical and traumatic emergencies to Skaters, Officials, Coaches, and accredited persons: _____

3. Communications

- a) Phone or radio: _____
- b) Radio channel to referee for On Ice Emergency Protocol: _____
- c) Chief Medical Officer (CMO) name and number: _____

4. Phone numbers

1. On site

CMO	Name	Number
Assistant CMO	Name	Number
Chief physiotherapist	Name	Number
Medical room	Number	
Physiotherapy room	Number	

2. Off site

Rescue/ambulance	Number
Police	Number
Fire	Number
Hospital	Number
Dentist	Number

5. Managing Emergency Procedures for ambulance requests by Medical Team

1. Rinkside Medical

- a) Initial assessment of emergency on the ice to follow the On Ice Emergency Protocol¹
- b) If injured or sick person does not require emergency transport, move to the medical room and communicate this to the team in the medical room
- c) If requires emergency evacuation
 - a. Contact ambulance at (insert number for your city)
 - b. Notify ambulance that you are at the _____ (insert name of the venue), the age, gender, and nature of the skater's medical emergency
 - c. Notify ambulance that you are at the rink and the medics should arrive at (insert location at arena)
 - d. After transport arrives onsite, notify the CMO at (provide number here)

2. Medical Room

- a) Contact ambulance at (insert number for your city)
- b) If there is truly an emergency, anaphylaxis requiring immediate Advance Life Support (ALS), request the rinkside personnel via communication established to bring emergency kit to the medical room
- c) Notify the ambulance where you are located, the age, gender, and nature of the medical emergency
- d) Medics should arrive via (insert entrance to the venue for ambulance)

6. Infectious Disease

1. Infectious Disease Consultant

CMO	Name		Number
Other	Name		Number

2. Public Health

Official Personnel	Name		Number
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Disaster plan

Obtain the details of the venue disaster plan and insert your medical personnel locations in the appropriate positions on the plan. Discuss this scenario at the Medical Meeting.

¹ ISU Communication « On Ice Emergencies Protocol » (MIP #3)