**Activation of Emergency Medical Services**

1. Call 911. You must provide:
   1. Your name
   2. Location of injured athlete
      * Memorial Stadium is located on Church Street between Dodge and McCormick Avenue. Indicate whether the athlete is on the West Field or Lazier Field.
      * If the athlete is located on the *West side* of the field, instruct EMS to use the Church Street entrance.
      * If the athlete is located on the *East side* of the field, instruct EMS to use the entrance on Hartrey Avenue.
   3. Number of individuals injured
   4. Condition of athlete(s)
      * Conscious or unconscious?
      * Is he/she breathing
      * Has severe bleeding?
      * In shock?
   5. First aid treatment provided
      * Splinting?
      * Wound care?
      * CPR/AED?
   6. Any other information requested by the dispatcher
2. You MUST call the Safety Department. Please provide:
   1. Your name
   2. Location of injured athlete
   3. Number of individuals injured
   4. Notify them that you have called EMS to the scene

**Sample EMS Call**

My name is (your name) and I am calling from Memorial Stadium at ETHS. We have (number of individuals injured) athlete(s) who need immediate medical attention. The athlete is (condition of athlete) . Our athletic trainers are on the scene and have provided (first aid care) . The athlete(s) is located on (Lazier/West Field) . Please enter the field using (Church or Hartrey entrance) on the (West or East) side of the field.

**What is my role?**

**Coaches**

* Be prepared to assist with CPR, AED administration, or other life saving techniques
* Keep other players off the field a safe distance away from the injured athlete
* Call athlete’s emergency contact, bring parent to sideline if he/she is in the stands

**Athletic Director**

* If present, assist coaching staff

**Athletic Trainers**

* Attend to injured athlete
* Designate person to call 911
* Designate athletic training student to alert safety

**Team Physician**

* If present, attend to injured athlete

**Athletic Training Students**

* Assist ATCs by bringing equipment to the field
* Alert Safety upon request
* Assist Safety personnel in directing EMS to injury site

**Safety**

* Maintain crowd control to allow for quick and easy entrance of EMS personnel
* Meet EMS personnel and direct them to venue/injury site
* Obtain a written report for records; a copy must be provided to the athletic trainers when complete

**Memorial Stadium: Emergency Entrances**



**LAZIER FIELD**

**WEST FIELD**

**HARTREY AVENUE**

* As noted above, EMS may enter on Church or Hartrey depending on the location of the athlete(s).

**Emergency Resources**

Chris Attaway, ATC

Athletic Trainer

Office: 847-424-7358

Cell: 405-314-4831

Lucy Walsh, ATC

Athletic Trainer

Office: 847-424-7373

Cell: 773-480-0194

Chris Livatino

Athletic Director

Office: 847-424-7380

Cell: 847-417-7651

Mike Burzawa

Assistant Athletic Director

Office: 847-424-7390

Cell: 630-675-8302

Dr. Andrew Hunt

Team Physician

Office: 847-724-4384

Cell: 847-323-5546

Safety Department

847-424-7500

Illinois Bone and Joint Urgent Care Clinic

2350 Ravine Way, Suite 600

Glenview, IL 60025

847-832-6006

North Shore University Health Systems

Evanston Hospital

2650 Ridge Ave

Evanston, IL 60201

847-570-2000