



EMERGENCY PREPAREDNESS GUIDELINES

Purpose of this document

- 1 State Emergency Preparedness plan for special events
- 2 Provide a manual for use by volunteers & staff

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Standards of Supervision

First Aid At each event one person must be First Aid certified. More than one First Aider is recommended so that an alternate is readily available. Providing safety within the children and youth programs requires a qualified First Aid staff or volunteer with those programs if located off site or away from main registration area. All volunteers and staff members must be aware of relevant emergency procedures to be able to assist and support the trained First Aid person.

Qualified First Aiders at the event will be properly identified with a red cross on their name tag. Certification qualifies as an Emergency or Standard First Aid with a C.P.R. component. The award should be issued by one or more of the following: the Canadian Red Cross, St. John's Ambulance, the Lifesaving Society. This person should carry their award card with them throughout the event. As a First Aider, there are two situations in which you may be called upon to give first aid. First, you must give first aid if qualified as part of your job (lifeguard) Secondly, you may simply be a participant at an event or passer-by who sees an emergency situation and responds. Once you begin to offer assistance you are obligated to use reasonable skill and care based on your level of training. The government of Canada recognizes and encourages the Good Samaritan Principles. These principles protect you if you choose to help someone in need. Always identify yourself and get permission before you touch an individual in crisis. If an individual obviously in crisis refuses your help, call 911.

A first aid kit must be kept at the registration desk. It should include at minimum: 3 triangular bandages, 2 pressure dressings, 2 tensor bandages, 4 gauze rolls, 20 sterile gauze pads, 3 pairs of non-latex protective gloves, 1 CPR kit or pocket mask, 1 set of assorted splints, 10 sugar packets, 50 regular non-allergenic bandages, 12 safety pins. A blanket and bottled water (for moist dressings) should also be kept at registration for emergency use. Ice must be readily available at all times. If ice is not convenient, the first aid kit should include at least 3 ice-packs. A blank incident report should be available as well as Emergency Scene Management report for primary and secondary surveys personnel.

Any person attending the event with a serious medical condition such as epilepsy, breathing problems, circulation/heart problems, diabetes or severe allergies must be encouraged to divulge this information at registration. In case of incident, it is important that any medication they are taking is known. Also, if any medication is required at the time an incident occurs (for example: an epi-pen, ventilator or pill), that person must keep that medication with them at all times. The person trained in first aid must be notified regarding the condition and its details.

The trained person's responsibility is to provide treatment in all medical emergencies. Throughout the event, the trained person is not responsible to actively supervise participants. However, that person's whereabouts must be known to registration at all times. This person should not leave the event at any time without assurances that an alternate First Aider is in place. If the event is large and at times it may be difficult to communicate between registration and the trained person, a communication device such as a pager or cellular phone should be utilized.

Facility Management

To ensure emergency preparedness, management of the facility is crucial. Ensure that the building meets fire code and know where the fire extinguishers and exits are.

First, ensure that the event set up will in no way compromise emergency exits or hinder an evacuation. Second, the site for registration must be chosen and clearly marked. A First Aid sign should be visible.

Place registration at a site central to the other event locations as well as near to an entrance/exit and near to a telephone (or ensure a cellular phone is available at the registration table). A facility contact list, location of nearest hospitals and poison control number should be available at registration table. The facility list should include names and phone numbers for persons familiar with the facility and its workings. If problem with the building occurs during the event (for example plumbing or heating), a facility contact should be called.

Evacuation plans should be devised. A primary plan as well as a back-up plan should be made known to all volunteers and staff and posted for participants. The building may already have evacuation plans made and posted. In which case, make them known to all staff and volunteers. Have a complete list of participants, staff and volunteers available so that attendance can be taken at the meeting point after evacuation. Also, consider which exits are accessible to ambulance crews. This is also an important consideration when children and youth are away from the main conference site. Parallel procedures are necessary for all conference sites and adults must be oriented appropriately.

In the planning of the event, choose space for refreshment stations, workshop spaces and display areas in a manner that evacuation would not be difficult and emergency exits not blocked. Do not overcrowd spaces.

Volunteer Training

Volunteers should be made aware of all emergency procedures and be given a copy of the emergency preparedness manual. In the event of an incident, the designated First Aider will take charge, call on volunteers for help, make sure area is safe, send for emergency services if needed and offer reassurance. In a serious medical emergency or incident the volunteers may be asked to help evacuate participants or support the trained person in a medical emergency. No volunteer should ever be put at risk during an emergency and primary responsibility in any situation is not their duty.

Care should be taken to carry out appropriate orientation and training at Junior Youth and Youth Conferences where many adults come together as youth advisors to support the youth community. The qualified First Aider and adult coordinator will be involved in the advisor orientation during the mandatory program orientation.

Similarly, volunteers with the children's programs must be aware of who the individual is qualified as First Aider and be apprised of related safety procedures for children, including allergies, special needs etc.

The Children's and Youth First Aiders will keep the participant registration forms including signed parental medical release with them at all times.

Phone Call Procedures

A list of emergency contacts should be posted by each phone. This includes local non-emergency numbers for police, fire and ambulance as well as an emergency number such as 911 and poison control. If the phones are such that a number must be dialed to get out of the system first, be sure to include this on the list (for example 9-911). Also, a script should be placed by the phone for 911 calls. For example:

My name is _____ and I am calling from
(location)_____. My emergency is (medical, fire, other
and details)_____. Please send fire, ambulance
and police to (address)_____.
The nearest intersection is _____.
When is your estimated time of arrival?

This basic script will assist the caller to correctly report key information to the dispatcher. The dispatcher may ask additional questions and will probably ask the caller to stay on the line. If it is necessary for the caller to get back to the scene, be sure to let the dispatcher know. If the building is being evacuated, place

the call from a pay-phone or cellular phone, do not stay behind.

When the incident is a major emergency, 911 or the area equivalent should be called. A major emergency means that the incident is potentially life threatening. This would include fire as well as some medical emergencies. If the medical emergency involves major bleeding, loss of consciousness, difficulty breathing, chest pains, spinal injury or head trauma it certainly warrants a 911 call. The trained first aider on site will have an understanding of when it is necessary to call 911.

When calling 911 in the case of a medical emergency always ask the telephone dispatcher to send fire and ambulance. Fire fighters have medical training and equipment that will be helpful and they almost always arrive first to the scene (there are more fire stations than hospitals). The police should be dispatched if the emergency involves a crime.

Non-emergency numbers should be accessible as well. If a medical emergency is not life-threatening but transportation is required to get the victim to the hospital, the non-emergency number for ambulance should be used. If a non-life-threatening fire has occurred, you may want to follow-up with the fire department, but 911 should not be called. Similarly, if police assistance is required but no one's life is in danger, call the non-emergency number.

Transportation Plans

In the case of a non-life-threatening medical emergency, a hospital visit may still be required, for example, in the case of a serious cut that may require stitches or a suspected break to a limb. In such a case, it may be possible to transport the victim to the hospital without an ambulance. The First Aider will make this decision. Do not attempt to transport a victim if moving him or her will cause further injury or if the injury can not be properly prepared for transport. If you cannot transport the victim, call the non-emergency ambulance telephone number and have them pick up the victim.

However, if you feel that taking them to the hospital is safe, here are some tips. Always bring someone with you to drive as you sit with the victim and monitor them. The individual driving must have a valid driver's license and insurance. The trained first aider should stay behind. A close friend of the victim, or someone who can provide comfort can accompany him or her if you are the designated driver.

A list of qualified, insured drivers willing to offer their services in such a circumstance should be developed beforehand and should be available at registration.

Community Resources

Since the event may be taking place in a town or city not known by everyone, it will be necessary to do some research ahead of time. Draw out maps to local after-hour clinics and hospitals. Insert these maps and the list of local resources, along with their phone numbers in this section.

Staff Roles

Communication is the primary responsibility of staff in the case of an emergency. Most events will have a central location for registration where a phone is available and key information about the participants is on hand. This station should be monitored by a staff member, whose responsibility should include communication with other staff and volunteers. Therefore, it will be necessary for staff and volunteers to keep commitments to times and locations. A staff/volunteer schedule should be drafted before the event and a copy kept at registration.

If a registration desk seems inappropriate, perhaps because the event is small or the participants will largely be gathered in only a few locations, this role may fall to a staff member. In this case a communication binder should be held by a member of the CUC team, and that person's responsibilities include communication with other team members. If this is the case, this staff person must be clearly identified to all participants and his or her whereabouts known to all at all times.

The use of communication devices such as pagers, cell phones or two-way radios may be an appropriate way for staff to keep in touch. If there are not enough radios (for example) for every member of the team, schedule those devices at key locations with a staff member. Include this information in the staff schedule.

Emergency Procedures

Medical Emergency

In the case of a medical emergency it is important to let the trained first aider take charge. The trained person may ask for assistance, or direct a course of action. If this is the case, follow his or her instructions. A staff person should be prepared to assist by controlling the crowd, retrieving first aid equipment, contacting medical services, directing ambulance personnel to the scene or perhaps helping treat the victim. In any case, let the trained first aider be the leader and be prepared to follow emergency procedures listed above. The staff

may be able to complete secondary survey while the first aider is managing the scene.

Missing Person

If someone in the group is noticed or reported missing, staff should be notified immediately. Begin your search at the place the person was last seen. Search the inside and the perimeter of the building. Do not promote alarmism or involve participants if it is not necessary. If after some time the missing person does not return, it may be necessary to call the police.

Community Disruption

A disruption to the community may manifest itself in various ways. For example, picketing, intoxication, difficult person, harassment, or any other situation where a disagreement cannot be settled. Diplomacy is always the best method for resolution. Hopefully the issue can be talked out. If necessary, it may be necessary to ask someone to leave the premises. If they do not agree to do so, contact the police to escort them off the property. Do not touch the person or use force and if violent behaviour occurs, do not put yourself at risk, rather wait for the police.

Debriefing

If an incident occurs some debriefing may be necessary. It must be the discretion of CUC team members to decide who needs to know what. Staff awareness is important and some follow up may be necessary. It is appropriate to follow up after the event to evaluate the procedures used and discuss possible ways to avoid such incidents in the future.

Sometimes when an incident occurs, although it was not serious and it was easily resolved, participants may become curious and perhaps rumours begin to develop. It may be necessary to make some public statement about the incident. Be sure not to mention names where possible and to discourage future rumour-mongering.

When a serious incident occurs, a potential for further problems exists. Critical Incident Stress Syndrome occurs after a major emergency to those who were involved or who witnessed the emergency. In such a case, it is important not to continue as if nothing happened. Discourage the use of alcohol and other drugs and provide a safe environment for people to communicate their grief. Consult your community resources for potential councillors in the area and discuss with them what further action should be taken.

Chaplaincy Services

For some events it may be useful to identify community chaplains. These people, usually ordained ministers, can take the role of active listeners to those who feel the need to reflect spiritually on what has happened or the impact the event is having on them. Where the pastoral chaplaincy role(s) can not be filled by ordained ministers care should be taken to identify those who are held in high regard within the CUC U*U community for their compassion and empathy to others, their professional pastoral training or experience in counseling and their personal integrity. The host committee should identify the chaplain(s), along with the hours when and the locations where they may be consulted.

Similarly in youth community, youth conference chaplains are selected and available to the conference community. Care must be taken to ensure an open door policy. Counseling and treatment is not the role of a chaplain. It is one of active and empathetic listening – a non-judging presence during times of stress.

For more information, please contact executivedirector@cuc.ca.

Accident/Incident Report

Date:	Time:
Name of Person Involved:	Gender: Age:
Address:	Telephone #:
Location of Incident:	
Nature of Incident:	
Description of Injury:	
Cause of Injury:	
First Aid Administered:	
First Aid Administered By:	
Please indicate the time any of the following were notified:	
E.M.S. (911):	Fire Department:
Ambulance:	Police:
Facility Supervisor:	Next of Kin:
Please Report any Witnesses:	
Name:	Telephone #:
Name:	Telephone#:
Please comment on any follow-up procedures:	
Report Completed By:	

<p>Emergency Scene Management</p> <p>First Aider</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>City _____</p> <p>Province _____ Postal Code _____</p> <p>Phone Number _____</p> <p>Victim requiring emergency care</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>City _____</p> <p>Province _____ Postal Code _____</p> <p>Phone Number _____</p> <p>Male <input type="radio"/> Female <input type="radio"/> Age (approx.) _____</p> <p>Scene Survey</p> <p>Date: _____ Time: _____</p> <p>_____</p> <p>Place:</p> <p>_____</p> <p>_____</p> <p>Type of incident: _____</p> <p>_____</p> <p>Number of injured/affected (use separate sheet for each person) _____</p> <p>Casualty Responsiveness</p> <p>Responsive <input type="radio"/> Unresponsive <input type="radio"/></p> <p>Primary Survey</p> <p>Airway</p> <p>O1 Clear</p> <p>O2 Partly blocked</p> <p>O3 Completely blocked</p> <p>Breathing</p> <p>O1 Yes.... <input type="radio"/> effective <input type="radio"/> ineffective</p> <p>O2 No</p> <p>Circulation</p> <p>Pulse <input type="radio"/> yes <input type="radio"/> no</p> <p>Severe bleeding <input type="radio"/> yes <input type="radio"/> no</p> <p>Shock <input type="radio"/> yes <input type="radio"/> no</p>	<p>Secondary survey</p> <p>History:</p> <p>Symptoms _____</p> <p>_____</p> <p>Allergies _____</p> <p>Medications _____</p> <p>Past Medical History _____</p> <p>Last meal _____</p> <p>Events leading to incident _____</p> <p>_____</p> <p>Vital Signs</p> <p>Time taken _____</p> <p>Level of consc. _____</p> <p>Breathing rate _____</p> <p>Br. Depth _____</p> <p>Pulse rate _____</p> <p>Pulse Rhythm _____</p> <p>Pulse. Strength _____</p> <p>Skin condition _____</p> <p>Head to Toe Examination</p> <p>Head _____</p> <p>Neck _____</p> <p>Collarbones _____</p> <p>Shoulders arms/hands _____</p> <p>Chest and Under _____</p> <p>Abdomen and under _____</p> <p>Pelvis and buttocks _____</p> <p>Legs/feet _____</p> <p>_____</p> <p>First Aid Given / notes</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Medical Help arrived: _____</p> <p>Time:</p> <p>_____</p>
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UNIVERSAL PRECAUTIONS FOR EVERYONE

- 1) To protect the **Rights** of everyone: our adults, children, youth and their families

Remember: Confidentiality - It's the Law

- 1 Have parents/guardians discuss their child's special requirements due to infectious disease, HIV or AIDS with CUC staff or key designated volunteer leaders, (alternately, Minister or RE contact.)
The First Aider at a conference or event must be aware of special needs/ considerations whenever possible.

- 2) To protect the **Safety** of our all of attendees and leaders: Children, Youth and Adults

Treat **ALL** accidents with the same precautions:

- 2 know which body fluids require using extra precautions
- 3 always wash hands with soap and water at least 15 seconds after diaper changes or any contact with any body fluid.
- 4 Always keep hand sanitizer readily available for children/youth and encourage regular hand washing
- 5 All food handlers **MUST** follow proper sanitation procedures

BLOOD

- 1 call for help
- 2 wear gloves to help injured individual and for cleanup
- 3 calmly keep others away
- 4 after taking care of victim and cleaning up blood, throw away gloves and wash hands thoroughly with soap and water.
- 5 get new gloves if one tears

Note: Sick children and youth should not be attending programs if possibly infected with:

- o Rash of unknown cause
- o Diarrhea
- o Open Sores, uncovered
- o Fever
- o Vomiting

Note these illnesses are extremely dangerous to people who are HIV positive.

- 3) **Clean Up Kits** Create small clean up kits for use in each area or have one per building available and storage space known . Small plastic buckets work well.

In each bucket or kit put:

- rubber/latex gloves (several pair)
- paper towels

- 8 ounce bottle with 1 ounce of bleach in it with a line at the 6 ounce level to be filled with water to create the proper mixture for washing up the blood.
 - Plastic forceps
- 4) **Post Guidelines For Clean Up** Put the following guidelines on a piece of paper in the bucket/kit for the designated First Aider, staff or volunteers.

BLOOD OR BODY FLUID CLEAN-UP GUIDELINES
Universal Precautions

1. Keep all others away from the area.
2. Put on disposable gloves.
3. For small spills* cover the spilled material with paper towels.
4. Dilute the bleach bottle to the line with tap water.
5. Carefully pour bleach solution onto paper towel, working in a circular motion from the outside to the centre.
6. Wait twenty (20) minutes.
7. Remove the paper towels with forceps and dispose off in waste bin.
8. Using soapy water, wipe area again. Dry with paper towels.
9. Throw away gloves and all other disposable items into pail.
WASH YOUR HANDS THOROUGHLY!
10. If you need help, send for it!!!!
11. If you have any questions, please contact the First Aider or the staff / designated volunteer in charge at the event.

* For larger spills, wipe up with paper towels and throw in waste bin. Repeat steps 3 to 8.