



Updated July 2013

Emergency Action Plan

This document is intended to aid events in creating a plan to assist participants, staff and volunteers in the event of an emergency situation. Coordinators are encouraged to make changes, as needed, to meet the needs of individual events.

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Special Event Emergency Action Plan (Update July 2013)

Emergency Contact Info.

In the event of a life threatening emergency contact Emergency Medical Services **EMS (911)** then contact the event coordinator. The decision to contact EMS is not up to the victim(s). If an individual does not want advanced care they will have the opportunity to refuse care once EMS arrives.

Contact the event coordinator if:

EMS (911) has been called or if there is an injury requiring care, missing person or hazardous condition.

Contact EMS for an individual(s) having difficulty breathing, altered consciousness, broken bone(s), seizure, blow to the head, fall from height greater than their own, if you are unsure in any way – call.

Event Coordinator Contact Info.: _____

Secondary Contact Info.: _____

Emergency Plan

- **Green**
This is an incident that requires only minor medical attention, eg: band-aid.
- **Yellow**
This would be a situation where further medical attention is likely necessary. The decision whether to contact EMS will be based on the victim's age, other conditions, state of mind, ability to safely reach advanced care without further aid eg: sprained ankle, wound over 1" long, broken finger, etc.
- **Red**
Contact EMS immediately eg: difficulty breathing, head/neck/back injury, seizure, suspected stroke/heart attack, allergic reaction, severe bleeding etc.

Documentation

- **Rescue Report** (Attachment 1)
Complete this after completing any type of first aid or first aid situation.
- **Accident/Hazard** (Attachment 2)
Complete this to document a hazardous situation.
- **Exposure Report** (Attachment 3)
To be completed by anyone who may have been exposed to a bloodborne pathogen (body fluids).

First Aid Kit & Contents

Contents of the first aid kits are based on the recommendations of the American Red Cross. 2 first aid kits are recommended. Kit 1 is to remain at the first aid station. Kit 2 is a smaller portable version of Kit 1 intended to be quickly deployed to a secondary location.

First Aid Kit Suggested Contents Include:

Quantity	Item
	AED (optional)
	Oxygen cylinder, delivery device, regulator/flow meter (optional)
2	Absorbent compress dressings (5 x 9 inches)
25	Adhesive bandages (assorted sizes)
1	Adhesive cloth tape (10 yards x 1 inch)
5	Antiseptic wipe packets
1	Blanket (space blanket)
1	Breathing barrier (with one-way valve)
1	First aid instruction booklet
1	Instant cold compress
2	packets of non-enteric coated aspirin (81 mg each)
2	Pair of non-latex gloves (size: large)
1	Roller bandage
1	Scissors
5	Sterile gauze pads
2	Triangular bandages
1	Tweezers
2	Glucose or equivalent
1	Event Contact Information
1	Emergency Plan
2	Pen
10	Rescue Report, Hazard Report, Exposure
1	Sharps Container
5	Bio-hazard bags
1	Bleach
1	Splint

Emergency Action Plans

Emergency Codes

- **Green**
This is an incident that requires only minor medical attention, e.g.: band-aid, bloody nose, etc.
- **Yellow**
This would be a situation where further medical attention is likely necessary. The decision whether to contact EMS will be based on the victim's age, other conditions, state of mind, ability to safely reach advanced care without further aid e.g.: sprained ankle, wound over 1" long, broken finger, etc.
- **Red**
Contact EMS immediately e.g.: difficulty breathing, head/neck/back injury, seizure, suspected stroke/heart attack, allergic reaction, etc.

Document Everything

After any incident all those involved and witnesses should sit down and immediately write down their role, what they did and what they saw. These reports should be done before sharing any information about the situation. All documentation should be collected by the Event Coordinator.

The first responder and the Event Coordinator are responsible for completing proper documentation.

Forms may be found in the attachments to this document.

Debrief

After individual reports have been completed, the entire staff should be debriefed by the Event Coordinator. Debriefing should include what was done well, any improvements or changes that need to be made, and any questions the staff may have.

Incidents can be traumatic to witnesses and responders. Take care to never assign fault at a debrief and to ensure that all those involved are comfortable and, if necessary, monitored.

First Responder

The first responder in any situation should determine the most likely problem and initiate the appropriate action plan by calling code Green, Yellow or Red as appropriate. The first responder will continue care until relieved by an equally or more qualified responder, the victim recovers, the scene becomes unsafe or you are too exhausted to continue.

Additional Responders

Assist the first responder as needed. Ensure EMS 911 has been contacted if necessary. Provide crowd control and retrieve any needed equipment or additional assistance. Assist with documentation. Meet and direct EMS to incident.

Take over for the First responder if he/she is unable to continue or if skills outweigh the first responder.

Common first aid symptoms and care

The following are general information and suggested. No situation will be the same. When in doubt, call 911 and complete rescue to your best level of training and ability.

Diabetic Emergencies

Symptoms:

- Changes in level of consciousness, including dizziness, drowsiness, and confusion.
- Rapid breathing
- Rapid pulse
- Feeling and looking ill

Care:

- Call 911
- Ask if they are diabetic
- Give sugar
- If the victim does not feel better after giving sugar:
- Monitor pulse & breathing
- Keep victim from getting chilled or overheated

Fainting

Symptoms:

- Lightheadedness or dizziness
- Pale, cool, moist skin
- Nausea
- Tingling or numbness

Care:

- Call 911
- Elevate legs
- Loosen restrictive clothing
- Monitor pulse & breathing

Heat cramps

Symptoms:

- Muscle spasms, usually in the legs and abdomen

Care:

- Rest in a cool place
- Give cool water
- Loosen tight clothing
- Stretch or massage the muscle gently
- Do not administer salt

Heat Exhaustion

Symptoms:

- Normal or above normal body temperature
- Cool, moist, pale, or red skin
- Headache
- Nausea
- Dizziness and weakness
- Exhaustion
- May sweat profusely

Care:

- Remove to cool place
- Sip fluids (water or sports drink only)
- Apply cool, wet towels to the body and fan
- Minimize shock
- Monitor Pulse & breathing
- If conditions worsen and become heat stroke, call EMS 911

Heat Stroke

Symptoms:

- Red, hot, dry skin
- Changes in consciousness
- Rapid, weak pulse
- Rapid, shallow breathing

Care:

- Call 911
- Remove to cool place
- Apply cool, wet towels to body
- Loosen tight clothing
- Give sips of water if fully conscious
- Minimize shock
- Monitor Pulse & breathing

Heart Attack – Loss of Pulse

Symptoms Male:

- Chest Pain
- Discomfort in arm(s), neck, jaw, back or stomach
- Shortness of breath, nausea, sweating
- Indigestion or heartburn
- Irregular/no pulse

Symptoms Female:

- Unusual fatigue
- Sleep disturbance
- Shortness of breath
- Indigestion or heartburn
Anxiety
- Dizziness
- Discomfort/pain in arm(s) back, neck, jaw, stomach
- Chest discomfort or tightness
- Irregular/no pulse

Care:

- Contact **EMS 911**
- Direct victim to a comfortable position
- Loosen tight clothing
- Monitor pulse and breathing
- Offer aspirin **if** not allergic, does not have stomach issues, is not on blood thinners or not told by a doctor to avoid aspirin

Hypothermia

Symptoms:

- Shivering (may be absent in later stages)
- Slow, irregular pulse
- Numbness
- Glassy stare
- Apathy and decreasing level of consciousness

Care:

- Call 911
- Remove wet clothing and dry the victim
- Warm the body gradually by using blankets
- Give warm liquid slowly if fully conscious (no caffeine or alcohol)
- Minimize shock
- Monitor Pulse & breathing

Nose Bleed

Symptoms:

- Blood draining from either nostril
- Tilt head forward - spit out excess blood. If head is tilted back blood may drain into sinuses, mouth or stomach potentially causing blood in mouth or vomit.

Care:

- Have victim pinch off at the bridge of their nose.
- Tilt head forward
- Administer ice if bleeding was caused by impact of an object causing pain and swelling
- If bleeding last more than 10 minutes contact EMS.

Poisoning

Symptoms:

- Nausea
- Vomiting
- Diarrhea
- Chest or abdominal pain
- Breathing difficulty
- Sweating
- Loss of consciousness
- Seizure

Care:

- Call 911
- Monitor Pulse & breathing
- Call Poison Control Center (1-800-222-1222)
- Follow PCC directions

Severe Bleeding

Symptoms:

- Bleeding cannot be controlled by direct pressure & elevation.
- Bleeding lasts for more than 10 minutes of direct pressure.
- Bleeding threat to persons survival.

Care:

- Contact EMS 911
- Apply direct pressure to wound & elevate
- If bleeding persists or soaks through, use additional barriers
- Take steps to minimize shock

Seizure

Symptoms:

- Non-responsive daydream state
- Shaking (mild or violent)
- Body becomes rigid
- Post seizure victim may appear sleepy, in state of stupor, may stop breathing.

Care:

- Contact EMS 911
- Protect Victim's head & airway.
- Post seizure make victim comfortable.
- Victim should not drive.

Shock

Symptoms:

- Cold sweat on forehead
- Cold and clammy hands
- Nausea
- Dizziness
- Weakness
- Pale appearance
- Feeble pulse
- Shallow or irregular breathing

Care:

- Call 911
- Elevate feet
- Maintain body temperature
- Control any bleeding
- Monitor Pulse & breathing

Spinal (head, neck, back injury)

Symptoms:

- Fall from a height greater than their own.
- Dive into shallow water
- Deformity, pain, bruising, tenderness, along the spine
- High impact accident

Care:

- Contact **EMS 911**
- Immobilize head, neck & back
- Check breathing & pulse
- Monitor pulse and breathing

Stroke

Symptoms:

- Numbness of the face, arm or leg – usually on one side of the body
- Difficulty speaking
- Blurred or dim vision
- Can not form a simple sentence or stick tongue straight out.

Care:

- Contact **EMS 911**
- Note time of onset of symptoms
- Keep victim comfortable and monitor Pulse & breathing until EMS arrives.

Special Emergencies

During all serious emergencies EMS 911 should be contacted and the Event Coordinator or equivalent should be contacted ASAP.

Death or Severe Injury

A death or severe injury is a possibility at any event. Any situation of this nature should be treated with utmost respect and care for friends and family of the victim(s).

- Initiate emergency action plan by calling a CODE RED and signaling for back up.
- Contact EMS 911.
- Continue to care for victim until EMS asks you to stop you are exhausted or the situation becomes unsafe.
- Isolate Victim
- Treat family, friends, volunteers, staff and spectators for shock making them comfortable as possible.
- Document incident and ask witness' to document incident including their contact information. Do not share information.
- Contact Event Coordinator. The coordinator will decide whether the incident will cancel the remainder of the event.
- With permission from EMS clean up any pathogens left by the incident. Contact the Employee Assistance Program at 715-6565.
- It is imperative to debrief with all those involved.

Fight

Fight between adults

- Initiate emergency action plan by calling a CODE RED and signaling for back up.
- Contact EMS 911.
- Do not get between the two adults. Simply tell them the police are on the way and that they are to stop immediately.
- Without physical contact separate the two as much as possible and control bystanders.
- Document incident and have witnesses document incident independently.

Fight Between an Adult and a Child

- The procedure is the same as with two adults.
- Do whatever you can to stop the fight verbally.
- Do not physically interfere, this is beyond the scope of your training.
- Document incident and have witnesses document incident independently.

Fight Between Two Children

- If the children are small enough to easily separate do so. It may be necessary to ask a parent or other family member for assistance.
- Monitor the parents/guardians and friends of those fighting to prevent further violence.
- Document incident and have witnesses document incident independently.
- If injuries result or if further violence seems likely contact EMS.

Fire

A fire is considered major if it requires a fire extinguisher or EMS to extinguish. If people are in even remote danger the fire is considered major. Document all fires large or small.

- Initiate emergency action plan by calling a CODE RED and signaling for back up.
- Contact EMS 911.
- Completely evacuate structure or area.
- People may re-enter the structure or area only when instructed to do so by EMS.

Sexual Predator (Level III Offender)

Predators may or may not be registered in the area. For a list of predatory behaviors or a list of registered Level III offenders in the area check the website below.

<http://www.icrimewatch.net/index.php?AgencyID=54493>

Known Predator

If the individual's name and picture are on the website above or a similar site they are considered a known predator and, according to their probation, are not allowed in certain areas. They may be allowed to participate in certain events.

- If a known predator attends an event, or is with/or around children contact EMS.
- Contact Event Coordinator and alert other staff/volunteers to monitor the situation.
- Thoroughly document incident.

Suspected Predator

This would be someone you feel may be a predator due to their behavior. Behavior to watch includes, inappropriate touching, unusual alone time, excessive gifts, etc.

- Notify event coordinator and monitor individual.
- Document inappropriate behavior and, if possible, note any information that may assist with identifying the individual e.g.: license number.
- If individual commits any illegal act, without physically interfering, tell them to stop immediately and contact EMS 911.

Media

Events/Programming

- If possible direct the press to the individual in charge of the program in question.
- Forward any event information or flyers you feel may be helpful.
- Invite them to participate.
- Be as helpful and honest as possible

Incidents or Accidents

- Do not give out information unless you are specifically told to do so.
- Refer all questions regarding any incident or accident to the Event Coordinator.
- If pressed simply say no comment.

Missing Person

A Missing Person is one who is presumed to be a victim of some type of injury or other type of hazard at an unknown location. It may be a lost child, a participant who has not returned or other similar situation.

Once a missing person is reported:

- Keep the reporter with you until the victim is found or an equally/more qualified person takes over for you.
- Get a description of the missing person including age, gender, hair color, clothing and other identifying characteristics.
- Determine the missing persons last known location.
 - If the last known location was in the water or other hazardous area contact EMS 911.
- Send other people to scout specific locations and return. Re-send them until the person is found.
- Use a phone to call possible locations/people the person may have gone to/with.
- If possible use a PA or megaphone to call the missing persons name.
- After a certain period of time contact EMS 911 for assistance
 - The amount of time will vary depending on the age, location, situation and other factors. If in doubt – call.

Natural Disaster/Hazardous Material Spill

A **Natural Disaster** is any uncommon occurrence caused by Mother Nature. Natural disasters that may happen in the Pacific Northwest include floods, volcanic eruptions, earthquakes, and tidal waves.

A **Hazardous Material** spills are recognized in different ways. Common factors are smell, a spill, or discoloration of water or air. People are becoming ill or losing consciousness with no obvious cause.

Action:

It is difficult to plan for a natural disaster because they are unpredictable in timing, force and damage. The following are steps to follow in the event of a natural disaster.

- Initiate emergency action plan by calling a CODE RED and signaling for back up.
- Communicate to the best of your ability with other coordinators to determine the extent of damage/injuries, if any.
- Collect injured, volunteers and medical resources in one area.
- Determine how to best maintain the safety of the individuals in your care.
- If necessary communicate/coordinate with EMS.

Exposure Control Plan

Purpose

The purpose of this plan is to minimize the risk of a pathogenic infection to individuals assisting and in proximity to an incident.

Potential Exposure

A potential exposure is defined as any event where the body tissues, fluids or wastes of a person(s) may have any potential of entering the body of another individual(s). This would include ingestion and through cuts or mucous membranes.

Procedure for Equipment and Spill Clean-Up

- Use gloves or other barriers between you and potentially infectious materials.
- Sanitize spills and equipment with 1 part bleach to 10 parts water.
- Place all contaminated waste and clothing in a biohazard bag.
- Place any sharps (needles, contaminated broken glass, etc.) in a sharps container.
 - When picking up sharps use tongs or a scoop of some type.
- Bio hazard materials must be disposed of through a biohazard treatment facility.
 - Contact the Bellingham Fire Department located at 1800 Broadway for disposal (360) 778.8450.
- Contaminated clothing must be washed in hot water and bleach before re-use.

Procedure for potential exposure

All exposures will be treated as hazardous.

- Use gloves or other barriers when performing or assisting with first aid or CPR.
- Immediately wash hands and other exposed areas thoroughly with soap and hot water.
- Remove and isolate potentially contaminated clothing in a biohazard container.
- Document incident detailing any type of exposure.
- Notify Event Coordinator of potential exposure.