



**The Mountaineers
Seattle Program Center
Emergency Action Plan**

February 2019

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INTRODUCTION

The Mountaineers is committed to providing safe places for our community to gather for:

- Outdoor activity related courses, workshops, and field trips
- Mission-related events and presentations
- Private rental of Mountaineers space when not occupied by mission oriented programming

Mountaineers staff are accountable for the safety of everyone using the facility. The Director of Operations works with both the Rental & Events Manager and the Facility Manager to ensure The Mountaineers Program Center’s Emergency Response Plan (EAP) is current, communicated and well-practiced. This document provides procedures for Mountaineers staff and volunteers to use in the event of an emergency.

EMERGENCY COMMUNICATION

Efficient communication is crucial to the activation of the Seattle Program Center EAP. The fastest emergency response is from Seattle Police dispatch. When contacting emergency services via 911, the caller should be ready to relay pertinent information about the emergency.

Information to relay to emergency dispatch includes:

- Nature of the emergency (i.e. accident / injury, medical / cardiac, missing person, violent act, etc.).
- Location of the facility, as well as where within the facility emergency personal should be dispatched:

<p>Mountaineers Program Center Magnuson Park 7700 Sand Point Way NE Seattle WA 98115</p> <p><u>Indoor spaces:</u> Goodman A, B, or C Cascade Room Summit Room Bookstore Staff offices Basement</p>	<p><u>Outdoor spaces:</u> South Plaza – climbing area North Plaza – friction slab area West Plaza – basalt column area South Parking West Parking North Parking</p>
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- Number of victims.
- Description of victim(s): age, gender, identifying feature, symptoms.
- Care being provided.
- Additional resources needed.

Additional information necessary if the emergency is related to a trespasser / armed assailant.

- Number of individuals.
- Current location of individual(s).
- Description of individuals(s): clothing, height, build, hair color/length, and distinguishing features such as tattoos, glasses and facial hair, etc.
- Behavior of individual(s).
- Whether individual(s) are armed (with what).

FOLLOW-ON COMMUNICATIONS

During a Seattle Program Center emergency, Mountaineers staff will distribute information to Magnuson Park and surrounding communities utilizing the following methods: phone call to Magnuson Park / Seattle Park & Recreation offices; The Mountaineers website; blast email to member accounts; Twitter at mountaineers.org/EAP; Facebook at facebook.com/mountaineers; KUOW public radio; etc.

CONTACTING MOUNTAINEERS STAFF

Volunteers and others must contact Mountaineers staff to inform them of a situation after calling 911 or otherwise when there is a major incident or problem within the facility. If no staff are present at the Seattle Program Center, volunteers and others should use the call tree below, following the order listed and continue calling until contact is made with at least one of the staff member.

NAME	POSITION	WORK PHONE	CELL PHONE
Becca Polglase	Education Director	206-521-6011	206-384-5002
Kristina Ciari	Member & Communications Director	206-521-6023	206-713-9578
Tom Vogl	CEO	206-521-6009	206-434.0796
Jeff Bowman	Bookstore & IT Manager	206-521-6002	206-850-2274
Garrett Arnold	Rental & Events Manager	206-521-6005	206-691-5352

If no staff can be reached volunteers must call The Mountaineers emergency number 206 521-6030

RESPONDING TO MEDIA / REPORTERS

To provide accurate information to news media, it is essential that all inquiries be directed through **Mountaineers Communication Department at 206-521-6001**. Employees not involved in the information chain should not discuss the situation with anyone unless authorized.

Media should be directed to the following staff in the order shown during or after work hours:

<p>1. Membership & Communications Director Kristina Ciari Office: 206-521-6001 Cell: 206-713-9578 KristinaC@mountaineers.org</p>	<p>2. CEO Tom Vogl Office: 206-521-6009 Cell: 206-434-0796 Tomv@mountaineers.org</p>
<p>3. Facility Events & Rental Manager Garrett Arnold Office: 206-521-6007 Cell: 206-691-5352 Garretta@mountaineers.org</p>	

EAP TRAINING REQUIREMENTS

RISK MANAGEMENT ORIENTATION, CPR-PR/AED & FIRST AID (AMERICAN RED CROSS)

All Mountaineers staff must attend an annual risk management orientation session. At least three Mountaineers staff must have a current American Red Cross CPR-PR and First Aid certification (or equivalent) provided by The Mountaineers at no cost. Any Mountaineers staff member wishing to maintain these certifications may do so and will be reimbursed by The Mountaineers.

EAP PRACTICE DRILLS

EAP practice drills will occur throughout the year to allow employees to practice implementing the EAP. Each employee should participate in an EAP practice drill at least once per year. Practicing the EAP will allow supervisors to evaluate and strengthen emergency skills of their staff in a controlled setting. Drills may include fire, accident / injury, lost person, assailant, inclement weather, environmental issue (earthquake, windstorm, etc.).

Employee performance during EAP practice drills will be documented on the drill performance recording sheet (**APPENDIX A**) and feedback will be provided after the scenario. Employees who cannot successfully implement the EAP and/or perform skills below expectation will be counseled and re-tested within ten days. Staff who do not successfully complete re-testing will be referred to their manager for appropriate coaching & counseling.

EMERGENCY EQUIPMENT

FIRST AID/TRAUMA BAGS

First-aid kits are used to treat minor injuries and include the following supplies: gloves, band aids (various sizes), biohazard bags, CPR breathing barrier or mask, and gauze. Trauma bags are more comprehensive than First-aid kits and should be used for more serious injuries.

The Facilities Manager is accountable for checking each first-aid kit & trauma bag for contents and conduct a full inventory once a month. Please contact your supervisor immediately if you find a first-aid kit or trauma bag not properly stocked.

The First Aid kits/Trauma Bag are located in the following areas:

FIRST AID LOCATIONS	
Main Floor	Basement
<ul style="list-style-type: none"> Facilities Hallway 	<ul style="list-style-type: none"> Near Basement Doorway

ICE

An ice machine is located in the break room. Ice bags are located in the cupboard above the ice machine where the coffee is stored.

AED

The Facility Manager is accountable for maintaining and testing all Automated External Defibrillators (AEDs) on a regular schedule recommended by the AED manufacturer. If, at any time, staff sees a red

circle with a black X in the upper right corner of the AED, indicating that the AED battery is dead, notify your supervisor immediately. In the event that staff must retrieve an AED from its station, a localized alarm will go off at the site of that AED station, however, this alarm will NOT alert Seattle Police.

AED’s are located in the following areas:

AED LOCATIONS	
Main Floor	Basement
<ul style="list-style-type: none"> In Lobby near drinking fountain 	<ul style="list-style-type: none"> TBD

BIOHAZARD BIN AND FLUID-SPILL KIT LOCATIONS

Biohazard bags are located in each of the fluid-spill kits inside first-aid kits and trauma bags. The Facility Manager is accountable for maintaining the Biohazard Bin and emptying it as needed. **If the bin is near full, contact the Operations Director.**

The BIOHAZARD BIN is located in the following area:

BIOHAZARD BIN	LOCATIONS
Main Floor	Basement
<ul style="list-style-type: none"> Facility Hallway 	<ul style="list-style-type: none"> TBD

FIRE EXTINGUISHERS

Untrained staff and volunteers should not focus on extinguishing a fire due to harmful smoke and chemicals that are released into the air. Instead, focus on safety of people at the Program Center and follow **Fire Evacuation Procedures**. The Mountaineers offers fire extinguisher training classes to all employees (training classes can be arranged with Fire Life Safety at (206) XXX-XXXX). To minimize the confusion of selecting the appropriate fire extinguisher, The Mountaineers has installed multi-purpose dry chemical (ABC rated) fire extinguishers. A facility map (**Appendix B**) shows the location of all fire extinguishers at the Program Center.

RADIOS

Radios may be used by staff to communicate during an emergency. Radios available for use by staff are stored in a cabinet in the Southeast corner of the administrative offices. When returning radios, please ensure the power is turned off before replacing them on the charger. Education Managers are accountable for ensuring radios are properly charged.

RADIO CHECKS

If staff uses radios during an emergency, they should perform a radio check to ensure the radios are working. Turn on the radios. Confirm they are set to the same channel. Press and hold the “talk” button for two seconds before talking, and continuing to press the talk button, speak at a normal volume and rate. Say “Radio Check” to initiate. If you are helping another staff member with a radio check and you hear them broadcast “Radio check”, respond with “Radio good”. Once you have heard “Radio good” from your radio, you know it is functioning.

PROPER RADIO USAGE

The Mountaineers uses “plain speak” for all radio communications. When initiating a radio conversation say something like:

“ _____ (your name) to _____ (who you are trying to contact), we have a _____ (description of situation) at/in the _____ (location). Could you please _____ (provide description of what you need).

SAMPLE RADIO CORRESPONDENCE

- Life threatening injury or situation
- Non-life threatening injury or situation
- Fight, dispute or argument
- Missing child
- Active shooter
- Shelter in place

Remember, radio conversations are not private. Other staff members and potentially volunteers and others may be able to hear what you are saying.

DOCUMENTATION

Documentation of all EAP incidents is **mandatory**. The first staff responder on scene is responsible for completing an EAP Report (**APPENDIX C**). Other individuals involved should fill out a supplemental form and attach a statement of what they saw and/or did. The Facility Manager is accountable for collecting and saving all EAP Report forms and will ensure they are reviewed by appropriate staff.

When filling out forms, please be certain to write legibly and fill out all appropriate information. Information should be objective observations / descriptions of what you saw and/or did, rather than intuiting the motivations of others. EAP reports are important documents that will be reviewed by management. If you make a mistake when completing a form, be sure to mark a line through the error and initial it. Gather all information from responding EMS or Police and be sure to request signatures from any injured people, witnesses, and staff and/or volunteers providing care.

EVACUATION PROCEDURES

EMERGENCY FACILITY EVACUATION ANNOUNCEMENT

- *“Attention staff & volunteers. Please remain calm and exit the facility through the nearest emergency exit. This is not a drill. Please walk—do not run—and follow the directions of facility staff.”*

Repeat this announcement two times before leaving your station. In the event of a fire, do not make this announcement. Instead, pull a fire alarm and evacuate all areas you and your activity or program are responsible for:

- Encourage volunteers and others in their areas to evacuate the facility via a designated evacuation route and regroup at the designated staff meeting place (see **Safe Meeting Places** below).
- Assist people with disabilities to exit or to areas of refuge.
- Proceed quietly and in an orderly manner.

FACILITY MAPS AND EVACUATION ROUTES (APPENDIX B)

All exit corridors and stairways are marked with exit signs and are protected with self-closing fire rated doors. These are the safest areas during an emergency. Rescue personnel will check all exit stairways first for trapped persons.

FACILITY MANAGER RESPONSIBILITIES

The Facility Manager is accountable for communicating with all staff, volunteers and others (including emergency first responders) during the EAP.

- Will station themselves in front of the Program Center to prevent all but emergency personnel from re-entering during an evacuation.
- Will assign staff to each corner of the property to inform anyone trying to enter the facility that an emergency situation exists and the building is being evacuated.
- Will meet emergency first-responder EMS personnel and assist with crowd control after escorting them into the building.
- Will not allow any other people in the facility and will refer media and all questions to the Member & Communications Director.

FRONT DESK RESPONSIBILITIES

When staff or a volunteer activates the EAP (via a fire alarm or the statement above):

- Confirm that all staff in the office are aware
- Put everything on hold (i.e. phone calls, service of bookstore patrons, etc.) and lock the register drawer
- Call 911

INDIVIDUALS REQUIRING ASSISTANCE

Staff will assist people with disabilities to the nearest exit and will inform first responders of their location if they are unable to move.

Ways to help individuals who require assistance:

- Become familiar with the individuals who require assistance in your area
- Inform hard-of-hearing/deaf persons when a fire evacuation alarm is sounding
- Assist visually impaired/blind persons to an exit stairway

- Inform 911 and first responders of disabled persons located inside the building that you are unable to evacuate safely
- In the extreme case where you must physically evacuate a disabled person, ask them how to safely move, carry or assist them.

Staff DO NOT need to wait for all people to evacuate before exiting the facility. Staff should conduct a facility sweep to ensure all people are aware of the situation and proceed to the designated safe meeting place.

NOTE: No one may re-enter the facility until cleared by police or fire department personnel.

DESIGNATED SAFE MEETING PLACES	
Program Center Interior	Program Center Exterior
<ul style="list-style-type: none"> • Sand Point Way NE north of facility <p>STAFF: Move all people away from facility and meet on the sidewalk next to the road</p>	<ul style="list-style-type: none"> • North Plaza – Sand Point Way NE north of facility • West Plaza – Sand Point Way NE north of facility • South Plaza – South parking lot <p>STAFF: Move all people away from facility and meet either on the road or in the parking lot</p>
<i>*SLACK General if you evacuated to a different location</i>	

SITUATIONAL EMERGENCIES

DOCUMENTATION & FOLLOWUP

For all situational emergencies, injuries, accidents, described below, or otherwise, whenever the EAP is used:

- When the situation is stabilized, use the call tree as described on page 5 to convey the nature of the emergency to Mountaineers leadership
- Staff first responder must complete an EAP report (APPENDIX C) and provide to Facility Manager.

MISSING PERSON

Communicate to all Mountaineers staff when you have been informed that there is a missing person within the facility. It is important that no staff member let anyone exit the facility with a child until the missing person has been located or Seattle Police have arrived and have taken over the search:

- Inform all Mountaineers staff of a missing person situation
- Obtain description:
 - Staff first responder will obtain a description and name of the missing person, will share it with all staff and will SLACK this information on Mountaineers General.
- Perform In-door Building Security Check:
 - Facility Manager immediately checks all interior spaces
 - Facility Manager will designate staff to post at all exit doors
 - Facility Manager will designate staff to perform exterior check
 - Front desk staff will monitor the front door alarm panel to identify if/when doors are opened
- Perform Follow-on Building Security Check:
 - Facility Manager will duplicate check of all interior spaces
- Call 911 if the individual is not promptly located
- Contact Full Time Staff:
 - Volunteers must notify appropriate staff as soon as possible via the operations phone tree on page 5.

THREATENING BEHAVIOR OR HARRASSMENT

If you feel harassed or threatened by anyone:

The Mountaineers prohibits discrimination, threats, or harassment based on age, sexuality, race, religion, gender, national origin, veteran status, or disability. People feeling harassed or threatened are encouraged to report it to a supervisor or an authority such as the police. Document the incident using The Mountaineers on-line complaint form. The Mountaineers is accountable for addressing your complaint. Contact the Adult Education Director, Becca Polglase or Tom Vogl at beccap@mountaineers.org or tomv@mountaineers.org

In the event of harassing phone calls:

- Hang up as soon as you realize the nature of the call. Do not try to find out who the caller is or encourage the caller by speaking to them, even if you think it is a friend playing a joke.
- If calls occur frequently, notify your supervisor and keep a log of the date and time the call was received and what was said. Note the type of voice and any background noises.

- If the calls persist, call Seattle Police at the non-emergency number (206) 625-5011. If an immediate emergency exists, call 911.

FIGHTS AND/OR SEVERE VERBAL ALTERCATIONS

If a fight or strongly emotional arguments occur, Mountaineers staff may verbally try to stop the fight or verbal altercation, but **MUST NOT** become involved in any kind of physical or verbal altercation.

If the fight continues or if there are any injured people, call 911 immediately.

- During a fight or verbal altercation, staff should note all individuals involved.
- It is also important to control other bystanders and prevent them from getting involved in the fight or verbal altercation.

WEAPONS

Only peace officers on duty may have weapons at a Mountaineers facility. If an instance arises where staff, a volunteer, or other person sees a weapon at a Mountaineers facility, Seattle Police should be notified immediately via 911

Helpful information to relay to dispatch includes:

- The location of the person carrying the weapon and direction of travel.
- Type of weapon.
- Is it being used to threaten people, or is it pocketed or in a holster.
- The person's description who is in possession of the weapon: clothing, height, build, hair color, and distinguishing features such as tattoos, glasses and facial hair.

ACTIVE SHOOTER/HOSTILE INTRUDER

This is a person who has entered the building with violent or deadly intent toward staff, volunteers and others in the facility. The following procedures have been established by the Seattle Police Department.

- Call 911
- Remain calm, do not engage the intruder.
- If it can be done safely, try to escape the area quickly and quietly.
- If attempting to escape, do not carry phones or other objects in your hands.
- As you move through open areas, keep your **HANDS ELEVATED** with **OPEN PALMS** visible, especially if you are encountering responding law enforcement officers.
- Follow instructions officers may give you.
- If you **CANNOT SAFELY EXIT** the building, seek shelter in a room where the doors can be locked or barricaded securely. Close and lock windows, lower blinds, turn off lights, remain out of sight.
- Once secure, take cover behind concrete walls, thick desks, and heavy furniture that are away from windows or doors.
- Remain quiet, turn off cell phone ringers.
- **ONLY ONE PERSON** from a group sheltering in place together should call the Seattle Police at 911
 - Tell dispatch the where you are, where the intruder is, a description of the weapon (if known), and the condition of others in the room.
 - Follow dispatch instructions.
 - If the caller cannot speak, leave the line open so the dispatcher can hear what is going on.
 - Assist others who are injured if it is safe to do so.
 - Do not respond to any unfamiliar voice commands until it can be determined that they are coming from a police officer.

- Do not open the door until it can be determined that it is a police officer, EMS, or a recognized Mountaineers staff coming to help.

HOSTAGE

If you see/hear/witness a hostage situation taking place:

- Get away from immediate danger and call 911
- Provide as much information as possible; i.e., location of incident; number of hostage takers and hostages; physical descriptions and names of the hostage takers (if known); any weapons the hostage takers may have; and your name, location and phone number.
- Await further instructions from Seattle Police
- If possible, make any others at the program center aware of the situation, and implement an evacuation if safe to do so.
- If you **CANNOT SAFELY EXIT** the building, seek shelter in a room where the doors can be locked or barricaded securely. Close and lock windows, lower blinds, turn off lights, remain out of sight.
- Once secure, take cover behind concrete walls, thick desks, and heavy furniture that are away from windows or doors.
- Remain quiet, turn off cell phone ringers.
- **ONLY ONE PERSON** from a group sheltering in place together should call the Seattle Police at 911
 - Tell dispatch the where you are, where the intruder is, a description of the weapon (if known), and the condition of others in the room.
 - Follow dispatch instructions.
 - If the caller cannot speak, leave the line open so the dispatcher can hear what is going on.
 - Assist others who are injured if it is safe to do so.
 - Do not respond to any unfamiliar voice commands until it can be determined that they are coming from a police officer.
- Do not open the door until it can be determined that it is a police officer, EMS, or a recognized Mountaineers staff coming to help.

If you are taken hostage:

- Remain calm, be polite, and cooperate.
- Avoid heroics and acting foolishly.
- Do not try to negotiate.
- Do not attempt to escape unless there is an extremely good chance for survival. It is better to be submissive and obey your captor(s).
- Speak normally. Do not complain or become belligerent. Comply with all instructions.
- Do not draw attention to yourself with sudden body movements, comments or hostile looks.
- Carefully observe the captor(s) and try to memorize their physical traits, voice patterns, clothing, and other details that can help provide a description later.
- Try to establish a positive relationship with your captor(s) and get to know them. Captors are generally less likely to harm you if they have a personal connection or respect for you.
- If you are forced to present any type of demands to the authorities, either on tape or in writing, state clearly that the demands are from the captor(s). Avoid making any pleas on your own behalf.
- Try to stay low to the ground or behind cover from windows or doors, if possible.

ACTIVE ROBBERY

In the event of an active robbery:

- Get away from immediate danger if possible.
- If you cannot get away from the area, do not resist the robber.
- Remain calm and do as the robber instructs.
- Do not follow the robber or attempt to struggle with them for the items taken.
- Call 911 as soon as the robber has left the area:
 - Provide as much information as possible; location of incident, number of robbers, physical description (if known), any weapons the robbers have, items taken or requested, which direction they left in, and your name, location and phone number
- When the incident is complete contact the Facility Manager as soon as possible
- Complete Robbery Checklist (**APPENDIX D**) and EAP report (**APPENDIX C**) and provide to Facility Manager.

BOMB THREAT

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm.

During the call:

- DO NOT HANG UP!
- Stay as calm as possible.
- Try to find out why the caller is upset.
- Identify the type of threat and who the threat is directed at.
- Get as much information as possible about the threat and motive according to the Bomb and Other Threats checklist (**APPENDIX E**).
- If the caller stays on the phone for any length of time, have a second person call 911.

After the call:

- Notify Seattle Police via 911.
- Write down everything you remember on Bomb and Other Threats Checklist (**APPENDIX E**) and the exact threat and the entire statement are most important.
- Immediately notify your supervisor of the threat.
- Follow evacuation procedures if directed by Seattle Police.

RESPONDING TO INJURIES

Mountaineers staff trained in first aid are required to provide care until advanced medical help arrives. At least three Mountaineers staff must have current American Red Cross CPR/AED for the Professional Rescuer and First Aid certifications, or equivalent (American Heart Association First Aid/CPR/AED). All Mountaineers staff may maintain these certifications and the Mountaineers will pay for the annual training and renewals. In the event of any injury (minor, severe, and life-threatening), an Injury Report (**APPENDIX F**) must be filled out and provided to the Facility Manager.

DOCUMENTATION & FOLLOWUP

For all situational emergencies, injuries, accidents, described below, or otherwise, whenever the EAP is used:

- When the situation is stabilized, refer to the call tree as described on **page 5** to convey the nature of the emergency to Mountaineers leadership
- Staff first responder must complete an **EAP report** (APPENDIX C) and provide to Facility Manager.

REMINDERS ABOUT PROVIDING CARE

- Be sure to obtain consent by identifying yourself and levels of certification.
- Unless the scene is unsafe, DO NOT move injured person-allow them to be in a position of comfort.
- **NEVER** abandon an injured person if you are the primary responder.
- Provide care until EMS arrives and dismisses you. **DO NOT STOP** GIVING CARE or FIRST AID.
- You must wear appropriate Personal Protective Equipment (PPE).
- Obtain a **SAMPLE** history in order to gather the necessary information to complete the injury report.
- **DO NOT** diagnose the type or severity of injury. Be sure to keep the injured person calm and be aware of your comments.
- If blood is present, be sure to clean the area following the **BLOOD BORNE PATHOGENS and BODILY FLUIDS** guidelines before re-opening the area.

MINOR INJURIES (minor cuts, abrasions, nose bleeds, etc...) should be treated using first aid supplies located in the first aid kit or trauma bag. If the minor injury occurred in the facility, you **MUST** document any care given on the Minor Injury Report (**APPENDIX G**).

OTHER NON-SEVERE INJURIES

Non-severe injuries (suspected dislocations, fractures, sprains, and strains) can be treated with ice and basic first aid (immobilization/splinting) when appropriate. Staff should encourage the injured person to seek professional medical assistance. Staff can offer to call an ambulance or call a friend/ family member/ or other support. Staff may **NEVER** drive an injured person.

If the person refuses assistance, staff must request they sign the refusal of care line on the injury report before they leave.

SEVERE OR LIFE-THREATENING INJURIES

A person who appears ill should stop all physical activities. Be sure the person is comfortable and able to answer questions. Do not leave the individual unattended or encourage the person to leave the facility with someone.

PRIMARY ASSESSMENT

Follow all of these steps for every emergency.

- Survey the scene, check for environmental hazards and make sure it is safe to approach the victim.
- Use proper personal protective equipment to reduce risk of exposure to blood borne pathogens
- Check patient for responsiveness.
- If the patient does not respond, call 911 (or have an assisting rescuer or bystander call), return to the scene with the AED and Trauma Bag.
- If the patient does respond, becomes lucid, or is a minor with a guardian near-by, obtain consent to treat.
- If the patient is face-down, roll him/her over while supporting the head, neck, and spine.
- Look, listen and feel for an open airway, breathing, and circulation for 10 seconds. If a spinal injury is not suspected, use the head tilt/chin lift technique to open the airway. If a spinal injury is suspected, use a jaw thrust.
 - If the patient is not breathing but does have a pulse, provide 2 rescue breaths. If the chest does not rise, re-tilt and try again. If unsuccessful, provide care for an unconscious choking victim.
- Quickly scan from head to toe for severe bleeding. Stop and treat if severe bleeding is found.
- Provide care as needed:
 - Place unconscious, breathing victim in recovery position. Monitor condition.
 - For a patient with a pulse, but no breathing, proceed to rescue breathing procedures.
 - Begin CPR for a patient with no pulse or breathing.
- Gather information from bystanders and maintain crowd control.

SECONDARY ASSESSMENT

If you have determined the patient is **not** experiencing any life-threatening conditions, such as respiratory distress or cardiac emergency, perform a Secondary Assessment:

- Visually inspect the patient for medical identification tags around the patient's neck, wrist, or ankle. Also inspect the patient for bleeding, swelling, discoloration, or obvious deformities.
- Take a **SAMPLE** history from the patient:
 - S** - Signs and symptoms the patient is experiencing.
 - A** - Allergies (relevant medical or environmental).
 - M** – Medication.
 - P** - Past Medical History.
 - L** - Last oral intake (liquid or solid, food or medication).
 - E** - Events leading up to the incident.
- Determine whether or not to call EMS.
- Document all answers from the SAMPLE history and any other pertinent observations made by the rescuer and include in Injury Report.

WHEN EMS ARRIVES

Emergency personnel will respond via the main entry way in most situations.

1. Front desk staff will meet and guide EMS personnel into the building and the Facility Manager will give a brief report while guiding them to the patient.
 - Facility Manager report to EMS personnel should include:
 - Approximate age of the patient
 - Gender

- Chief complaint
 - Nature/mechanism of injury
2. Primary responder will give report, answer questions, follow directions, and relinquish care of the patient to EMS personnel when EMS personnel indicate that they are ready.
 - Primary Responder report should include:
 - Signs and symptoms.
 - Presence or quality of breathing and pulse.
 - Time of the incident.
 - How long and what treatment has been provided.
 - Primary and Secondary responders may have to continue care while EMS personnel attach electrodes, start IVs, etc.
 3. Facility Manager will record what time EMS personnel arrived, their unit number, and when they left with the patient on the Injury Report.

CHOKING (Conscious and Unconscious)

CONSCIOUS CHOKING ADULT/CHILD

1. Make contact with the patient, obtain consent to help.
2. Encourage the patient to cough forcefully.
3. If the person cannot speak, or breath, call (or have an assisting rescuer or bystander call) emergency dispatch, then come back to the scene.
4. Stand behind the patient with one arm across the chest. Bend the victim forward, and deliver five back-blows between the shoulders, followed by five abdominal thrusts.
 - Abdominal thrusts: place one fist, thumb-side in, just above the navel and deliver hard, upturning thrusts, using both arms. Continue the cycle of back-blows and abdominal thrusts until the patient coughs up the object, begins to cough forcefully, or becomes unresponsive.
 - If patient becomes unresponsive, lower to the floor and provide further care (see below).

CONSCIOUS CHOKING INFANT

1. Place the infant face down, on your forearm.
2. Support the head and neck by holding the face with your hand. Do not cover the airway with your hand.
3. Deliver 5 back-blows between the shoulders
4. Turn the infant over, brace on your thigh, and give 5 chest thrusts using 2-3 fingers on the center of the chest. Compress about 1.5 inches.
 - If patient becomes unresponsive, lower to the floor and provide further care as needed

UNCONSCIOUS CHOKING ADULT / CHILD / INFANT

1. Attempt ventilation using rescue breathing skills.
2. If the chest does not rise and fall, re-tilt and try again. If ventilations still don't work, begin chest compressions.
3. Deliver 30 compressions.
4. Lift the jaw and tongue and look for an object in the mouth or throat.
5. If an object is present, remove it using a finger-sweep. Never do a finger sweep unless you observe the object.
6. Give 2 ventilations, if they don't cause the chest to rise and fall, repeat steps listed above until airway is clear.
7. Provide care as needed

- Put unresponsive, breathing patient in recovery position. Monitor condition.
- For a patient with a pulse, but no breathing, continue rescue breathing procedures.
- Begin CPR for a patient with no pulse or breathing.

RESCUE BREATHING

1. Open the airway with a head tilt/chin lift and seal a rescue mask over the patient's mouth and nose.
2. Blow into the mask:
 - ADULT – 1 ventilation every 5 seconds (12 breaths per minute, for 2 minutes).
 - CHILD/INFANT – 1 ventilation every 3 seconds (20 breaths per minute, for 2 minutes).
 - Each ventilation should last 1 second and cause the chest to rise and fall again before the next ventilation.
3. After two minutes, reassess the patient by checking airway, breathing and circulation for 10 seconds
4. Provide care as needed:
 - Put unresponsive, breathing patient in recovery position. Monitor condition.
 - For a patient with a pulse, but no breathing, continue rescue breathing procedures.
 - Begin CPR for a patient with no pulse or breathing.

CPR

ADULT CPR

1. Position patient on his/her back, on a firm, even surface.
 - Deliver 30 chest compressions to the middle of the chest at the nipple line/center of the sternum. Push down HARD at a rate of 100 compressions a minute.
 - Compressions should be about 2 inches deep for adults. Lift hands after each compression to allow total chest recoil.
2. Give 2 ventilations
3. Repeat cycles of compressions and breaths.
4. Stop CPR **ONLY** if:
 - The patient shows signs of life (breathing, pulse, intentional movement, etc.).
 - An AED is available, charged, and ready to use.
 - A trained rescuer/more advanced medical person takes over.
 - The scene becomes unsafe for you to continue.
 - You become too exhausted to continue.
 - You are shown a legally valid Do Not Resuscitate (DNR) order. Note: If the family is asking you to do something you are held liable to do CPR, in this case you may continue CPR until a higher licensed professional arrives to make this decision.

CHILD / INFANT CPR

1. Position patient on his/her back, on a firm, even surface.
2. Deliver 30 chest compressions to the middle of the chest at the nipple line/center of the sternum (15 chest compressions if two rescuers are present).
 - Push down HARD at a rate of 100 compressions a minute.
 - Compressions should be about 2 inches deep for children and 1.5 inches for infants.
 - Allow full chest expansion between compressions to allow for complete chest recoil.
 - (Take the below statement out, don't lift hands as this could set up for pausing and difficulty in placing them correctly back down.) Lift hands after each compression to allow total chest recoil

3. Give 2 ventilations
 - **INFANT:** only use an infant Bag Valve Mask, or the volume of air that can fit in one's cheeks to inflate an infant's lungs. Large, forceful breaths could cause an infant's lungs to rupture.
 - **CHILD:** Use a child Bag Valve Mask or just enough air to allow the chest to rise. DO NOT USE large, you will cause gastric inflation which decreases cardiac output. Avoid excessive ventilations.
5. Repeat cycles of compressions and breaths.
6. Stop CPR **ONLY** if:
 - The victim shows signs of life (breathing, pulse, intentional movement, etc.).
 - An AED is available, charged, and ready to use.
 - Another trained rescuer/more advanced medical personnel takes over.
 - The scene becomes unsafe for you to continue.
 - You become too exhausted to continue.
 - You are shown a legally valid Do Not Resuscitate (DNR) order. Note: If the family is asking you to do something you are held liable to do CPR, in this case you may continue CPR until a higher licensed professional arrives to make this decision.

AED:

1. Continue CPR when AED arrives. DO NOT stop until the AED is ready to analyze.
2. Open and turn on the AED.
3. Apply pads to the patient on the upper right side of the chest, just below the shoulder, and on the lower left side of the rib cage.
4. Connect the pads by plugging them into the AED.
5. Listen to prompts and follow the directions dictated by the AED. Clear the patient and shock if advised.

SPINAL INJURY (on land):

Spinal injuries can occur due to falls, collisions, or from objects hitting a patient from a great height. Rescuers treating patient complaining of head, neck or back pain due to a traumatic injury should always suspect a spinal injury.

STANDING VICTIM

1. Primary rescuer performs initial assessment and activates EAP.
2. If patient is conscious, obtain consent to treat. Tell the patient that you suspect a spinal injury and to answer questions with their words without shaking, nodding or moving their head.
3. Primary rescuer firmly places hands on both sides of the patient's head to maintain spinal stabilization until EMS arrives.

COLLAPSED VICTIM

1. Primary rescuer performs initial assessment and activates EAP.
2. If the patient is conscious, obtain consent to treat. Tell the patient that you suspect a spinal injury and to answer questions through words without shaking, nodding or moving their head.
3. Primary firmly places hands on both sides of the patient's head to maintain spinal stabilization until EMS arrives.
4. Provide care as needed:
 - Monitor condition.
 - For a patient with a pulse, but no breathing, initiate rescue breathing procedures.
 - Begin CPR for a patient with no pulse or breathing.

SEVERE BLEEDING:

ALWAYS perform an initial assessment and use proper personal protective equipment to reduce risk of exposure to blood borne pathogens.

EXTREMITY:

1. Use sterile gauze to cover the wound and apply pressure. If blood soaks through the gauze, place more gauze on top of the ones already present and continue holding pressure. If the patient is conscious and able to do so, you may ask them to apply pressure themselves.
2. Wrap the affected area with clean gauze rolls and tie a knot over the wound area.
3. Maintain pressure over the area until bleeding stops, or the patient is transferred to EMS.
4. Keep the patient calm, still and comfortable until EMS arrives.
5. Monitor the patient for signs of shock.
6. Provide care as needed:
 - Put unresponsive, breathing patient in recovery position. Monitor condition.
 - For a patient with a pulse, but no breathing, initiate rescue breathing procedures.
 - Begin CPR for a patient with no pulse or breathing.

HEAD:

1. Secure inline stabilization if spinal injury is suspected.
2. Place sterile gauze over the wound and apply pressure **around** the wound area.
 - DO NOT apply pressure directly on top of a head wound.
3. Maintain pressure around the area until bleeding stops, or until the patient is transferred to EMS.
4. Loosely wrap the head so that the gauze stays in place.
5. Keep the patient calm, still and comfortable until EMS arrives.
6. Monitor the patient for signs of shock.
7. Provide care as needed:
 - If a spinal injury is suspected, follow on-land spinal procedures.
 - Put unresponsive, breathing, non-spinal patient in appropriate recovery position and monitor condition.
 - For a patient with a pulse, but no breathing, initiate rescue breathing procedures.
 - Begin CPR for a patient with no pulse or breathing.

TORSO:

1. Use sterile gauze to cover the wound and apply pressure. If blood soaks through the gauze, place more gauze on top of the ones already present and continue holding pressure.
2. Maintain pressure over the area until bleeding stops, or the patient is transferred to EMS.
3. Keep the patient calm, still and comfortable until EMS arrives.
4. Monitor the patient for signs of shock.
5. Provide care as needed:
 - Put unresponsive, breathing patient in appropriate recovery position and monitor condition.
 - For a patient with a pulse, but no breathing, initiate rescue breathing procedures.
 - Begin CPR for a patient with no pulse or breathing.

BLOOD BORNE PATHOGENS and BODILY FLUIDS

In the case that an incident involves blood borne pathogens or other bodily fluids, follow these universal precautions:

- Use protective equipment to reduce risk of blood borne pathogen transmission
- Follow proper clean up procedures

- Ensure proper hand washing

How to clean up blood borne pathogens and/or bodily fluids:

- Treat all bodily fluids as potentially infectious
- Wear gloves
- Place paper towel over blood spot to cover it completely
- Spray paper towel with Husky disinfectant solution
- Wipe up blood with paper towel
- Dispose of contaminated towel into a red Biohazard bag
- Finish cleaning area with Husky disinfectant solution and paper towels
- Dispose of all items, including gloves into the red Biohazard bag
- Place Biohazard bag in the Biohazard Bin
- Wash hands thoroughly with soap and water

ENVIRONMENTAL EMERGENCIES

SEVERE WEATHER / PROGRAM CENTER CLOSURE

The Program Center is an essential sheltering location for the community. This means in the event of severe weather, the Program Center will remain open for community use. However, staff may be instructed not to come to the Program Center during severe weather, and only key designated people on the *Inclement Weather List* will staff the Program Center.

In the event of severe weather, Mountaineers leadership will check the University of Washington's closure status, and will confer at 7am. Leadership will send out an email to "Everyone Programs" and "Everyone Publishing" as well as send a message via SLACK to Mountaineers General with specific information about Program Center late opening or closure for that day.

If any key designated staff on the *Inclement Weather List* cannot get to work safely due to the weather conditions, they should use the operations phone tree on page 5 to share their situation with Mountaineers leadership.

EARTHQUAKE OR OTHER NATURAL DISASTER

During an earthquake:

- 1) Take cover underneath a desk or table; protect your head and neck.
- 2) Stay away from windows and objects which could fall on you.
- 3) Stay where you are – do not run outside, falling debris may cause injury.
- 4) If outdoors, stay in an open area; do not enter the building.

After an earthquake (aftershocks):

- 1) Be prepared for aftershocks; do not return to your office until directed.
- 2) Give first aid to injured staff, volunteers and others.
- 3) Do not move victims unless necessary to perform care or keep them from further injury.
- 4) Alert Emergency Personnel and/or Mountaineers leadership to anything needing their attention.
- 5) Replace telephone handsets, but do not use the phone, except to report fires or medical emergencies.
- 6) Go to the interior of the building staying away from the exterior walls. Avoid glass and equipment.
- 7) Wait for and follow instructions from Emergency Personnel.
- 8) Be prepared to evacuate if necessary. (See **Evacuation** section above.)

FIRE

If you discover a fire inside the facility, immediately implement **R.A.C.E.**

- Rescue** Rescue anyone in danger from the fire *if it does not jeopardize your own life.*
- Alarm** Activate a pull station to set off the building fire alarm, and call 911.
- Confine** Confine the fire by closing all doors/windows to trap the fire/slow its progress.
- Evacuate** Evacuate the building.

If a fire is located in the facility and it is small enough to be controlled with a fire extinguisher, a staff member may attempt to contain the fire by following Fire Extinguisher Instructions:

- P** – PULL safety pin from handle.
- A** – AIM nozzle at base of fire.
- S** – SQUEEZE trigger handle.
- S** – SWEEP the spray from side to side.

If the fire is not able to be controlled or the staff member feels in danger, activate the fire alarm and follow evacuation procedures to exit the building.

NOTE: No one may re-enter the facility until cleared by police or fire department personnel.

HAZARDOUS MATERIAL SPILL

As defined by the United States Department of Labor's Occupational Safety and Health Administration (OSHA), hazardous and toxic substances are defined as those chemicals that are found in the workplace which are capable of causing harm. These may include dusts, mixtures, and common materials such as paints, fuels, and solvents (www.osha.gov/SLTC/hazardoustoxicsubstances/index.html).

For any hazardous materials kept at Mountaineers facilities, a Material Safety Data Sheet must be available and copies kept on file with the Facility Manager.

Follow these steps if a hazardous material is spilled or released inside the facility:

- 1) Activate the fire alarm
- 2) Evacuate the facility (see **Evacuation** section above)
- 3) Call 911

NOTE: No one may re-enter the facility until cleared by police or fire department personnel.

FLOODING

If flooding occurs notify a supervisor immediately and call 911

- Secure your area and vital records.
- Use extreme caution around appliances or outlets in or near the water.
- If you know the source of the water and can safely stop it, do so CAUTIOUSLY.
- If directed to evacuate, do so immediately.

POWER FAILURE

In the event of a power outage, all activities must be stopped

- During the daytime, with adequate light, activities may resume at the discretion of a Mountaineers leadership team member
- During the evening or night time hours, all activities must be stopped until power is restored.
- For any extended times of power outages, the facility must be evacuated.

APPENDICES

Appendix A EAP Drill Documentation

Appendix B Facility Maps with Fire Extinguisher Locations & Evacuations Routes

Appendix C EAP Report

Appendix D Robbery Checklist

Appendix E Bomb Threat Checklist

Appendix F Injury Report

Appendix G Minor Injury Log

Appendix A – EAP Drill Documentation Form

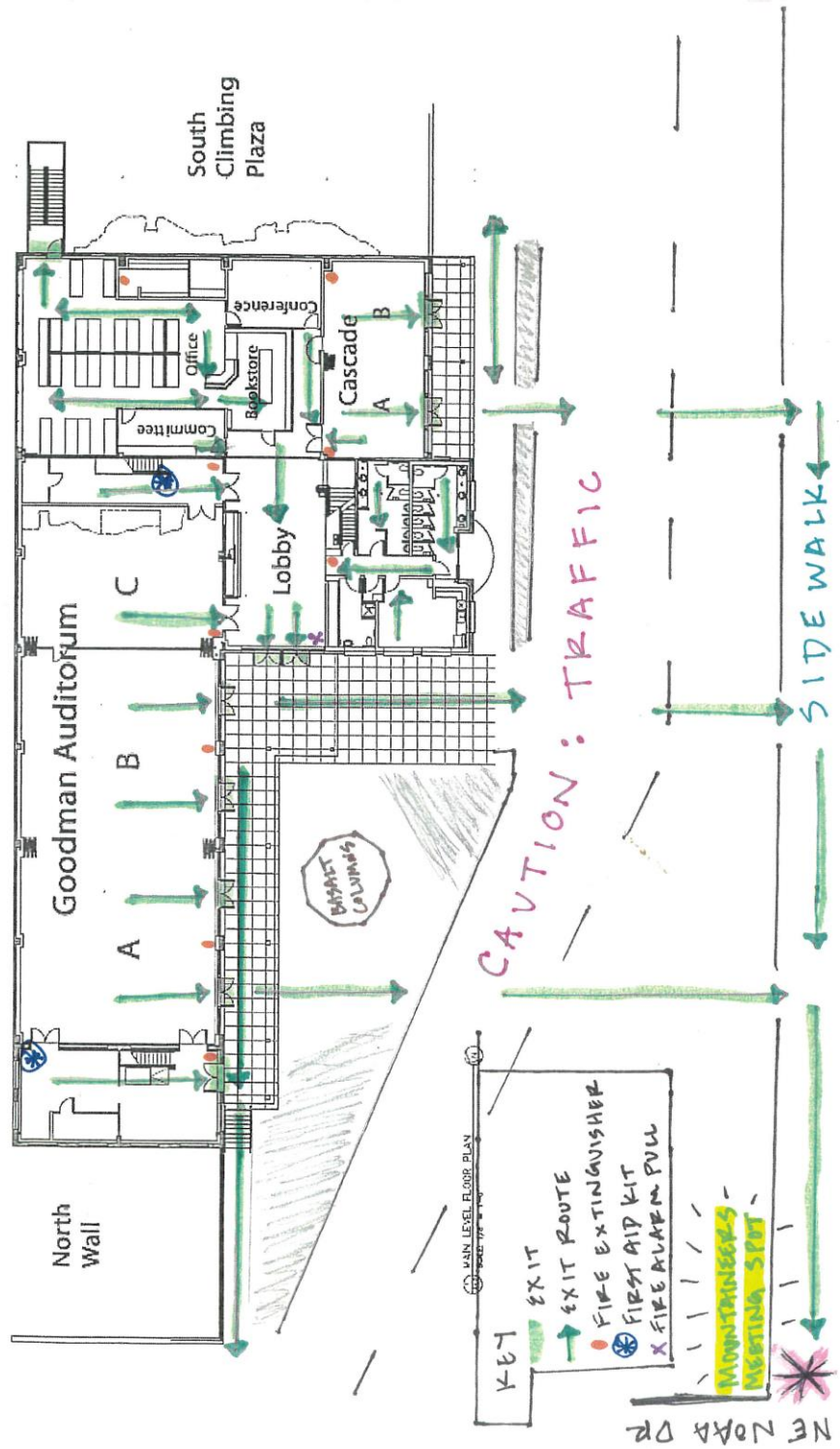
EAP Drill Performed: _____

Date: _____

Staff Name	Did not attend (check below)	If in attendance, recommendations offered to improve performance

Appendix B - Facility Maps with Fire Extinguisher Locations & Evacuations Routes

BUILDING ESCAPE ROUTE IN CASE OF EMERGENCY, FIRE OR EARTHQUAKE



Appendix C - EAP Report

1. EAP Report Preparer Name: _____
2. Date of report: _____
3. Date of incident: _____ Time of incident: _____
4. Location of incident: _____
5. Did you call 911 (yes/no): _____ Time of call: _____
6. Name, title, organization, contact information of responder:

7. Who reported the incident: (name, title, organization/company, phone, email):

8. Describe facts of incident (add pages as needed): _____

9. Names and roles of those involved in the incident:

<u>Name</u>	<u>Nature of involvement (participant / witness / victim / etc.)</u>

10. List the status of other involved in the incident (contact information, injuries, needs, feelings, need to contact emergency contact)

<u>Name</u>	<u>Status & emergency contact information</u>

11. Who did you contact?

	Cell	Home	Office
CEO			
Operations Director			
Board President or designee			
Member Services & Communications Director			
Facility Manager			
Other			

Appendix D - Robbery Checklist

1. Robbery Checklist Preparer Name: _____
2. Date of report: _____
3. Did you call the police (yes/no): _____ Time of call: _____
4. Name, title, organization, contact information of responder:

5. Names & contact information of those missing possessions & items missing:

<u>Name</u>	<u>Contact information</u>	<u>Items missing</u>

6. Who did you contact?

	Cell	Home	Office
CEO			
Operations Director			
Facility Manager			
Other			

Appendix E - Bomb Threat Checklist

1. Bomb Threat Checklist Preparer Name: _____
2. Date of report: _____
3. Did you call the police (yes/no): _____ Time of call: _____
4. Name, title, organization, contact information of responder:

5. Day & time threat was received: _____
6. Manner in which threat was received (phone call, email, note, other): _____
7. What was the nature of the threat (location, time, event, target, etc.) _____

8. What was the motive for the threat, why is the person angry / upset: _____

9. Did you evacuate the target location? _____
10. Who did you notify?

	Cell	Home	Office
CEO			
Operations Director			
Facility Manager			
Other			

Appendix F - Injury Report

1. Injury Report Preparer Name: _____

2. Date of report: _____

3. Date of injury: _____ Time of injury: _____

4. Location of injury: _____

5. Did you call 911 (yes/no): _____ Time of call: _____

6. Name, title, organization, contact information of responder:

7. Who reported the injury: (name, title, organization/company, phone, email):

8. Describe facts of injury (add pages as needed): _____

9. Names and roles of those involved in the injury:

<u>Name</u>	<u>Nature of involvement (participant / witness / victim / etc.)</u>

10. List the status of other involved in the injury (contact information, needs, feelings, need to contact emergency contact)

<u>Name</u>	<u>Status & emergency contact information</u>

11. Who did you contact?

	Cell	Home	Office
CEO			
Operations Director			
Board President or designee			
Member Services & Communications Director			
Facility Manager			
Other			

Appendix G - Minor Injury Log

Name of person injured	Date / Time of Injury	Injury description / action taken

