

# Emergency Preparation: Don't Get Caught Off Guard

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This seminar was created for the live learning environment of the Athletic Business Conference & Expo.

Kim Clark & Mo McAlpine have listed no financial interests/arrangements that would be considered a conflict of interest.

# Learning Objectives

- ✎ Upon completion of this seminar, you will be able to:
  - Identify components to incorporate into an Emergency Action plan to prepare students to respond to emergency situations with confidence.
  - Develop and implement an emergency response team and red shirt reviews to train and prepare your staff to respond to emergencies.
  - Understand the importance of the debrief process following an incident.

# Risk Management Phases

- ☞ Identify Risks
- ☞ Measure/Assess
- ☞ Plan (strategies)
- ☞ Implement
- ☞ Debrief/Evaluate/  
Revise



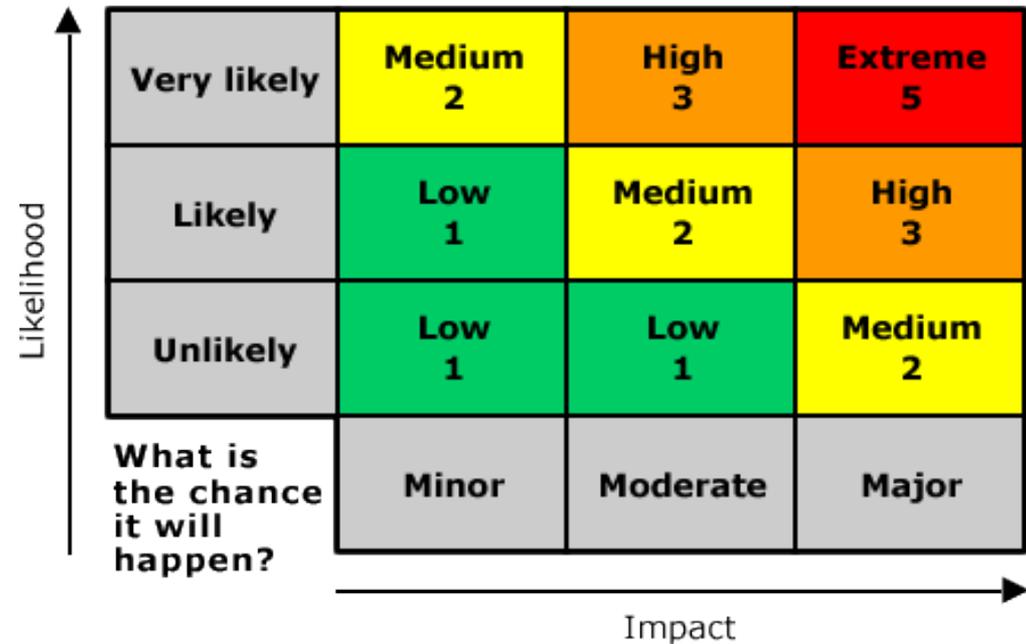
FEMA 1979

# Mitigation

## ∞ Identify Risks

- Campus
- Programs
- Facilities
- Culture & Climate

## ∞ Assess/Measure



A risk assessment matrix with 'Likelihood' on the vertical axis and 'Impact' on the horizontal axis. The vertical axis is labeled 'Likelihood' and has an upward-pointing arrow. The horizontal axis is labeled 'Impact' and has a rightward-pointing arrow. The matrix is a 3x3 grid of colored cells. The top row is labeled 'Very likely', the middle row 'Likely', and the bottom row 'Unlikely'. The columns are labeled 'Minor', 'Moderate', and 'Major' at the bottom. Each cell contains a risk level and a number. The cells are: (Very likely, Minor) Medium 2 (yellow); (Very likely, Moderate) High 3 (orange); (Very likely, Major) Extreme 5 (red); (Likely, Minor) Low 1 (green); (Likely, Moderate) Medium 2 (yellow); (Likely, Major) High 3 (orange); (Unlikely, Minor) Low 1 (green); (Unlikely, Moderate) Low 1 (green); (Unlikely, Major) Medium 2 (yellow). Below the matrix, the text 'What is the chance it will happen?' is written next to the vertical axis arrow.

Very likely	Medium 2	High 3	Extreme 5
Likely	Low 1	Medium 2	High 3
Unlikely	Low 1	Low 1	Medium 2
What is the chance it will happen?	Minor	Moderate	Major

# Preparedness

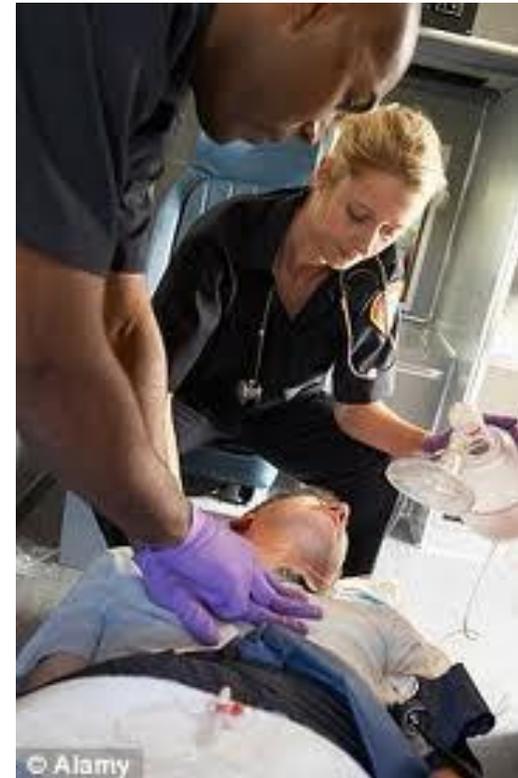
- ☞ Culture & Climate
- ☞ Job Descriptions
- ☞ Certifications & Trainings
- ☞ Meetings/In-services
- ☞ Policies & Protocols
- ☞ EAP
- ☞ Documentation
- ☞ Collaboration



# Preparedness — Components of EAP

## ∞ Medical

- Life-Threatening
  - Drowning
  - Severe Bleeding
  - Heart Attack
  - Shock
  - Head, Neck, & Back
  - Heat Stroke
  - Stroke
  - Epileptic, Diabetic & other attacks
- Non Life-Threatening
  - Cuts & Bruises
  - Sprains & Strains
  - Dislocations



# Preparedness — Components of EAP

## ∞ Fire Prevention

- Extinguishers
- Egress Routes
- Signage
- Laundry Lint Traps
- Chemical Storage
- Area Occupancies
- Chemicals & Cleaning Solutions



# Preparedness — Components of EAP

## Weather

- Heavy Rain, Winds, Flash Flooding
- Lightning
- Hurricanes
- Tornadoes
- Earthquake
- Heat Procedures



# Preparedness – Components of EAP

- ☞ Shelter in place
- ☞ Weapons
- ☞ Bomb
- ☞ Theft
- ☞ Suspicious Packages/Items
- ☞ Radiation Chemical or Biological Threats



# Preparedness – Documentation

## ∞ Forms & Checklists

- Release & Indemnity/Health History Forms
- Photo/Video Releases
- Safety Checklists
  - Opening/Closing
  - Facility Inspection
  - Equipment Inventory & Inspections
  - Maintenance Logs
  - Pool Chemistry Logs
  - AED Inspection & Maintenance

# Documentation - Accident

UNIVERSITY of HOUSTON  
DIVISION OF STUDENT AFFAIRS  
Department of Campus Recreation

## Accident/Injury Report

<b>REPORT DATA</b>	Date: _____	Time of Injury: _____ am / pm
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<b>PERSONAL DATA</b>	Name of Injured: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age: _____
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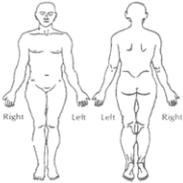
ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Classification:  Student  Faculty  Staff  Public  Guest (include sponsor information below)  Other \_\_\_\_\_  
Name of Sponsor: \_\_\_\_\_ ID: \_\_\_\_\_

<b>LOCATION OF ACCIDENT</b>			
<input type="checkbox"/> Rotunda	<input type="checkbox"/> MAC	<input type="checkbox"/> Natatorium	<input type="checkbox"/> Fitness Zone
<input type="checkbox"/> Cubbie Corner	<input type="checkbox"/> Center Court # _____	<input type="checkbox"/> Leisure Pool	<input type="checkbox"/> Jogging Track
<input type="checkbox"/> Climbing Area	<input type="checkbox"/> Main Court # _____	<input type="checkbox"/> Family Changing Room	<input type="checkbox"/> MP Room # _____
<input type="checkbox"/> Racquetball/Squash Court # _____	<input type="checkbox"/> Locker Rooms	<input type="checkbox"/> Martial Arts Room	<input type="checkbox"/> CRWC Fields & Track
			<input type="checkbox"/> IM Fields # _____
			<input type="checkbox"/> Other: _____

<b>PROGRAM AREA OF PARTICIPATION – Include Specific Activity in Space Provided</b>			
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Intramural Sports	<input type="checkbox"/> Child Care	
<input type="checkbox"/> Outdoor Adventure	<input type="checkbox"/> Sports Clubs	<input type="checkbox"/> Open Recreation	
<input type="checkbox"/> Fitness and Aerobics	<input type="checkbox"/> Rentals	<input type="checkbox"/> Other: _____	

<b>INJURY DATA</b>			
Blood/Body Fluid Present? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____	Part of Body Injured		
Spill Kit Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Head	<b>R L</b> <input type="checkbox"/> Ear	<b>R L</b> <input type="checkbox"/> Ribs
Was Equipment Contaminated? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify what equipment: _____	<input type="checkbox"/> Neck	<input type="checkbox"/> Eye	<input type="checkbox"/> Hips
Was equipment disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? Name: _____ Position Title: _____ Name: _____ Position Title: _____	<input type="checkbox"/> Back	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Groin
	<input type="checkbox"/> Chest	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Thigh
	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Elbow	<input type="checkbox"/> Knee
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Forearm	<input type="checkbox"/> Shin/Calf
		<input type="checkbox"/> Wrist	<input type="checkbox"/> Ankle
		<input type="checkbox"/> Hand	<input type="checkbox"/> Foot
		<input type="checkbox"/> Finger	<input type="checkbox"/> Toe
			
	Please indicate location of injury	Please indicate location of injury	Please indicate location of injury
			
		Please indicate location of injury	Please indicate location of injury
<b>AVPU:</b>			
Was victim Alert? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the victim in Pain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was victim Verbal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the victim Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please describe the injury and care provided in as much detail as possible:  
→ State FACTS only. (Ex: "Patron's left ankle is swollen, misshapen, and twisted to the left." NOT "Patron's left ankle is broken.")

\_\_\_\_\_

\_\_\_\_\_

Please describe the events leading to the injury in as much detail as possible:

\_\_\_\_\_

\_\_\_\_\_

-Please attach, sign, and date additional pages if more space is necessary to describe injury or events-

Complete both sides

<b>FURTHER CARE – Check all that apply</b>		
<b>Section 1</b>	<b>Section 2</b>	<b>Section 3</b>
<input type="checkbox"/> Patron Refused Care	Name(s) of EMS Personnel: _____	Name(s) of Responding Officer(s): _____
<input type="checkbox"/> EMS Summoned/Fill out Section 2)	ID #(s): _____	Badge #(s): _____
<input type="checkbox"/> Ambulance to Hospital (Fill out Section 3)	Name of Hospital: _____	Phone #: _____
<input type="checkbox"/> UH Police (Fill out Section 3)	Hospital Phone #: _____	Indicate action taken:
<input type="checkbox"/> Returned to Activity	Person accompanying injured patron: _____	<input type="checkbox"/> Injured patron left with UHPD
<input type="checkbox"/> Left on Own (unassisted)	Phone #: _____	<input type="checkbox"/> Injured patron left on own
<input type="checkbox"/> Left with Friend/Other		<input type="checkbox"/> Other: _____
<input type="checkbox"/> UH Health Center		
<input type="checkbox"/> Recommended to seek Medical Treatment		

<b>WITNESS 1</b>		
Printed Name	Address	Phone
_____	_____	_____
Signature	ID #:	Email
_____	_____	_____
Relation to Patron: <input type="checkbox"/> Friend <input type="checkbox"/> Roommate <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Family Member		Campus Recreation staff: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No previous relation <input type="checkbox"/> Other: _____		<input type="checkbox"/> Former staff

Account of What Happened:

\_\_\_\_\_

\_\_\_\_\_

<b>WITNESS 2</b>		
Printed Name	Address	Phone
_____	_____	_____
Signature	ID #:	Email
_____	_____	_____
Relation to Patron: <input type="checkbox"/> Friend <input type="checkbox"/> Roommate <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Family Member		Campus Recreation staff: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No previous relation <input type="checkbox"/> Other: _____		<input type="checkbox"/> Former staff

Account of What Happened:

\_\_\_\_\_

\_\_\_\_\_

Staff Providing Care: \_\_\_\_\_ Position Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Providing Care: \_\_\_\_\_ Position Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Completing Report: \_\_\_\_\_ Position Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Office Follow-up recommended?  Yes  No

<b>OFFICE DATA</b>	Date of Follow-Up: _____	Staff Name: _____
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Follow-Up Comments: \_\_\_\_\_

\_\_\_\_\_

ASSOCIATE DIRECTOR OF FACILITIES: _____	DATE: _____
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DIRECTOR: _____	DATE: _____
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# Documentation - Incident

**UNIVERSITY of HOUSTON**  
 DIVISION OF STUDENT AFFAIRS  
 Department of Campus Recreation

## Incident Report

<b>REPORT DATA</b>	Date: _____	Time of Incident: _____ am / pm
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<b>INDIVIDUALS INVOLVED</b>	Name: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age: _____
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ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Classification:  Student  Faculty  Staff  Public  Guest (include sponsor information below)  Other \_\_\_\_\_  
 Name of Sponsor: \_\_\_\_\_ ID: \_\_\_\_\_

<b>INDIVIDUALS INVOLVED</b>	Name: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age: _____
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ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Classification:  Student  Faculty  Staff  Public  Guest (include sponsor information below)  Other \_\_\_\_\_  
 Name of Sponsor: \_\_\_\_\_ ID: \_\_\_\_\_

<b>CHECK ALL VIOLATIONS THAT APPLY</b>				
<input type="checkbox"/> Policy/violation	<input type="checkbox"/> Damaged equipment	<input type="checkbox"/> Harassment	<input type="checkbox"/> Campus Police must be notified for any of the following infractions	<input type="checkbox"/> Physical threats
<input type="checkbox"/> ID violation*	<input type="checkbox"/> Ignored request of staff	<input type="checkbox"/> Verbal threats		<input type="checkbox"/> Theft
<input type="checkbox"/> Violated suspension*		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Fighting
*Attach photocopy of ID				<input type="checkbox"/> Sexual misconduct

**UHPD CALLED?**  Yes  No If yes, complete the information below.

Name(s) of Responding Officer(s): _____	Indicate action taken
Badge #(s): _____	<input type="checkbox"/> Patron left with UHPD
Phone #: _____	<input type="checkbox"/> Patron left voluntarily
	<input type="checkbox"/> Other: _____

**LOCATION OF INCIDENT**

<input type="checkbox"/> Rotunda	<input type="checkbox"/> MAC	<input type="checkbox"/> Natatorium	<input type="checkbox"/> Fitness Zone	<input type="checkbox"/> CRWC Fields & Track
<input type="checkbox"/> Cubbie Corner	<input type="checkbox"/> Center Court # _____	<input type="checkbox"/> Leisure Pool	<input type="checkbox"/> Jogging Track	<input type="checkbox"/> IM Fields # _____
<input type="checkbox"/> Climbing Area	<input type="checkbox"/> Main Court # _____	<input type="checkbox"/> Family Changing Room	<input type="checkbox"/> MP Room # _____	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Racquetball/Squash Court # _____	<input type="checkbox"/> Locker Rooms	<input type="checkbox"/> Martial Arts Room	

**PROGRAM AREA OF PARTICIPATION - Include Specific Activity in Space Provided**

<input type="checkbox"/> Aquatics	<input type="checkbox"/> Intramural Sports	<input type="checkbox"/> Child Care
<input type="checkbox"/> Outdoor Adventure	<input type="checkbox"/> Sports Clubs	<input type="checkbox"/> Open Recreation
<input type="checkbox"/> Fitness and Aerobics	<input type="checkbox"/> Rentals	<input type="checkbox"/> Other: _____

Please describe the incident in as much detail as possible: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-Please attach, sign, and date additional pages if more space is necessary to describe the incident-

Complete both sides

<b>WITNESS 1</b>		
Printed Name: _____	Address: _____	Phone: _____
Signature: _____	ID #: _____	Email: _____
Relation to Patron: <input type="checkbox"/> Friend <input type="checkbox"/> Roommate <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Family Member		Campus Recreation staff: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No previous relation <input type="checkbox"/> Other: _____		<input type="checkbox"/> Former staff
Account of What Happened: _____		
_____		
_____		

<b>WITNESS 2</b>		
Printed Name: _____	Address: _____	Phone: _____
Signature: _____	ID #: _____	Email: _____
Relation to Patron: <input type="checkbox"/> Friend <input type="checkbox"/> Roommate <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Family Member		Campus Recreation staff: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No previous relation <input type="checkbox"/> Other: _____		<input type="checkbox"/> Former staff
Account of What Happened: _____		
_____		
_____		

Patron Involved: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Involved: \_\_\_\_\_ Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Completing Report: \_\_\_\_\_ Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

<b>FOLLOW UP INFORMATION</b>		
Conducted by: _____	Position Title: _____	Date: _____
<input type="checkbox"/> Video Review of Incident	<input type="checkbox"/> Mailed Letter of Notification	<input type="checkbox"/> Recorded in Membership Notes

Follow-Up Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>DIRECTOR:</b> _____	<b>DATE:</b> _____
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<b>ASSOCIATE DIRECTOR OF FACILITIES:</b> _____	<b>DATE:</b> _____
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# Documentation - Bomb

## BOMB THREAT CALL PROCEDURES

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of the call, do not hang up, but from a different phone, contact UHDPSS immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call UHDPSS at 713-743-3333
- Handle note as minimally as possible.

If a bomb threat is received by email:

- Call UHDPSS at 713-743-3333
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unsuspected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

DO NOT:

- Use two-way radios or cellular phone; radio signals have the potential to detonate a bomb.
- Evacuate the building until police arrive and evaluate the threat.
- Activate the fire alarm.
- Touch or move a suspicious package.

## WHO TO CONTACT

- On Campus - Call UHDPSS at 713-743-3333
- Off Campus - Follow your local guidelines, or call 911

## BOMB THREAT CHECKLIST

Date:  Time:

Time Caller Hang Up:  Phone number where call was received:

### Ask Caller:

- Where is the bomb located? (Building, Floor, Room, etc.)
- When will it go off?
- What does it look like?
- What kind of bomb is it?
- What will make it explode?
- Did you place the bomb? Yes No
- Why?
- What is your name?

### Exact Words of Threat:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Information About Caller:

- Where is the caller located? (Background and level of noise)
- Estimated age
- Is voice familiar? If so, who does it sound like?
- Other points:

Caller's Voice		Background Sounds:	Threat Language:
Male	Female	<input type="checkbox"/> Animal Noises	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Accent	<input type="checkbox"/> Angry	<input type="checkbox"/> House Noises	<input type="checkbox"/> Message read
<input type="checkbox"/> Calm	<input type="checkbox"/> Clear	<input type="checkbox"/> Kitchen Noises	<input type="checkbox"/> Taped
<input type="checkbox"/> Clearing throat	<input type="checkbox"/> Coughing	<input type="checkbox"/> Street Noises	<input type="checkbox"/> Irrational
<input type="checkbox"/> Cracking voice	<input type="checkbox"/> Crying	<input type="checkbox"/> Booth	<input type="checkbox"/> Profane
<input type="checkbox"/> Deep	<input type="checkbox"/> Deep breathing	<input type="checkbox"/> PA system	<input type="checkbox"/> Well-spoken
<input type="checkbox"/> Disguised	<input type="checkbox"/> Distinct	<input type="checkbox"/> Conversation	
<input type="checkbox"/> Ected	<input type="checkbox"/> Ected	<input type="checkbox"/> Music	
<input type="checkbox"/> Laughing	<input type="checkbox"/> Loud	<input type="checkbox"/> Motor	
<input type="checkbox"/> Nasal	<input type="checkbox"/> Normal	<input type="checkbox"/> Clear	
<input type="checkbox"/> Ragged	<input type="checkbox"/> Rapid	<input type="checkbox"/> Static	
<input type="checkbox"/> Slow	<input type="checkbox"/> Soft	<input type="checkbox"/> Office machinery	
<input type="checkbox"/> Stutter		<input type="checkbox"/> Factory machinery	
		<input type="checkbox"/> Local	
		<input type="checkbox"/> Long distance	
		Other information:	
		_____	
		_____	
		_____	

UNIVERSITY of HOUSTON  
DEPARTMENT OF PUBLIC SAFETY

# Response

## ∞ Activating EAP

- Implementing appropriate response strategy

## ∞ Communication

- Walkie Talkies
- Calling 911

## ∞ Completing Documentation



# Recovery

## ☞ Debrief

- Evaluate Response
- Review Documentation
- Critical Stress Debrief

## ☞ Follow Up

- Staff
- Participants
- Restock Supplies
- Inspect/Clean  
Facility/Equipment

## ☞ Re-open Facility

- ☞ **Planning for Recovery begins in the Preparedness Phase!!**

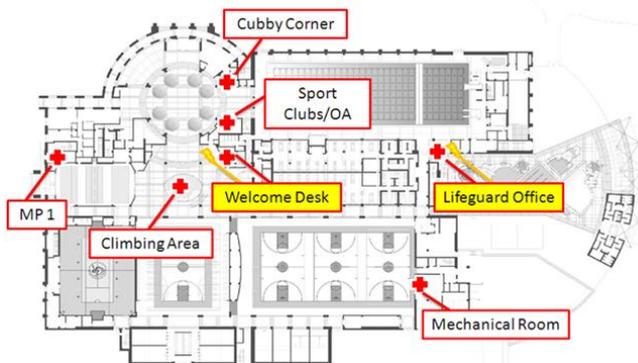
# Tips

## Iterative Process

## Dynamic Document

- Bullet Points
- Flow Charts
- Diagrams

## Consistency Across Program Areas



## Collaborate/Utilize Resources

- Campus Police
- Risk Mgmt./Safety Office/Emergency Mgmt.
- Counseling & Psychological Services
- American Red Cross

# Samples

## IN CASE OF EMERGENCY

### CODE 1/2/3/4

- Respond to the scene and conduct initial assessment
- Call the code over the radio
- Call EMS (3-3333) if necessary
- Provide the appropriate care
- Clean up any bodily fluids

### CODE ADAM

- Obtain a description and name of the missing person
- Make an announcement over the PA system asking the missing person to report to a designated location
- Radio "code adam" with a description of the missing person
- Designate staff to post at all non-alarmed exits
- Call UHPD (3-3333) if the person is not promptly located

### CODE BLUE

- Evaluate the situation and radio the building supervisor
- Radio "code blue" and call for additional staff if needed, or if UHPD needs to be contacted
- Verbally stop activity in the area if possible and separate the parties involved without any physical contact
- Treat any injuries

### CODE RED/ACTIVE SHOOTER

- Remain clam
- Radio "active shooter"
- Secure immediate area- lock/barricade doors, turn off lights, turn down radio, and silence cell phones, and keep out of sight
- Call UHPD (3-3333) with location, number of people in your area, number of injuries, and number, description, and location of shooters
- Follow instructions given by UHPD



UHPD (3-333)  
(713) 743-3333  
police@uh.edu

### BOMB THREAT

- Remain calm. Keep the caller in the line for as long as possible and DO NOT HANG UP, even if the caller does.
- Signal other staff to contact UHPD (3-3333)
- If displayed, copy the information in the caller ID
- Immediately complete bomb threat checklist located in the EAP binder
- Follow the instructions given by UHPD
- Contact full time staff

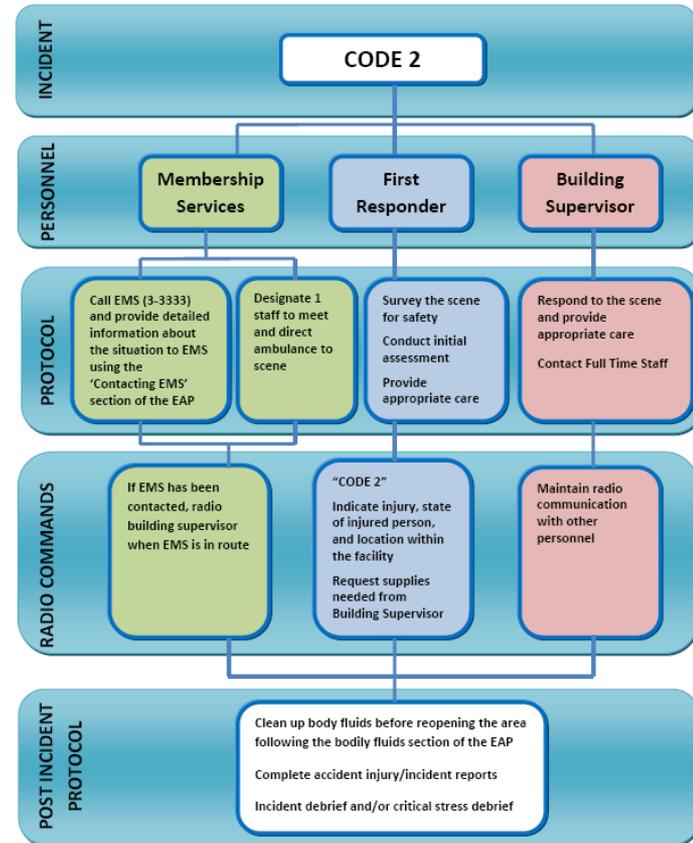
### HURRICANE/TORNADO/ SEVERE WAETHER

- If notified of severe weather in the area, enact the *shelter in place* procedure
- Radio "code shelter in place"
- Announce over the PA "attention patrons, due to severe weather conditions, please calmly proceed to the nearest first-floor severe weather shelter area as directed by staff"
- Closely monitor the situation and do not release sheltered patrons until the appropriate warning has been lifted
- Check the facility for any storm damage or potentially dangerous conditions
- If no potentially dangerous conditions exist, radio and announce over the pa system "all clear"

### FIRE

- If there is a fire, pull the closest alarm.
- Call EMS (3-333)
- Begin to evacuate your area using the closest exit and proceed to the designated assembly area
- Radio to the building supervisor when your program area has been cleared
- Contact full time staff

## CODE 2: LIFE THREATENING-FACILITY



# Sudden Cardiac Arrest

- ☞ January 27, 2010
- ☞ 9:24PM
- ☞ 20 year old female
- ☞ Group X Class
- ☞ 21:24:13 - call received by 911
- ☞ 21:25:11 - call dispatched to station
- ☞ 21:26:12 - University Police informed
- ☞ 21:26:20 - call to Mo
- ☞ 21:26:21 - paramedics in route
- ☞ 21:26:46 - face is blue
- ☞ 21:28:40 - AED in use
- ☞ 21:29:00 - University Police arrive
- ☞ 21:30:50 - paramedics on scene
- ☞ 21:31:09 - code in progress
- ☞ 21:49:30 - ambulance departs to hospital
- ☞ 21:57:42 - ambulance arrives at hospital

# Improvements after Cardiac Arrest

- ⌘ Realistic verbiage on 911 phone calls
- ⌘ Building Manager cell phones
- ⌘ CPR masks for entire facility and employees
- ⌘ Red Cross reference cards
- ⌘ Semester CPR & AED reviews with staff
- ⌘ Bystander awareness
- ⌘ Intentional initiation of emergency response team (ERT)

# Emergency Response Team

**Make it  
Happen** 

*Develop Your Own ERT*

Follow these 5 steps to start an ERT on your campus

1. *CREATE YOUR TEAM*
2. Evaluate current procedures
3. Prepare emergency action plans
4. Develop & implement red shirt reviews
5. Evaluate progress



For additional information:  
[www.uwlax.edu/recsports/ert.htm](http://www.uwlax.edu/recsports/ert.htm)

# ERT

## ∞ Advisor

- Associate Director

## ∞ Chair

- Student staff member(s)

## ∞ Representatives

- 1 from each position area

## ∞ Other potentials

- Police; medical staff; risk management/safety; counseling



# ERT Mission

As a preparatory unit of the Recreational Sports student staff, the Emergency Response Team (ERT) will ensure the readiness of the Recreational Sports Department for any potential emergency, review emergency action plans, and strive for efficiency in upholding accident, incident, and injury protocol.



# Mitigation

## Make it Happen

### Develop Your Own ERT

Follow these 5 steps to start an ERT on your campus

1. Create your team
2. EVALUATE CURRENT PROCEDURES
3. Prepare emergency action plans
4. Develop & implement red shirt reviews
5. Evaluate progress



For additional information:  
[www.uwlax.edu/recsports/ert.htm](http://www.uwlax.edu/recsports/ert.htm)

# Mitigation

- ✎ What are your current procedures?
  - Emergency action plans
  - Forms & checklists
  - Documentation - reports
  - Equipment and supplies
  - Common practices
  - Certifications and training of staff
  - Institutional coordination

# Preparedness

## Make it Happen

### Develop Your Own ERT

Follow these 5 steps to start an ERT on your campus

1. Create your team
2. Evaluate current procedures
3. PREPARE EMERGENCY ACTION PLANS
4. Develop & implement red shirt reviews
5. Evaluate progress



University of Wisconsin-La Crosse  
**REC SPORTS**

For additional information:  
[www.uwlax.edu/recsports/ert.htm](http://www.uwlax.edu/recsports/ert.htm)

# Preparedness/Response

## Make it Happen

### Develop Your Own ERT

Follow these 5 steps to start an ERT on your campus

1. Create your team
2. Evaluate current procedures
3. Prepare emergency action plans
4. DEVELOP & IMPLEMENT RED SHIRT REVIEWS
5. Evaluate progress



For additional information:  
[www.uwlax.edu/recsports/ert.htm](http://www.uwlax.edu/recsports/ert.htm)

# Red Shirt Reviews

- ∞ Purpose: to create a non-intimidating environment with real life situations for staff members to practice and become comfortable implementing EAP's
- ∞ Resources
  - Your institution
  - Other institutions
  - Conferences
  - NIRSA Habitat
  - Certifying agencies & professionals

# Red Shirt Reviews

## ∞ Logistics

- Develop scenarios
  - Currently medical based
- Create checklists
  - Based on EAP & appropriate progression of care
  - Scene
  - Front Desk
- Train ERT members
- Schedule RSR
- Plan coverage



# Red Shirt Reviews

## ∞ Red Level

- Life-threatening
- 911 and University Police
- Factors beyond training level
- May include first aid treatment
- May include progression to shock

## ∞ Green Level

- Non-life-threatening
- Within training level
- May include some first aid treatment
- Does not include 911, University Police, or shock

# Red Shirt Reviews



## CPR/AED REVIEW RED reported victim

Date: \_\_\_\_\_ Reviewed Staff: \_\_\_\_\_ Reviewers: \_\_\_\_\_

**Situation** A person in a GroupX class when he/she starts to feel severe chest pain.

**Victim** Clutch your chest in pain, showing signs of cardiac arrest. Once staff member reaches you, collapse to the ground lying "unconscious" face up; there should be no response from you throughout the rest of the review.

**Witness** Run to the front counter staff member and explain your friend is having severe chest pain and needs help right away.

### CHECKLIST (verbalize words in parenthesis)

- Grab AED and first aid kit
- Check the scene (**scene is safe**)
- Check the victim; tap shoulder and shout "are you okay, are you okay?"

**(victim does not respond** Consent is implied due to unconsciousness of the victim)

- Direct someone to call 911 and University Police
- Radio staff for first aid kit & AED (if not already there)
- Open the airway
- Do a 10-second check for breathing and other signs of life

**(there are no signs of life)**

If another staff member is with you, have that person prepare the AED while you perform CPR

- Begin CPR based on certification
- Continue CPR until prompted by AED

If another staff member is NOT available

- Turn on AED and follow instructions
- Ensure no one and no objects are in contact with the person during AED analyzing and shocking
- Vocalize AED commands; "analyzing, stand clear" "shocking, stand clear"
- Continue until one of the following occurs:

**(ask staff member to list reasons they would stop)**

1. EMS or another trained responder arrives and takes over
2. Person shows signs of life
3. Scene becomes unsafe
4. Responder is too exhausted to continue
5. AED arrives

After EMS has arrived and taken over

- Fill out injury report
- Call Pro Staff to report the emergency

### OTHER

Does staff member have CPR pocket mask clipped on?

Comments: \_\_\_\_\_

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## FIRST AID REVIEW GREEN Minor cut

Date: \_\_\_\_\_ Reviewed Staff: \_\_\_\_\_ Reviewers: \_\_\_\_\_

**Situation** A student was playing table tennis when he/she tripped and cut his/her cheek on the corner of the table.

**Victim** Approach a staff member holding your cheek showing the staff member the blood on your hand and face.

### CHECKLIST

(Verbalize words in parenthesis)

- Grab a first aid kit
- Check the scene (**scene is safe**)
- Tell him/her you are first aid certified and want to help; obtain consent
- Assist person to a seated position
- Before dealing with blood, put on gloves
- Apply pressure with a clean gauze pad
- Continue applying additional dressings as needed until cut stops bleeding
- Assist victim with bandage for location
- Monitor for signs of shock\*
- Fill out an injury report
- Clean the area with appropriate solution
- Place all bloody materials into biohazard bag and place bag in biohazard container

### OTHER

Does staff member have CPR pocket mask clipped on?

\*Symptoms of shock: confusion, altered level of consciousness, pale or ashen, cool, moist skin, rapid breathing, excessive thirst, nausea or vomiting

Comments: \_\_\_\_\_

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# Red Shirt Review Props



# Red Shirt Reviews

- ∞ Implementation
  - As realistic as possible
- ∞ Debriefing
  - Review entire scenario with staff on duty
- ∞ Paperwork
  - Injury report
  - Incident report
- ∞ ERT website
  - [www.uwlax.edu/recsports/ert.htm](http://www.uwlax.edu/recsports/ert.htm)
- ∞ Video



## UW-L Recreational Sports Injury Report

Name: _____ Date: _____ Time: _____	
Student ID: _____ <input type="checkbox"/> M <input type="checkbox"/> F Student ___ Staff ___ Other ___ D.O.B.: ___/___/___	
Address: _____ Phone: _____	

Indoor Facilities	Location	Outdoor Facilities	Activity	Area of Participation
Mitchell Hall:	Rec:		<input type="checkbox"/> Aerobics	<input type="checkbox"/> Intramural Sports
<input type="checkbox"/> Gyms	<input type="checkbox"/> Fieldhouse	<input type="checkbox"/> VMSC Sports Fields	<input type="checkbox"/> Racquet sports	<input type="checkbox"/> Open Recreation
<input type="checkbox"/> Fieldhouse	<input type="checkbox"/> Aerobics Room	<input type="checkbox"/> North Campus Fields	<input type="checkbox"/> Basetball	<input type="checkbox"/> Special Events
<input type="checkbox"/> Racquetball Court	<input type="checkbox"/> Multipurpose Room	<input type="checkbox"/> Other	<input type="checkbox"/> Dodgeball	<input type="checkbox"/> Spectator
<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Martial Arts		<input type="checkbox"/> Flag football	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Racquetball Court		<input type="checkbox"/> Volleyball	
			<input type="checkbox"/> Floor hockey	

Type of Injury:	Part of Body:	
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Generalized	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Skull/Scalp	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Contusion	<input type="checkbox"/> Eye	<input type="checkbox"/> Upper Arm
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Ear	<input type="checkbox"/> Elbow
<input type="checkbox"/> Fainting	<input type="checkbox"/> Nose	<input type="checkbox"/> Forearm
<input type="checkbox"/> Fracture	<input type="checkbox"/> Mouth	<input type="checkbox"/> Wrist
<input type="checkbox"/> Frostbite	<input type="checkbox"/> Tooth	<input type="checkbox"/> Hand
<input type="checkbox"/> Heart	<input type="checkbox"/> Jaw	<input type="checkbox"/> Finger
<input type="checkbox"/> Heat Exhaustion	<input type="checkbox"/> Neck	<input type="checkbox"/> Hip
<input type="checkbox"/> Internal injury	<input type="checkbox"/> Spine	<input type="checkbox"/> Thigh
<input type="checkbox"/> Laceration	<input type="checkbox"/> Chest	<input type="checkbox"/> Knee
<input type="checkbox"/> Shock	<input type="checkbox"/> Lungs	<input type="checkbox"/> Lower Leg
<input type="checkbox"/> Sprain	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Ankle
<input type="checkbox"/> Strain	<input type="checkbox"/> Back	<input type="checkbox"/> Foot/Toe
<input type="checkbox"/> Other: _____		

Right  
 Left

*Front*



*Back*



Place an "X" at the site of injury

Witness	Student Identification Number
1 _____	_____
2 _____	_____

Equipment Checked Out by First Aider:

Equipment \_\_\_\_\_ # \_\_\_\_\_

Equipment \_\_\_\_\_ # \_\_\_\_\_

\*\*Also complete checkout slip or card and place on bulletin board at REC or in checkout box at Mitchell Hall\*\*

Video of mock red shirt review:  
[www.uwlax.edu/recsports/ert.htm](http://www.uwlax.edu/recsports/ert.htm)

# Recovery

## Make it Happen

### Develop Your Own ERT

Follow these 5 steps to start an ERT on your campus

1. Create your team
2. Evaluate current procedures
3. Prepare emergency action plans
4. Develop & implement red shirt reviews
5. EVALUATE PROGRESS



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# Evaluations

- ∞ Improved responses in daily implementation of emergency situations
- ∞ Increased comfort and level of care
- ∞ Positive comments from University Police
- ∞ Survey results

# Training of Service Staff

## ∞ Fall (prior to academic year)

- Emergency procedures and action plans
- Mini red shirt reviews
- Large group debriefings
- Facility tours
- Introduction to emergency equipment and locations

## ∞ Spring (first week of semester)

- Updates on emergency procedures and action plans
- Hands on CPR and AED review
- First aid presentations by student athletic trainers

# Ongoing Training

## ∞ Certifications

- CPR, AED, and first aid (minimum)

## ∞ Weekly Staff Meetings

- ERT updates from committee members
- Debriefings regarding recent incidents

## ∞ Situational Debriefings

- Review with staff involved immediately following situation

# Risk Management Phases

- ∞ Identify Risks
- ∞ Measure/Assess
- ∞ Plan (strategies)
- ∞ Implement
- ∞ Debrief/Evaluate/  
Revise



FEMA 1979

# Learning Objectives

- ✎ Upon completion of this seminar, you will be able to:
  - Identify components to incorporate into an Emergency Action plan to prepare students to respond to emergency situations with confidence.
  - Develop and implement an emergency response team and red shirt reviews to train and prepare your staff to respond to emergencies.
  - Understand the importance of the debrief process following an incident.

# References

- ∞ U.S. Department of Education. Action Guide for Emergency Management for Institutions of Higher Education. (Revised June 2010). Available at [http://rems.ed.gov/docs/REMS\\_ActionGuide.pdf](http://rems.ed.gov/docs/REMS_ActionGuide.pdf)
- ∞ U.S. Department of Education. Practical Information on Crisis Planning: A Guide for Schools and Communities. (Revised January 2007). Available at <http://www2.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>
- ∞ U.S. Department of Homeland Security, Federal Emergency Management Agency. Building a Disaster-Resistant University. (2003). Available at <http://www.fema.gov/hazard-mitigation-assistance/building-disaster-resistant-university>

# Make it Happen!

 [Thank You Video](#)

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