

XI. CRISIS MANAGEMENT AND EMERGENCY PROTOCOL

A. Crisis Management Team

The Crisis Management Team is composed of the Camp Directors, Hotel General Manager, Medical Director, and Child Life Specialist, and any other person designated by any one of the foregoing team members.

1. The medical staff is responsible for the physical well-being of the campers and staff, with the Medical Director in charge. In an emergency medical situation, all other camp staff follows the medical staff's instructions.
2. The Camp Director is responsible for communications at the camp level, and uses his/her judgment in keeping campers and staff informed. Radios will be utilized to facilitate communication among key staff.
3. At the scene of the emergency:
 - a. Play it doubly safe. If you are not absolutely positive you can handle the situation, get help at once from the nearest authorities. Cooperate fully with the authorities.
 - b. Do not volunteer information to spectators or strangers.
 - c. Be observant and record the essential facts.
 - d. When dealing with reporters, maintain an attitude of cooperation and helpfulness, referring questions to the Camp Director, who will seek the advice of counsel on an appropriate response. If asked about insurance coverage, you are authorized to say only, "It will be referred to our insurance company."

B. Emergency Phone Numbers

A list of emergency phone numbers will be kept by the Camp Director, Assistant Camp Director, and Medical Director. This list includes the numbers of local hospital emergency rooms. Of course, dialing 911 can access all other emergency services.

C. Emergency Response Plan

The intent of this Emergency Response Plan is to provide staff with direction and guidance in the event an emergency takes during or as a result of our camp programming.

1. Medical
2. Active Shooter
3. Fire
4. Aquatic
5. Severe Weather
6. Lost Camper

On-Site Emergency Procedure

1. Notify the Camp Director immediately by radio.
2. The Camp Director will assess the nature of the emergency and relay instructions to the Crisis Management Team.
3. The Camp Director will relay implementation of the appropriate emergency or the evacuation procedure, if appropriate.

1. Medical Emergency

1. Medical staff should immediately be notified in the event of any injury, fall, unconsciousness, serious illness, etc. If a radio is not readily available, a volunteer should locate an administrative staff member who will radio to the medical staff, giving the location of the emergency.
2. The most senior volunteer in the area should assess the situation until a member of the medical staff arrives. They should determine what treatment the child may require, render first aid if so certified, and make the child comfortable and warm.
3. Keep the person lying down and offer continual reassurance. The staff member should remain with the injured camper. Keep a cool head. The best policy is to rely on your common sense and judgment.
4. In the event of a medical emergency, the physician in residence is responsible for notifying the parents or guardians of the camper(s) involved, or next-of-kin of counselors or other staff. He/she also keeps the medical staff and Camp Director informed as necessary.
5. During transportation to off-site trips, a member of the medical staff will accompany the group in every vehicle transporting campers.

2. Active Shooter

1. An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims.
2. Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims.
3. Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

4. HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY:

a) **Evacuate.** If there is an accessible escape path, attempt to evacuate the premises.

Be sure to:

- Have an escape route and plan in mind
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

b) **Hide out.** If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., a room with a closed and locked door)
- Do not trap yourself or restrict your options for movement
- To prevent an active shooter from entering your hiding place:
 - o Lock the door
 - o Blockade the door with heavy furniture

If the active shooter is nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise
- Hide behind large items
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

c) **Take action against the active shooter.** As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

5. HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

a) **Law enforcement's purpose is to stop the active shooter as soon as possible.**

Officers will proceed directly to the area in which the last shots were heard.

- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment
- Officers may be armed with rifles, shotguns, handguns
- Officers may use pepper spray or tear gas to control the situation
- Officers may shout commands, and may push individuals to the ground for their safety

b) **How to react when law enforcement arrives:**

- Remain calm and follow officers' instructions
- Put down any items in your hands
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

c) **Information to provide to law enforcement or 911 operator:**

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter/s
- Number and type of weapons held by the shooter/s
- Number of potential victims at the location

Notes: The first officers to arrive to the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the premises.

Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

3. Fire Emergency Procedures

In all of these procedures, speed is of the essence, but try to remain calm and use good judgment. Your reaction to the situation will greatly affect the way the campers respond.

If you find a fire:

1. Follow the Four Seasons fire emergency procedure, which will be outlined in detail during volunteer training.
2. Counselors will make an advance plan among themselves regarding who will remove the campers from the area, who will radio an alert to the Camp Director and the administrative staff, and who will locate the nearest fire extinguisher.
3. The radio alert will indicate the location of the fire.
4. The Camp Director or his designee will:
 - a. Radio instructions about where the campers and volunteers are to gather. Counselors will conduct a head count.
 - b. Give assignments to the administrative staff regarding stationing themselves near groups of campers to facilitate the evacuation and communicate announcements.
 - c. Make contact with Four Seasons staff to establish communication between the Four Seasons staff and the Camp H-Town staff.

After the fire is out:

1. No one should move from the designated gathering area until the Camp Director has given an "all clear."
2. The Camp Director will give instructions about whether all will return to the activity in which they were engaged before the fire or have cabin time before the next meal.
3. Remain calm, reassuring, following radios instructions, and stay in control of the situation at hand.

4. Aquatic Emergency Plan

1. In the event of an aquatic emergency, the person with the highest medical qualification/position shall be first in charge. The only time this is not the case is in the event of a rescue, when the person in charge is the first person to locate the victim.
2. In the event of a drowning, the lifeguard reaching the victim will administer appropriate lifesaving techniques and will assume the responsibility of the person in charge of the

rescue. A member of the medical team will support the lifeguard with life saving techniques and call 911, if appropriate.

3. The volunteer with the highest qualifications/position will signal and assist other personnel and campers to leave the water and the swimming pool or beach area.
4. Aquatic emergency plans will be a part of staff training.
5. The aquatic emergency plan will be discussed with the campers before an activity at a pool or beach.
6. The Camp Director shall be notified as soon as possible, if the Camp Director is not in the immediate area.

5. Weather Emergency Procedures

1. If potentially threatening weather exists, the Camp Director will make all staff aware of the possibility of threatening weather (thunderstorm, very high winds, tornado warning, tropical storm events, or even flooding.).
2. When away from the campsite, get campers into vehicles or other protective structures to wait out the storm.
3. Stay away from electrical equipment. Do not walk near fences, power lines or pipelines.
4. Keep away from plumbing and bath facilities; no showers will be taken.

6. Lost Or Runaway Camper Emergency Plan

A “WALDO” procedure will be initiated when a camper is reported missing. This radio announcement should be made after a volunteer realizes that a camper is missing after a search of the immediate area. The “WALDO” announcement will tell the location of the reporting staff.

Immediately:

1. Notify the other volunteer(s) in the vicinity of the emergency.
2. Notify the Camp Director.
3. Question campers regarding information about the missing camper’s last seen whereabouts.

The Camp Director or his designee will determine if authorities are to be contacted if the camp staff is unable to locate the child.

Here are some guidelines to consider as well:

Out of Camp

1. Determine the possible cause for the missing camper. Is he or she lost or wandered from the group, did something cause him or her to run away, did anyone see anything or anyone suspicious in the area?
2. String out (within sight of each other) in a line and circle the area in a clockwise manner, checking the general area in which the camper might be hiding or lying injured.
3. If the missing camper is in an aquatic area, check the water first, then nearby locker rooms or hallways. Follow the Aquatic Emergency Plan if appropriate.

In Camp

1. A “WALDO” alert will be called over the radio along with the location and reporting volunteer. The Camp Director and other administrative staff will evaluate the situation. If deemed appropriate, a radio announcement will be made that all campers are to report to a location indicated in the announcement for a camper count.
2. Available staff will report to the search area to be assigned various camp areas to look for the missing camper.
3. Volunteers with a radio may be assigned to search nearby areas outside the immediate camp area within the hotel.
4. If the immediate area search does not produce results in 10 minutes, the appropriate law enforcement will be contacted by referring to the Emergency Phone list.
5. The Crisis Management Team determines when the parents or guardians are to be notified.
6. Notify all parties when the camper has been found.

E. Evacuation Procedure

1. Counselors will check the whereabouts of the campers in their care and immediately take the cabin group to the area announced by the Camp Director.
2. In the event of an emergency within the facility, evacuation outside the facility may be necessary. The Camp Director will announce that the Four Seasons evacuation procedure is in place.
3. The Camp Director will make assignments among the Crisis Management Team about where they are to check to confirm evacuation of all volunteers and campers so a sweep of the area is conducted. Counselors will have the responsibility to confirm the presence of all campers and volunteers.

F. Death at Camp

In the unfortunate event of death at camp, whether through accident or illness, the matter will be handled in the same manner as a medical emergency, with the physician making the notification of family and the Camp Director performing the duties as outlined.

XII. MEDICAL POLICY

A. General Statement

All camp volunteers are responsible for the safety and good physical care of all children who are entrusted to our care. The Medical Director and medical staff are especially responsible to ensure the physical well-being of our campers.

Among other things, the Medical Director will:

1. make an emergency first aid and emergency transportation plan for all camp activities;
2. provide appropriate first aid supplies for all camp activities;
3. educate staff in emergency care and reporting; and
4. review annually all current medical policies with each member of the medical staff.

The medical policies stated herein shall serve as minimal guidelines to all volunteers and must be strictly adhered to by all personnel, except in such circumstances as the Medical Director shall direct.

B. Philosophy of Operation

The camp health program operates under the direct supervision of the Medical Director, in accordance with guidelines provided by the Family Independence Agency, the Children's Oncology Groups best practice guidelines. All campers, camp personnel and others involved in the program are expected to abide by all policies, rules, and regulations implemented by this person.

The camp's health program is designed primarily to take care of the campers' normal daily needs (such as medication management, first aid needs, and health maintenance) and to refer to specialized medical personnel (such as hospitals) or parents/guardians any special or emergency needs that a camper might have. If a camper should develop a specific health problem that necessitates his or her removal from normal camp activity and requires special health care, whenever practical the camper should be returned to the care of the parent/guardian and return to camp once the problem is resolved.

C. General Method of Operation

1. A physician shall be on duty for the camp at all times – 24 hours a day. At least one registered nurse will be on duty at all times to deal with health maintenance as well as emergency issues.

2. Medications will be distributed at each meal and at bedtime and/or as needed.
3. A medical professional will remain in the medical facility whenever a camper is present in the facility.
4. The medical staff provides an information sheet on each camper to each cabin's Counselors to enable the counseling staff to properly oversee medication times and other patient conditions.
5. The medical staff develops a system for logging medications, treatments, and procedures performed on individual campers. A copy of this log, and any subsequent reports, is returned to each camper's parent or guardian, if there are any unusual occurrences.
6. When information about a camper's physical, emotional, mental, or family situation is shared with necessary staff for the purpose of providing the optimum medical and psychosocial support to the camper, it remains confidential.
7. Orientation to other camp staff on special care of children with cancer is provided to all camp staff.
8. The "Med Shed" will be housed in a suitable facility that provides protection from the elements, space for treatment of injury and illness, lockable medication storage system, available toilet and available water for drinking and cleaning. There will be at least one bed for every 50 campers and staff and a quiet private room that affords isolation, if necessary.

D. **Health Information and Registration Form**

The camp maintains a standard Health Information and Registration Form for all campers and staff, including a Physician Form signed by a physician or nurse practitioner. It is mandatory that a properly completed form be submitted, prior to camp, for each camper and staff member attending camp. The health history form includes any current health issues/needs, past medical history, allergy information, and names of the camper's health care providers. All emergency medical treatment consent forms for campers are copied in duplicate – one copy is retained by the Medical Director and the other by Camp Director. All health information forms will be stored for the time period required by Texas law.

E. **Medications**

1. The process of collecting medications from campers, caring for them, and dispensing them to campers shall remain the responsibility of the Medical Director and medical staff.
2. All medications shall be stored in a secure location, under lock and key at all times.
3. Medications will be dispensed to campers in accordance with directions supplied by the camper's parent or guardian and prescribed by the camper's physician.

4. No prescription medication will be administered to a camper unless the prescription is in the camper's name. Prescription medication under parent's name will not be administered to the camper. All medications need to be brought to camp in the original container.
5. Campers often bring a variety of minor medications to camp including: cough drops, non-prescribed cold remedies, ointments, vitamins, etc. These items shall also be collected by the nurses from the campers and deposited in the medical facility. They shall be dispensed by the medical staff as per parental and/or physician's instructions.
6. Medications may only be distributed by licensed medical personnel.
7. Medications for staff/volunteers must be kept in a secure location inaccessible by campers.

F. **Minor Illness**

1. Minor illness is defined as those simple minor ailments that are commonly incurred by children. Examples include upset stomach, nausea, colds, sore throat, headache, earache, homesickness, fatigue, etc.
2. Children suffering from minor ailments should be reported directly to the staff member who is immediately responsible for their supervision. This staff person shall then refer the problem to the medical personnel.
3. At the medical personnel's discretion, the child may be removed temporarily from the normal activity and placed in the "Med Shed" under the nurse's care.
4. A child with a temperature of 100° F or more will be isolated as much as possible from contact with other children for a reasonable time. If there is apparent illness after that time, isolation will continue and the option of returning the child home will be considered. If a temperature of 100° F or greater occurs in a child with likely neutropenia or who has received myelosuppressive chemotherapy in the past 30 days, CBC-platelet will be obtained and the child will be seen by medical staff immediately. Handling the problem will be referred to guidelines of Serious Illness Policy.
5. If, after a reasonable time, the symptoms of the ailment are not alleviated, the Medical Director and or his or her designee shall notify the child's parent or guardian.

G. **Accidents and Sudden Serious Illness**

1. The physician and/or nurses may care for minor injuries.
2. Minor injuries may be defined as those that cause little physical damage and require little care. Examples include small cuts, bumps, bruises, particle in the eye, etc.
3. In the event a camper becomes a victim of a more serious accident or sudden serious illness, the following procedure will be followed:
 - a. The Medical Director, physician and/or nurse shall be immediately notified.

- b. An immediate attempt will be made to determine the nature and extent of the child's illness or injury and appropriate emergency protocol instituted.
- c. The Medical Director or his or her designee shall immediately attempt to notify the child's parent or guardian. The child's parent or guardian shall make a final decision on the course of action with medical staff.
- d. In case of a serious accident or illness where it becomes necessary to secure immediate hospital treatment, the child appropriately will be transported to the hospital.
- e. The Medical Director or his or her designee will attempt to contact the child's attending physician to mutually arrive at a plan to best handle the illness or injury. Such contact will occur as soon as the circumstances of the illness can be clarified. If contact cannot be made in reasonable time, the camp physician or Medical Director will make necessary care arrangements after discussion with parent(s) or guardian.
- f. Emergency first aid may be given to a camper who is the victim of an accident or sudden illness by any staff member or other adult who is qualified to render such service until which time the physician or the nurse comes in contact with the camper.

D. Arrangements for On-Call Health Consultation and Emergency Care Services

Arrangements shall be made prior to camp with a local Pediatric Oncology Program for routine services (laboratory) or Emergency Medical Services (Emergency care, pediatric and adult inpatient care, diagnostic radiology and laboratory services). A copy of every camper's Health Information Forms will be kept on hand at all times, including off site activities, in the event they are needed to deliver appropriate health care.

E. Medical Procedures for Trips Away From Camp

Procedures for medical emergencies will be in written form and reviewed by the nurse with each staff member responsible for carrying them out. A copy of each camper's medical history form and parent authorization form will accompany any camper on trips away from the main camp. The Medical Director will establish procedures for dispensing medications while the camper is away from the main campsite. A medical staff member will accompany any group with activities away from the campsite which is out of radio contact of the main camp. If access to EMS is 20 minutes or less, a person will have nationally accredited first aid and CPR training. If EMS services are 20 minutes away, a registered nurse or licensed physician or nurse practitioner will accompany the group.