**EMERGENCY**

**PROCEDURES**

**PLAN**

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| **REQUIREMENTS FOR WRITTEN EMERGENCY PLAN** |

*The California Organized Camp regulations, located in California Code of Regulations, Title 17, Section 30753, require each camp to retain on site a written, site-specific plan, approved by the Camp Director, outlining the procedures which deal with the following emergency situations: Natural Disasters, Lost Campers, Fires, Transportation, Emergencies, Severe Illness and Injury, Strangers in Camp, Aquatic Emergencies (as appropriate to site), and Other Emergency Situations.*

*The site-specific plan shall include procedures for:*

* *evacuation of the camp site;*
* *control of vehicular traffic through the camp;*
* *communication from persons at the site of an emergency to the emergency medical facilities, the nearest fire station, and both administration and health staff of the camp.*

*Camp staff shall be trained in the implementation of the procedures set forth in this emergency plan.*

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| **ADMINISTRATIVE PERSONNEL AND EMERGENCY RESPONSE ASSIGNMENTS** |

1. Please list the name and phone number for each of the listed administrative personnel:
2. Camp Director

1. Assistant Director

1. Qualified Health Supervisor

1. Kitchen/Food Manager

1. Aquatic Supervisor

1. If there are other personnel on site that have an administrative role, please list their title, name and phone number here (ex. Activities Supervisor, Firearm Supervisor, etc.)

1. For each of the responsibilities below, please assign the primary and secondary administrative personnel responsible to perform that duty.

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|  |  | **Camp****Director** | **Assistant Camp Director** | **Qualified Health Supervisor** | **Aquatics****Supervisor** | **Kitchen Manager** | **Other****Indicate Name & Position** |
| **Conduct grounds inspection** | Primary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]   |
| Secondary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Declaration of emergency** | Primary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Secondary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Assessment of emergency situation** | Primary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Secondary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Execution of response activities** | Primary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Secondary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Sound camp alarm(s)** | Primary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Secondary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Conduct head counts at assembly areas** | Primary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Secondary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Conduct assessment of the physical well-being of the campers, counselors and staff** | Primary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Secondary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Perform first aid** | Primary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Secondary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Organize and lead search parties** | Primary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Secondary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **NOTIFICATION OF CIVIL AUTHORITIES UTILITIES, AND SERVICE PROVIDERS** |

1. Upon declaration of an emergency condition, the Camp Director or designated staff must notify the applicable civil authority, utilities, and service provider listed below.

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| Fire DepartmentDesignee:     Phone Number: 911  | Ambulance Service Designee:     Phone Number: 911  |
| Sheriff’s DepartmentDesignee:     Phone Number: 911 | Poison ControlDesignee:     Phone Number: (800) 222-1222  |
| Hospital/Emergency RoomDesignee:     Phone Number:       | County Health Dept- Chemical SpillDesignee:     Phone Number:       |
| County Health Dept- Water TreatmentDesignee:     Phone Number:       | County Health Dept- Foodborne IllnessDesignee:     Phone Number:       |
| Fire AuthorityDesignee:     Phone Number:       | Gas UtilityDesignee:     Phone Number:       |
| Electric/Power UtilityDesignee:     Phone Number:       | County Public Health OfficerDesignee:     Phone Number:       |

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| **EMERGENCY SITUATIONS** |

**NATURAL DISASTERS**

1. List the potential natural disasters that may impact the camp (ex. camp is prone to flooding, fire, lightning strikes, earthquakes, etc.).

1. Where are the safe harbor locations at this camp?

1. How will camp staff, volunteers, counselors, and campers be notified/alerted to take shelter at safe harbor locations?

1. Who will be in charge of assembly groups? If multiple people, list name and title.

1. Who will evaluate and treat injured or ill campers and determine when evacuation to an emergency medical facility is necessary?

1. Who will notify parents or guardians when their campers are transferred to an emergency medical facility?

1. Who will initiate inspections of camp facilities and grounds to identify damage and restrict access to any hazards observed?

1. Who will determine when relocation to safe harbor areas or camp evacuation is required?

1. Who will contact the County Public Health Officer to notify them of the status of the natural disaster?

1. Who and how will you communicate this information to the leasee (if applicable)?

**LOST CAMPERS**

1. Who will participate in the search parties?

1. What type of communication devices will be provided to search party leaders?

1. How will staff throughout the camp be notified that a camper is lost? What code words or system, alerts that a camper is lost?

1. How will accurate physical details of the lost camper (ex. height, weight, hair color, eye color, clothing worn at the time of disappearance, etc.) be distributed to the search party leader(s)?

1. How long will each group search?

1. What search patterns will be utilized?

1. If the camper is not located within 30 minutes, who will contact the Sheriff’s Department?

1. Who will notify the parents or guardians of the missing camper?

1. Who and how will you communicate this information to the leasee (if applicable)?

**FIRES**

1. What type of fires could potentially threaten this camp (ex. flammable liquids, kitchen grease, forest fire, etc.)?

1. Who is responsible for keeping track of any outdoor burning restrictions that are in place and ensuring that these restrictions are followed?

1. If a fire is observed, who should the observer contact?

1. What type of alarm will be used to alert campers, counselors, and staff that a fire has been observed?

1. Who will sound the alarm?

1. How often are smoke detectors tested and batteries changed?

1. How often are fire extinguishers certified?

1. Where are the portable fire extinguishers kept?

1. Who will contact the fire authority if the fire cannot be extinguished?

1. Who will contact the fire authority or monitor CAL FIRE information online to keep abreast of forest fire location(s) and movement in the area of the camp?

1. Who will evaluate the air quality and limit outdoor camp activities or shut down the camp in the event of excessive smoke?

1. Who will give the order to evacuate camp?

1. Who and how will you communicate this information to the leasee (if applicable)?

**TRANSPORTATION EMERGENCIES**

1. Describe the procedure for safely transporting campers, user groups, and camp staff to and from the camp.

1. How will you determine if there are enough vehicles to completely evacuate the camp in the event of an emergency?

1. In the event of a vehicle accident involving a camper, what procedures should be followed?

1. Provide the name and telephone number of the contracted bus company and indicate the estimated time of travel to the campsite.

**SEVERE ILLNESS AND INJURY**

1. Describe the evaluation procedures for severe illnesses or injuries experienced during camp session.

Refer to <http://www.cdph.ca.gov/HealthInfo/Documents/Reportable_Diseases_Conditions.pdf> for a complete list of reportable illnesses.

1. If the Health Supervisor determines that a camper needs medical attention that is not attainable on-site where will the camper be sent for treatment?

1. How will they be transported?

1. How with their parent(s) or guardian(s) be notified?

1. Who will notify the Public Health Officer of any reportable illnesses or injuries? (Director)

**STRANGERS IN THE CAMP**

1. What is the policy for camp visitors?

1. What is the procedure for addressing any unidentified stranger observed on camp property?

1. What is the procedure when an unidentified stranger will not leave the property upon being asked?

**AQUATIC EMERGENCIES (IF APPLICABLE)**

1. What recreational water activities are offered at this site (ex. swimming, canoeing, water sports, diving, etc.)?

1. Is there a lake, pond, stream, or ocean located on this camp property?

[ ]  Yes [ ]  No

If “no”, is there a nearby body of water campers are transported to which provides activities?

[ ]  Yes [ ]  No

What kind of body of water is it?

1. In the event of a swimming or watercraft emergency what alarm will be sounded to alert others of the situation?

1. When the aquatic emergency alarm is sounded what is the procedure for exiting the aquatic area?

1. What certifications are required for lifeguards?

1. Who reviews the certification to make sure they are current?

1. Is the lifeguard at least 18 years of age?

1. Explain the swimmer to lifeguard ratio (1:25) and how it is met.

1. If a swimmer or watercraft user notices that a member of the swimming or watercraft group is missing whom shall they notify?

1. Describe the search and rescue procedure for missing swimmers/watercraft users.

1. What are the evacuation procedures in the event of severe weather (ex. lightning storm, high winds, etc.) during an aquatic activity?

1. How do you distinguish between swimmers and non-swimmers?

1. Who and how are natural bodies of water reviewed for safety conditions, to ensure the depth of water, location of eddies, and determinations of any other dangerous obstructions are identified?

**OTHER SITUATIONS**

1. What other emergency situations are possible at this particular location and how will they be addressed (ex. rockslides, wildlife, etc.)?

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| **PROCEDURES** |

**MAP OF CAMP**

1. Please provide a map of the facility with the following information clearly outlined:
* Camp location, marking entrances and exits
* Assembly locations/ Safe havens
* Evacuation plan of the camp
* A diagram of the control of vehicular traffic through the camp
* Procedure for communication between those present at the site of the emergency and the administrative and health care staff of the camp, as well as with the nearest emergency medical facilities and fire stations.
1. How will the camp/campers be alerted of an emergency situation (method, device, # of times)?

**CAMP EVACUATION**

1. When the Camp Director justifies ordering the evacuation of the camp property, who will form the assembly groups?

1. Who will transport the necessary medical doses and medical release forms for all campers during the evacuation?

1. Who will provide updated evacuation route information to drivers of all evacuation vehicles?

1. Describe the following:

Primary Evacuation Route:

Secondary Evacuation Route:

Tertiary Evacuation Route:

**TRAFFIC CONTROL**

1. Does this site require specific inbound and outbound traffic periods due to one-way traffic limitation? If so, describe the traffic schedule.

1. Who will be designated to direct traffic at key road locations/intersection during a camp evacuation?

**INTERNAL AND EXTERNAL COMMUNICATIONS**

1. What forms of communication devices will be used at this site during emergencies (ex. cell phones, radios, etc.)?

1. How is staff trained to implement all emergency plans (ex. natural disasters, lost campers, fires, transportation emergencies, severe illnesses and injuries, strangers in camp, aquatic emergencies, etc.)?