Board of Certification, Inc.

GUIDING PRINCIPLES FOR AT POLICY AND PROCEDURE DEVELOPMENT

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GUIDING PRINCIPLES FOR AT POLICY AND PROCEDURE DEVELOPMENT

BACKGROUND

In 2012, a BOC work group was established and charged with reviewing the existing regulations that would impact the delivery of athletic training services in educational settings. The work group was made up of a diverse group of individuals with experience in the secondary and collegiate athletic training settings.

The panel reviewed the standards of 27 regulatory agencies, association bodies and other groups from across various settings. The standards they reviewed provided guidance for the safe, legal and effective operation of athletic healthcare facilities.

With their research completed, the panel developed a tool for Athletic Trainers (ATs) and others in their organizations that identifies the fundamental principles for operating an athletic training facility. These principles help minimize risk and liability in the delivery of healthcare in this environment. The product of their work is the BOC Facility Principles. In 2014 the document was translated into an online tool.
The second responsibility of the panel was to develop educational materials to assist ATs and other appropriate individuals in the development of policies and procedures for the delivery of healthcare in their organization.

This document provides a template to guide the development of policies and procedures in a manner that will be clear to all the appropriate individuals (Appendix A). In addition, the template provides a recordkeeping function to demonstrate that training and retraining are a part of policy implementation. This is a critical part of organizational risk management. Seven sample policies and procedures are also included to help guide the reader in the development of policies and procedures specific to their organization beginning on page 5. A checklist (Appendix B) is included to help in the development and review of policies and procedures.

Policies and Procedures

Policies and procedures are a critical component of a risk management plan. Policies and procedures provide individuals with instructions to carry out the organization's expectations. When written properly, clear expectations (policies) and instructions (procedures) allow for a policy to be implemented and provide standardization in daily operational activities.

Policies and procedures provide clarity when dealing with issues and activities that are critical to health and safety, legal liabilities and regulatory requirements. Policies and procedures help organization leaders communicate desired outcomes to employees and other individuals; further, they help clarify roles and responsibilities within the organization. Policies should set the foundation for the delivery of safe and effective care.

Advantages of Policies and Procedures

They bring structure to the program - Well-written policies and procedures bring structure to any organization, no matter what the size. By creating policies and procedures, organizations "know what the rules are" and how to measure compliance.

They provide guidelines - They communicate the expectations of the organization, provide a guide for action, and help employees and supervisors to understand their jobs and responsibilities. A policy and procedure manual also helps employees and supervisors know how to respond to issues that might arise during the course of business.

They promote consistency - Policies and procedures provide the framework within which an organization operates. They define what the organization does and how. Clear policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do, what decisions they can make and what activities are appropriate. A clear policy framework means there will be fewer misunderstandings or debates about what to do in particular situations, and there will be transparency and consistency in the way the organization operates and makes decisions.

They help with adherence to laws and regulations - With the rapid pace of new and updated laws, organizations may struggle to adhere to and communicate ever-changing regulations and best practice. A policies and procedures document, when kept current, helps providers ensure compliance with all laws and helps simplify the process of communicating change throughout the organization.

They help with risk management - Policies and procedures must comply with local, state and federal laws. For every new law or regulation, new or updated policies must be created and disseminated to staff. There are regularly changing provisions within the federal healthcare requirements, state laws and regulations. This makes it difficult to ensure that proper policies are not only created, but are efficiently communicated to the employees and all the appropriate individuals. It is difficult simply keeping up with every new law or regulation update. Ensuring policies and procedures are effectively rolled out to employees and all the appropriate individuals is just as complicated. In addition, policies and procedures should be reviewed and approved annually. The previous years copy should then be kept as a part of the overall risk management plan.

Summary

The process of developing and implementing policies and procedures is a practice that an organization will work on over a period of time in order to comply with legal requirements. Policies and procedures connect an organization's vision and goals to internal operations. They are internal controls and are vital to accountability within the organization's structure. Policies create an expectation or guide for an action within the organization, while procedures include step-by-step directions to carry out the policy. Taken together, policies and procedures provide a road map for an organization's workforce to follow.

Bibliography

Adams WM, Casa DJ, Drezner JA. Sport Safety Policy Changes: Saving Lives and Protecting Athletes. *Journal of Athletic Training*. 2016;51(4):358-360.

Buchbinder SB, Shanks NH. *Introduction to Healthcare Management, 2nd Ed.* Burlington, MA: Jones & Bartlett Learning; 2012.

Harrelson GL, Garner G, Winterstein AP. *Administration Tropics in Athletic Training Concepts to Practice*. Thorofare, NJ: Slack, Inc.; 2009.

Pagnotta KD, Mazerolle SM, Pitney WA. Burton LJ, Casa DJ. Implementing Health and Safety Policy Changes at the High School Level From a Leadership Perspective. *Journal of Athletic Training*. 2016;51(4):291-302.

Pozgar, GD. *Legal Aspects of Healthcare Administration, 12th Ed*. Burlington, MA: Jones & Bartlett Learning; 2016.

Ray R, Konin J. *Management Strategies in Athletic Training*. Champaign, IL: Human Kinetics; 2011.

Zimmerman, EP. *Checklist for Development and Review of Individual Policies and Procedures.* Omaha, NE: Board of Certification for the Athletic Trainer; 2016.

Zimmerman EP. *Litmus Testing Your Program's Policies & Procedures*. CAATE Accreditation Conference. October 17, 2015.

Policy Worksheets

As you prepare to develop your own policies and procedures, you may wish to consider a few questions about your athletic training facility and athletic healthcare program. Following are worksheets to help you decide if your organization needs policies and procedures for areas including employee safety, facility management, patient safety, privacy/confidentiality and risk management.

CLASSIFICATION: EMPLOYEE SAFETY			
1.	Are all employees required to have bloodborne pathogen training annually?		□ Yes □ No
	If yes, the program should:	▪ Have a policy for training and maintaining records of employee training ▪ Check for any additional requirements by the State or other governing bodies (e.g., National Collegiate Athletic Association (NCAA))	
2.	Do you provide first aid care that involves blood?		□ Yes □ No
	If yes, the program should:	▪ Have a policy on bloodborne pathogen training for all staff ▪ Have a policy on disposal of medical sharps (see example) ▪ Have personal protective equipment available (e.g., gloves, faceguards) ▪ Provide appropriate waste disposal containers	
3.	Do you use scalpels, needles or other such tools (e.g. needles to drain blisters)?		□ Yes □ No
	If yes, the program should:	▪ Have a policy on bloodborne pathogen training for all staff ▪ Have a policy on disposal of medical sharps (see example) ▪ Have personal protective equipment available (e.g., gloves, faceguards) ▪ Provide medical sharps containers	
4.	Do you have a dress code? For ATs, for student-athletes?		□ Yes □ No
	If yes, refer to:	**Reference** ▪ www.osha.gov to ensure compliance with regulations	
5.	Do you use a golf cart or other motorized vehicle to assist the AT program?		□ Yes □ No
	If yes, the program should:	▪ Have a policy on who can operate vehicle ▪ Have a policy on maintenance of the vehicle ▪ Check organization's insurance coverage for use of the vehicle by employees/ non-employees	
6.	Do you have an active-shooter policy?		□ Yes □ No
	If yes, the program should:	▪ Ensure that training in the policy is documented	

CLASSIFICATION: FACILITY MANAGEMENT			
1.	Are there any full walls, pillars or other obstructions in the AT facility?		□ Yes □ No
	If yes, the program should:	▪ Have a policy requiring staff on the floor when patients are in obstructed view areas	
2.	Do you have paper, plastic, wood or any other flammable material (e.g., chlorine, oxygen) in the AT facility?		□ Yes □ No
	If yes, the program should: If yes, refer to:	▪ Have a policy on fire safety including training ▪ Have a fire extinguisher in or near the facility **Reference** ▪ www.osha.gov	
3.	Do you have oxygen available for emergency use?		□ Yes □ No
	If yes, the program should: If yes, refer to:	▪ Have a policy for annual training on use, storage, handling and transportation of oxygen **Reference** ▪ www.osha.gov	
4.	Do you have electrical outlets located near water sources?		□ Yes □ No
	If yes, the program should:	▪ Have a policy for annual GFI inspection and maintenance of records of inspection. ▪ Have a policy on unplugging devices when not in use	
5.	Do you operate a whirlpool/pool in the AT facility?		□ Yes □ No
	If yes, the program should:	▪ Have a policy for annual GFI inspection ▪ Have a cleaning/disinfecting policy ▪ Have a policy for supervision when whirlpools are in use	
6.	Do you have rehabilitation equipment in the AT facility?		□ Yes □ No
	If yes, the program should:	▪ Have a policy on inspection, cleaning, maintenance and repair ▪ Have a policy of lock out/tag-out to prevent use of broken equipment	
7.	Do you have any modalities in the AT facility?		□ Yes □ No
	If yes, the program should: If yes, refer to:	▪ Have a policy for annual maintenance and calibration recorded and maintenance of inspection records ▪ Have a policy for regular GFI inspection **Reference** ▪ www.asrt.org/main/standards-regulations	

8.	Is your facility inspected annually?		□ Yes □ No
	If yes, the program should: If yes, refer to:	▪ Have policy to ensure compliance with all local and State fire and electrical codes ▪ Ensure compliance with applicable regulations regarding access **Reference** ▪ www.ada.gov	
9.	Do you have an AED?		□ Yes □ No
	If yes, the program should: If yes, refer to:	▪ Ensure the devise is publicly accessible ▪ Have a policy on AED training ▪ Have a policy for inspection and testing of the AED ▪ Ensure that all Emergency Action Plans include location of and use of AED **Reference** ▪ www.nata.org/sites/default/files/automatedexternaldefibrillators.pdf	
10.	Do you have carpeted areas in AT facility?		□ Yes □ No
	If yes, the program should:	▪ Have a policy on cleaning and disinfection of surfaces in the AT facility	
11.	Does the custodial staff clean the AT facility?		□ Yes □ No
	If yes, the program should: If yes, refer to:	▪ Have a policy for bloodborne pathogen training of all staff ▪ Have a policy on proper disposal of contaminated materials ▪ Have a properly marked receptacle for contaminated materials. ▪ Ensure that personal protective equipment is available **References** ▪ www.natajournals.org/doi/pdf/10.4085/1062-6050-45.4.411 ▪ www.nata.org/sites/default/files/mrsa.pdf	
12.	Do you use towels, pillow cases, etc. in the AT facility?		□ Yes □ No
	If yes, the program should:	▪ Have a policy on changing out/washing linens ▪ Have a policy for washing laundry/linens/towels contaminated with blood/body fluids	

CLASSIFICATION: PATIENT SAFETY			
1.	Do you fill coolers with ice and water or sports drinks?		□ Yes □ No
	If yes, the program should:	▪ Follow local health department regulations/requirements ▪ Have a policy for cleaning, drying, storing, and inspection of coolers ▪ Have a policy for cleaning, inspection, maintenance of hoses and hardware (PVC pipes, etc.)	
2.	Do you use any non-cooler watering systems (e.g., Hydration Station™, WaterBoy™)?		□ Yes □ No
	If yes, the program should:	▪ Have a policy for cleaning, inspection, maintenance of hoses and hardware (PVC pipes, etc.)	
3.	Do you clean treatment areas between patients?		□ Yes □ No
	If yes, the program should: If yes, refer to:	▪ Have a policy for bloodborne pathogen and infectious disease education and training ▪ Have a policy for sanitation of AT facility ▪ Have a handwashing policy **References** ▪ www.natajournals.org/doi/pdf/10.4085/1062-6050-45.4.411 ▪ www.nata.org/sites/default/files/mrsa.pdf	
4.	Do you have student athletes or staff members who need to use asthma inhalers, EpiPens® or other emergency medications?		□ Yes □ No
	If yes, the program should: If yes, refer to:	▪ Have a policy on disposal of expired medications ▪ Have a policy on storing medications for travel or outdoor use (EpiPen® in the sun) ▪ Have a policy on use and storage of prescription emergency medication including any requirement for training **Reference** ▪ www.nata.org/sites/default/files/mgmtofathletewithtype1diabetesmellitus.pdf	

CLASSIFICATION: PRIVACY/CONFIDENTIALITY			
1.	Do you communicate protected health information to non-medical personnel (e.g. injury reports to coaches)?		□ Yes □ No
	If yes, the program should:	▪ Have a signed release of information for each patient ▪ Have a policy on release of information	
2.	Do you allow individuals who are not members of your organization to use the AT facilities including treatment areas and modalities?		□ Yes □ No
	If yes, the program should: If yes, refer to:	▪ Check with the employer and the risk management office to see if this type of use and access is allowed. **References** ▪ www.nata.org/sites/default/files/student-aide-statement.pdf ▪ www.nata.org/sites/default/files/college_supervision_student_aides_statement.pdf	
3.	Do you maintain information/files on student athletes and activities in the AT facility (e.g. physicals, injury reports, treatment records)?		□ Yes □ No
	If yes, the program should:	▪ Have a policy on confidential information - access, storage, retention ▪ Ensure electronic records are in HITECH compliant system ▪ Ensure medical records maintained in secure area ▪ Have a policy for secured medical records	
4.	Is your AT facility closed to non-ATs? (coaches, media)		□ Yes □ No
	If yes, the program should:	▪ Have a policy on authorized personnel	
5.	Do non-licensed or non-certified individuals have access to the AT facility?		□ Yes □ No
	If yes, the program should:	▪ Have a policy on authorized personnel ▪ Have a policy on non-fraternization of staff and patients	

CLASSIFICATION: RISK MANAGEMENT			
1.	Do you transport student-athletes to appointments?		□ Yes □ No
	If yes, the program should:	▪ Have a policy on who is authorized to transport ▪ Ensure there is insurance coverage by organization for this practice	
2.	Do you inspect playing areas regularly for hazards (e.g., gopher holes, loose boards/turf)?		□ Yes □ No
	If yes, the program should:	▪ Have a policy for inspection, notification and documentation of repair of hazards	
3.	Do you have practices at off-campus facilities?		□ Yes □ No
	If yes, the program should:	▪ Have venue specific Emergency Action Plans	
4.	Do you provide emergency care and staffing/coverage for outdoor activities?		□ Yes □ No

	If yes, the program should:
	
	If yes, refer to:
		▪ Have the following polices:
		  ▪ lightning,
		  ▪ environmental weather policy,
		  ▪ venue specific Emergency Action Plans
		  ▪ air quality
		References
		▪ www.natajournals.org/doi/pdf/10.4085/1062-6050-48.2.25
		▪ www.cdc.gov/air/default.htm
		▪ www.natajournals.org/doi/pdf/10.4085/1062-6050-43.6.640
		▪ www.natajournals.org/doi/pdf/10.4085/1062-6050-50.9.07
		▪ www.nata.org/sites/default/files/emergencyplanninginathletics.pdf
		▪ www.nata.org/sites/default/files/eap.pptx	

5.	Do you provide first aid, treatments or rehabilitation for non-student-athletes (e.g., coaches, faculty, administration, intramurals)?		□ Yes □ No
	If yes, the program should:	▪ Ensure that state practice act allows the AT to provide service to these groups ▪ Ensure medical director/physician oversight will allow ▪ Ensure this practice is covered in employers professional liability insurance ▪ Ensure personal professional liability insurance covers this practice ▪ Have a policy for secure maintenance of medical records	
6.	Do you provide care for visiting teams?		□ Yes □ No
	If yes, the program should: If yes, refer to:	▪ Ensure the medical director/physician oversight allows for this coverage ▪ Ensure medical record maintained in secure area ▪ Have a policy on the level of care that is provided ▪ Ensure professional liability coverage is in place ▪ Confirm if organizational policy allows care to visiting teams **Reference** ▪ www.natajournals.org/doi/full/10.4085/1062-6050-51.2.09	

7.	Do you provide over-the-counter medications to student athletes or staff?		□ Yes □ No
	If yes, the program should:	▪ Check to ensure this is allowed by the State practice act ▪ Have standing orders from supervising physician ▪ Have a policy on administration of over-the-counter medications ▪ Have a policy for secure storage, maintenance of administration records, and log lot numbers for all medicines in stock, retention of records, etc.	
	If yes, refer to:	**Reference** ▪ www.nata.org/sites/default/files/managingmedication.pdf	
8.	Do you store prescription medication in your AT facility?		□ Yes □ No
	If yes, the program should:	▪ Check to ensure this is allowed by the State practice act ▪ Ensure organizational policy allows ▪ Have a policy for secure storage, maintenance of administration records, and log lot numbers for all medicines in stock, retention of records, etc.	
	If yes, refer to:	**Reference** ▪ www.nata.org/sites/default/files/managingmedication.pdf	
9.	Is drug testing done as part of your athletic training/athletic department program?		□ Yes □ No
	If yes, the program should:	▪ Have a policy on drug testing	
	If yes, refer to:	**Reference** ▪ www.nata.org/sites/default/files/drugtesting.pptx	
10.	Do you bill insurance for any services provided in the AT facility?		□ Yes □ No
	If yes, the program should:	▪ Ensure all practitioners have their NPI number ▪ Have a policy on billing that follows all Stark Laws ▪ Ensure that electronic medical record system is HITECH compliant	
	If yes, refer to:	**References** ▪ www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/index.html?redirect=/physicianselfreferral ▪ www.hhs.gov/hipaa/for-professionals/special-topics/HITECH-act-enforcement-interim-final-rule/index.html	

Crisis Management: Sample Policies and Procedures

Policy Area: Administration	**Subject:** Crisis Management
Title of Policy: Crisis Management Communication	**Number:** **(This is a numbering system used by the organization)**
Effective Date: **(Date policy is to be implemented)**	**Page Number:** **(x of x)**
Approved Date: **(Date when policy was approved)** **Revision Date:** **(Date of most recent revision)**	**Approved By:** **(This area may contain a routing list of individuals who must review and approve)**

1. Purpose or background to policy:

A crisis management communication plan is designed to provide guidelines for a communication system that is adaptable for any crisis situation (e.g., fire, intruder, death of a student/athlete, environmental disaster). It should be a living, working document continually reviewed and updated as appropriate as the organization and our community changes.

The crisis management communication plan provides the management structure, key responsibilities, emergency assignments and general procedures to follow during and immediately after an emergency. [Organization Name] has established this plan to address the immediate requirements for a major disaster or emergency in which normal operations are interrupted and special measures must be taken to:

- Protect and preserve human life, health and well-being
- Minimize damage to the natural environment
- Minimize loss, damage or disruption to [Organization Name]'s facilities, resources and operations
- Manage immediate communications and information regarding emergency response operations and organization safety
- Provide essential services and operations
- Provide and analyze information to support decision-making and action plans

The policy on communications in crisis management for [Organization Name] is reflective of the organization's overall communications policy as well as of an attitude that calls for responsiveness to, and responsibility toward, [Organization Name]'s constituency and the public in general. It is to be considered the guideline for the release of appropriate information. This policy further reflects a commitment to candor and straightforward communications. [Organization Name] believes this will lead to the creation of better understanding between our organization and its constituencies in the wake of crisis, disaster or other major incident.

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

Objectives*

The Crisis Communication Plan has five specific objectives:

- To assure that all communications related to emergencies are in keeping with the vision, values and goals of [Organization Name]
- To assure that there is proper flow of communications during times of crisis so that [Organization Name]'s longer term interests are not hindered
- To provide for a distribution of information in a manner that makes it available to all appropriate audiences simultaneously
- To define the limits of voluntary disclosure
- To assure that all published materials or contacts with the news media are appropriately approved before release

* *For the purpose of this sample document we have used terminology representative of the secondary school environment.*

2. Policy statement:

All employees will be trained in the crisis management communication plan and will implement the plan when a crisis occurs. This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

3. Definitions:

- *Emergency* – A serious, unexpected and often dangerous situation requiring immediate action
- *Disaster* – An event that causes serious instability for a company, city or large region and its people

- *Crisis* – An event that is, or is expected to lead to, an emergency or disaster affecting an individual, group, community or whole society
  - For purposes of this plan, a crisis will be defined as any happening or situation that might:
    a. require immediate and coordinated action, and/or;
    b. have a significant impact on the operation of [Organization Name] or affect how it is viewed by its audiences.

  It could also include any happening or act that could be interpreted in a manner harmful to [Organization Name] or one that draws public and/or media attention to [Organization Name] and may not be reported or interpreted in the best interests of the organization.

  Examples of crises include:
  - Contagious disease
  - Unscheduled closings
  - Environmental disaster
  - Bomb threat
  - Gun/weapon
  - Suicide
  - Death of an employee
  - Death of a student/athlete/team
  - Serious injury
  - Fire
  - Intruder
  - Serious crime (e.g., arrest, investigation)
- *Crisis management* – The overall coordination of an organization's response to a crisis, in an effective, timely manner, with the goal of avoiding or minimizing damage to the organization's profitability, reputation and ability to operate
- *Environmental disaster* – A natural event that causes great damage or loss of life (e.g. flood, tornado, blizzard)

4. Scope:

This policy applies to all employees of [Organization Name], both part- and full-time.

5. Procedures:

NOTE: This section should be modified to align with your organization's policies for spectator safety. Legal and risk management departments should be consulted when drafting your specific policy and procedures. For the purpose of this sample document we have used terminology representative of the secondary school environment.

Crisis Management Team (CMT)

The CMT shall consist of the following [Organization Name] employees:

- Superintendent
- Principal
- Athletic Director
- Director of Sports Medicine/Athletic Trainer
- Counselors
- Team Physician (if appropriate)
- Other necessary staff specific to the crisis

The CMT will handle the responsibilities listed below.

- The overall welfare of [Organization Name]'s employees is the driving factors in all decisions by the CMT
- The CMT will meet as soon as possible after a crisis is identified to discuss the following:
  - Current facts of the crisis
  - The need for external assistance (e.g. counselors, law enforcement)
  - Who needs to be informed
  - How will information be disseminated
  - Follow-up meeting

Spokesperson

The Superintendent will serve as [Organization Name]'s spokesperson. All other staff/employees will refer media inquiries to the spokesperson. The Superintendent will have the primary responsibility for developing and coordinating all internal and external communications in the event of a crisis situation. Accordingly, the Principal will participate as a member of the Crisis Management Team and have access to all crisis management meetings for the purposes of gathering information, developing recommendations and assuring the consistency of communications. Access shall not be denied the Principal or his/her designated representative except at the direction of the Superintendent.

Overall tone of communications

[Organization Name] will be honest, forthright and direct in all forms of crisis communication with its employees, and the public in general. All communications, whether internal or external, will be consistent with the organization's goals. All communications will be formulated keeping in mind the precepts of dignity, responsibility, good taste, morality, integrity, accuracy and legality.

Disclosure

When and if requested to participate in disclosure communications, [Organization Name] will be committed to candor and timely, straightforward responses related to information appropriate for release and for public consumption.

Privacy

Employees of [Organization Name] will not disclose information about employees or others without their permission, or unless it is legally required to do so. This restriction applies not only to the disclosure of specific information but also to general or aggregate data that, in combination with other knowledge, might indirectly provide information that can be identified with a specific individual, institution or entity. In the case of injury or death of employees or students, names will not be released until such time as next- of- kin have been notified.

Confidentiality

[Organization Name] will not disclose information that, if published, might impair its own effectiveness. In addition, some internal and external communications must be candid if they are to be effective, and, where it is believed that publication (or the possibility of publication) could inhibit necessary candor, these communications will not be disclosed. This constraint is not intended to inhibit free exchange of information inside or outside the organization, but the organization does reserve the right to decide the extent and form of its distribution of information. In all cases, [Organization Name] will treat student/faculty/staff/employee data and information with confidentiality within the guidelines of the law.

Implementation of the crisis communication plan

Upon determination by the Superintendent of [Organization Name] that an emergency or crisis exists that necessitates a communication response, this plan will be immediately implemented by the [Department Name] as directed by the Superintendent.

Action plan

In the event a crisis situation occurs, the following immediate communications actions will be taken:

- The staff member who discovers the crisis will call 911 (if necessary) and his/her immediate supervisor
- After the situation is under control, or as soon as possible, the supervisor will notify the Superintendent and Principal
- The Principal will coordinate information gathering from outside authorities
- The Superintendent will determine if an official statement should be prepared and released to the media and other publics via interviews or a written statement
- The Superintendent will draft the message in consultation with the Principal
- The Principal will brief personnel who are assigned to answer the phones
- The Superintendent will deliver the briefing to the remaining staff via email or at a staff gathering.
- Unless this is not an option, a phone tree will enacted:
- Principal will contact Department Heads
- Department Heads will contact employees within the department

Communications plan

Most operations could be conducted off-site with computers and telephones. The computers would need to have the following software packages: [e.g., Microsoft Office and Adobe Acrobat Professional].

To communicate, internet, email and telephone capability would be needed.

For communicating with the news media, backups of contact information will be maintained at the Superintendent's home. [Organization Name]'s emergency alert systems and media notification process can be accessed from off-site.

Items to maintain off-site:

- Emergency contact information for [Organization Name] employees
- Contact info for local news media, including instructions for making weather announcements
- A backup of many of the office's files, including press releases, publications and other computer files/documents on an external hard drive
- The staff will be cross-trained in all critical areas

Closing/Early dismissal

If, due to an emergency (e.g., inclement weather, power failure), it becomes necessary to close [Organization Name] or to delay the normal work schedule, local TV and radio stations will be notified, the information will be recorded on the inclement weather phone line, and the information will be posted on the [Organization Name] homepage.

- The overall welfare of student/athletes and employees, if applicable, are the driving factors in all decisions
- Accurate and timely information is essential during a crisis situation. The [Title] will manage all information during a crisis, and the [Title] has been designated as the official spokesperson for [Organization Name], unless the situation calls for the Superintendent to be the spokesperson
- Pages 17 and 18 outline procedures for specific crises

6. Training/Retraining:

This policy goes through continuous ongoing changes based on the results of actual events, post-exercise drills and activities, and input from units and departments tasked in this plan. [Organization Name] will review this plan on an annual basis, but will also make incremental changes, modifications and adjustments as conditions warrant. By posting these changes on the [Organization Name] website, the most up-to-date version of this plan is instantly available to all stakeholders and responders 24/7. Drills for events involving the movement of personnel (e.g., fire, weather) will be done on at least a quarterly basis or as mandated by law/regulation.

Facility: (Include the name of each facility if the policy pertains to more than one)			
Name	**Title**	**Responsibility**	**Date**
Joe Smith	Physician	Medical Director for [Organization Name] High School	12/05/00
Jane Doe	Athletic Trainer	All athletic training services and staff for [Organization Name] High School	12/08/00
John Johnson	Director of Security	[Organization Name] Area School Security Director	12/10/00
Sally Brown	Athletic Director	[Organization Name] High School	12/11/00
Stan White	Head Football Coach	[Organization Name] High School	12/11/00

Crisis Management: Crisis Communication Procedures

For the purpose of this sample document we have used terminology representative of the secondary school environment.

Weather (e.g., ice, tornados, hurricane, winter storm)

Initial assessment/action

- The Superintendent and Principal determine if conditions warrant closing [Organization Name] or delaying its opening
- If [Organization Name] is to close or delay its opening, the Principal will notify Directors
- Every effort is made to make and communication a decision by 6 a.m.

Contagious disease

Initial assessment/action and population welfare

When a student/employee is confirmed to have a contagious disease, the Crisis Management Team will convene to:

- Determine the potential spread of the contagion
- To notify all who had been exposed to the carrier and follow up to assure that they have been tested, treated if necessary and released to return to campus
- Distribute protective supplies as appropriate

Catastrophic injury or death

Initial assessment/action

- First on the scene should contact 911 immediately
- In the event of a catastrophic injury, illness or death, the Superintendent and Principal should be immediately notified
- The Superintendent or designee will notify the next of kin and will assess the impact on employees closest to the injured or deceased, determining how and when to notify them
- The Principal, in consultation with the Superintendent if possible, will determine how and when to communicate the tragedy
- All communication with the campus, public or media will go through the Superintendent and Principal

Population welfare and recovery

- Principal will establish emotional support outlets for employees
- Superintendent will work with family members and significant others to plan a memorial service in case of student death
- The Crisis Management Team is notified and convenes for further response/action

Violence/homicide/terrorism

Initial assessment/action

- Those witnessing a life-threatening attack, threat or a homicide on campus should immediately get to a secure location and then call 911
- Note the nature of the incident, the location of the incident and the description of the persons(s) involved
- Directors should assist with getting employees to safety
- The scene is secured by first responders
- The Crisis Management Team is notified and convenes for further response/action

Population welfare and recovery

- All communication with the public or media will go through the Superintendent
- Principal will establish emotional support outlets for employees
- Principal will work with family members and significant others to plan a memorial service in case of death
- All communication with the public or media will go through the Superintendent
- The Crisis Management Team is notified and convenes for further response/action

Bomb threat

Initial assessment/action

A bomb threat should always be taken seriously.

If a bomb threat is called in:

- The recipient of the call should try to remain calm and get as much information from the caller as possible, taking notes
- Write down date, time of call and phone number of caller if it shows on the screen
- Call Superintendent and Principal and relay the information
- Superintendent will determine next steps in consultation with Principal and/or Crisis Management Team members
- If the bomb threat is received via email, notify the Superintendent and keep the email

If a suspicious-looking box, package, object or container is discovered:

- Do not touch the object
- Move people to a safe area and call 911
- Use a telephone in a safe area
- Do not operate any power switch and do not activate the fire alarm

If there is an explosion:

- Take cover under sturdy furniture, or leave the building if directed to do so by emergency responders
- Stay away from windows
- Do not light matches
- Move well away from the site of the hazard to a safe location
- Use stairs only; do not use elevators
- Call 911

Population welfare and recovery

- Employees will be notified as quickly as possible through electronic means
- All communication with the public or media will go through the Superintendent
- Principal will establish emotional support outlets for employees
- Superintendent will work with family members and significant others to plan a memorial service in case of death
- The Crisis Management Team is notified

Fire

Initial assessment/action

- When a fire is detected, immediately pull the fire alarm and contact 911 from a safe place
- Employees should evacuate building immediately and move to the appropriate assembly points
  Main Building – Main parking lot
  Building A – Parking lot A
  Building B – Parking lot B
- Everyone should remain on the scene
- Superintendent and Principal are contacted
- Crisis Management Team is convened
- Notification of key personnel is conducted by phone tree

Population welfare and recovery

- Principal will provide resources for ongoing emotional support
- Superintendent maintains responsibility for property
- Superintendent works with [ABC Energy] to address power outages and with [EFG Energy] to determine a plan of action for natural gas concerns
- Superintendent keeps public informed as updates are available

Emergency Action Plan: Sample Policies and Procedures

Policy Area: Emergency Preparedness	**Subject:** Emergency Action Plans
Title of Policy: Emergency Action Plan	**Number:** **(This is a numbering system used by the organization)**
Effective Date: **(Date policy is to be implemented)**	**Page Number:** **(x of x)**
Approved Date: **(Date when policy was approved)** **Revision Date:** **(Date of most recent revision)**	**Approved By:** **(This area may contain a routing list of individuals who must review and approve)**

1. Purpose or background to policy:

As emergencies may occur at any time and during any activity, the [Organization Name] must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants. As injuries and illnesses may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Basic components of this emergency plan:

- Emergency personnel
- Emergency communication
- Emergency equipment
- Roles of first responder
- Venue directions with map
- Emergency action plan checklist for non-medical emergency

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

2. Policy statement:

Employees of [Organization Name] l implement the emergency action plan as soon as an emergency situation has been identified.

3. Definitions:

- *Emergency Situations* - include injuries and illnesses that include, but are not limited to, loss of consciousness, compound fractures, loss of pulse and severe bleeding.
- *Sports Medicine Team* – certified/licensed individuals providing care to [Organization Name] (e.g., athletic trainers, team physician/ medical director)
- *First Responder* – someone designated or trained to respond to an emergency.

4. Scope:

- Head, assistant and volunteer coaches
- Director of athletics
- Medical director
- Team physician(s) and other healthcare providers associated with the team
- Athletic Trainers
- Security officers

5. Procedures:

- *Appendix C: Sample Forms for Emergency Action Plans* outlines the procedures to be followed in specific emergency situations.

6. Training/Retraining:

The following personnel have been trained to ensure a safe environment is provided for all individuals who work or use [Organization Name]'s facilities.

Facility: (Include the name of each facility if the policy pertains to more than one)			
Name	**Title**	**Responsibility**	**Date**
Joe Smith	Physician	Medical Director for [Organization Name] High School	12/05/00
Jane Doe	Athletic Trainer	All athletic training services and staff for [Organization Name] High School	12/08/00
John Johnson	Director of Security	[Organization Name] Area School Security Director	12/10/00
Sally Brown	Athletic Director	[Organization Name] High School	12/11/00
Stan White	Head Football Coach	[Organization Name] High School	12/11/00

Facility Safety: Sample Policies and Procedures

Policy Area: Risk Management	**Subject:** Facility Safety
Title of Policy: Electrical Safety	**Number:** (This is a numbering system used by the organization)
Effective Date: (Date policy is to be implemented)	**Page Number:** (x of x)
Approved Date: (Date when policy was approved) **Revision Date:** (Date of most recent revision)	**Approved By:** (This area may contain a routing list of individuals who must review and approve)

1. Purpose or background to policy:

Workers are accustomed to being surrounded by electrical equipment and can become complacent and possibly careless. Without regular training and inspection, they might not spot obvious risks such as kinked cords, exposed wires or overloaded electrical outlets. ATs' use of electrical modalities, sometimes in areas with water or in combination with damp toweling, can increase the risk of electrical injury. Electrical safety is a responsibility of the AT, administrators and plant/environmental services.

2. Policy statement:

Employees of [Organization Name] will implement the electrical safety plan in order to prevent injury to students/athletes, faculty and staff. This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

3. Definitions:

- *GFCI (Ground Fault Circuit Interrupter)* - A device that shuts off an electric power circuit when it detects that current is flowing along an unintended path, such as through water or a person. It is also referred in some literature as a GFI, or Ground Fault Interrupter. The GFCI can be located at the receptacle or circuit breaker panel.
- *Daisy chain* - Multiple devices are wired together in sequence or in a ring, such as one power strip plugged into another. This technique can cause an overload of an outlet.
- *Circuit breakers/panels* - An automatically operated electrical switch designed to protect an electrical circuit from damage caused by overload or short circuit. Its basic function is to detect a fault condition and interrupt current flow.

4. Scope:

This policy applies to administrators, environmental safety, facility safety services staff, Athletic Trainers and any other personnel of [Organization Name] with access to the athletic training facility.

5. Procedures:

- All electrical receptacles close to grounded objects or near wet or damp areas will be protected by GFCI devices
- GFCI outlets will be tested monthly
- Electrical equipment should be turned off or unplugged when not in use to prevent injury.
- Equipment with frayed, cracked or damaged electrical cords will be unplugged and not used until the electrical cord is replaced.
- Extension cords are not permitted in wet/damp areas
- Electrical cords will inspected monthly to ensure there are no breaks or exposed wiring
- No daisy chaining of extension cords or power strips is permitted
- Electrical modalities will be calibrated by a trained professional at least annually, or more frequently in accordance with local or state ordinances or manufacturers guidelines, and the machine tagged and recorded in facility safety file

- Fire extinguishers must be available and marked for electrical fire
- In case of an electrical fire call 911, disconnect the breaker to the equipment, and activate the Emergency Action Plan
- In case of an electrocution, disconnect the power source and activate the Emergency Action Plan. Do not touch a person that is being electrocuted until the power source has been disconnected

6. Training/Retraining:

The following personnel have been trained to ensure a safe environment is provided for all individuals who work or use [Organization Name]'s facilities.

Facility: (Include the name of each facility if the policy pertains to more than one)			
Name	**Title**	**Responsibility**	**Date**
Joe Smith	Physician	Medical Director for [Organization Name] High School	12/05/00
Jane Doe	Athletic Trainer	All athletic training services and staff for [Organization Name] High School	12/08/00
John Johnson	Director of Security	[Organization Name] Area School Security Director	12/10/00
Sally Brown	Athletic Director	[Organization Name] High School	12/11/00
Stan White	Head Football Coach	[Organization Name] High School	12/11/00

Exertional Heat Illness: Sample Policies and Procedures

Policy Area: Environmental Safety	**Subject:** Exertional Heat Illness
Title of Policy: Exertional Heat illness	**Number:** (This is a numbering system used by the organization)
Effective Date: (Date policy is to be implemented)	**Page Number:** (x of x)
Approved Date: (Date when policy was approved) **Revision Date:** (Date of most recent revision)	**Approved By:** (This area may contain a routing list of individuals who must review and approve)

1. Purpose or background to policy:

Exertional heat injuries include exercise-associated muscle cramps, heat syncope, heat exhaustion, exertional heat exhaustion and exertional heat stroke. Exertional heat injuries are completely preventable through proper acclimatization and diligent attention to best practice guidelines for monitoring and treating individuals participating in activities that place them at a higher risk of these types of injuries.[2]

National governing bodies, such as the National Collegiate Athletic Association (NCAA) and numerous state athletic/activity associations, have published guidelines for the prevention, monitoring and treatment of exertional heat injuries. In addition, national authorities such as the National Athletic Trainers' Association and the Korey Stringer Institute have published research to support best practices in this area.

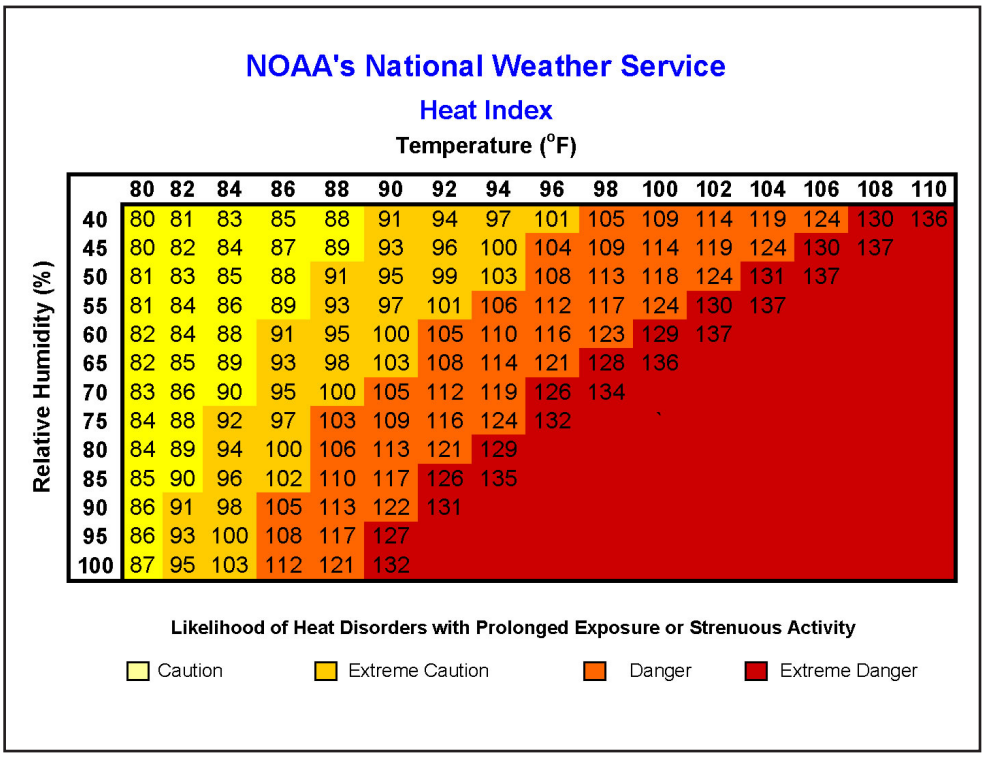
2. Policy statement:

This policy describes the policy and procedures for the prevention, monitoring and, when necessary, the treatment of exertional heat injuries for students/athletes, faculty and staff of [Organization Name].

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

3. Definitions:

- *Acclimatization* – The process of gradually increasing the intensity of activity in a progressive manner to ensure the body's physiological adaptation to tolerate exercise in the heat. Individuals must maintain adequate hydration
- *Heat index* – An index that takes into consideration temperature and humidity and is calculated for shady areas
- *Non-practice activities* – Activities that include meetings, strength training and/or conditioning, water breaks, injury treatment and film study
- *NOAA Heat Index Chart* – See chart at right or www.srh.noaa.gov/ama/?n=heatindex
- Practice activities – Such activities



[2] Casa DJ, Demartini JK, Bergeron MF, et al. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training*. 2015;50(9):986-1000.

include actual on field/court practice, sport specific skill instruction, mandatory conditioning and voluntary conditioning. These practice activities can occur either outdoors or indoors

- Recovery time – Time of at least one hour post activity. Ideally this should be in a cool area. NO ACTIVITY, including non-practice activity, can occur during recovery time
- Rest breaks – Non-activity time that is in a 'cool zone' out of direct sunlight
- Wet Bulb Globe Temperature – The Wet Bulb Globe Temperature (WBGT) is a measure of the heat stress in direct sunlight, which takes into account: temperature, humidity, wind speed, sun angle and cloud cover (solar radiation). This differs from the heat index, which takes into consideration temperature and humidity and is calculated for shady areas. If you work or exercise in direct sunlight, this is a good element to monitor. Military agencies, OSHA and many nations use the WBGT as a guide to managing workload in direct sunlight. See http://www.srh.noaa.gov/tsa/?n=wbgt

4. Scope:

This policy applies to all staff members (e.g., coaches, strength and conditioning staff, administrators, advisors) of [Organization Name] who are associated with activities where heat injury poses a risk, including but not limited to, outdoor and indoor activities where high temperature and specifically high humidity environmental risks are present (e.g., athletics, intramurals, course instruction, marching band).

5. Procedures:

Prevention

Pre-season regulations

- Insert governing body guidelines here that are specific to your institution

Pre-participation history and physical exam

- Ensure that history of heat illness, sickle cell trait/disease are gathered
- Individuals with risk factors are identified and counseled
- Athletic Trainer is notified of individuals with pre-existing conditions that place the individual at risk of exertional heat illness
- As necessary and without breaching HIPAA guidelines, coaches are notified of individuals at higher risk

Acclimatization

- Insert institution and/or governing body guidelines here (State High School guidelines, NCAA, etc.)

Hydration

- To ensure individuals begin activities fully hydrated, a pre- and post-activity measurement of body weight should be recorded
- Cool water shall be readily available, and no individuals will be denied access to water or other fluids to aid hydration
- Participants should be encouraged to eat and drink appropriate sodium-containing fluids and food to help them replace sodium lost in sweat, etc.

Cooling zone

"Cooling zone" should be in an area out of direct sunlight and with adequate air flow to assist in cooling
A cold-water or ice tub and ice towels should be available to immerse or soak a patient with suspected heat illness
Unless prohibited by local law or organizational regulations, tools for assessing rectal temperature should be available in the cooling zone to evaluate the core body temperature of the individuals suspected of exertional heat illness

Monitoring and rest breaks

Hydration

- To ensure individuals begin activities fully hydrated, a pre- and post-activity measurement of bodyweight should be recorded
- Cool water shall be readily available, and no individuals will be denied access to water or other fluids to aid hydration
- Participants should be encouraged to eat and drink appropriate sodium-containing fluids and food to help them replace sodium lost in sweat, etc.

Weight Charts

- To ensure individuals begin activities fully hydrated, a pre- and post-activity measurement of body weight should be recorded

Heat Index/WBGT

- Should be monitored every 30 minutes and recorded[3]

WBGT Reading	Activity Guidelines and Rest Break Guidelines
Under 82.0	Normal activities - Provide at least 3 separate rest breaks each hour of minimum duration of 3 minutes each during workout
82.0-86.9	Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least 3 separate rest breaks each hour of a minimum of 4 minutes duration each
87.0-89.9	Maximum practice time is 2 hours. For football: Players are restricted to helmet, shoulder pads and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: Provide at least 4 separate rest breaks each hour of a minimum of 4 minutes each
90.0-92.0	Maximum length of practice is 1 hour; no protective equipment may be worn during practice, and there may be no conditioning activities. There must be 20 minutes of rest breaks provided during the hour of practice
Over 92.1	No outdoor workouts. Cancel exercise and delay practices until a cooler WBGT reading occurs

Guidelines for hydration and rest breaks[4]

- Rest time should involve both unlimited hydration (water or electrolyte drinks) and rest without any activity involved
- For football, helmets should be removed during rest time
- The site of the rest time should be a "cooing zone" and not in direct sunlight
- When the WBGT reading is greater than 86°F (30°C):
  - Ice towels and spray bottles filled with ice water should be available at the "cooling zone" to aid the cooling process
  - Cold-immersion tubs must be available for practices for the benefit of any player showing early signs of heat illness

Treatment in the event of an exertional heat emergency

Cooling

- A qualified individual should move the patient to a cooling zone, begin appropriate treatment and continuously monitor the patient
- Excess clothing should be removed to increase evaporation and aid cooling
- Patients should be placed lying down in a face-up position with feet slightly elevated

EMS

- EMS should be called in all cases of a patient who is unconscious

Vital sign monitoring

- A qualified individual should monitor vital signs including core body (rectal) temperature, unless prohibited by local laws

Return to activity

Individuals who have suffered an exertional heat illness should complete a rest period and obtain clearance from a physician before beginning a progression of physical activity under the supervision of a qualified individual.

6. Training/Retraining:

The following personnel have been trained to ensure a safe participation environment for all individuals, students, employees and staff engaged in activities that could put them at risk of exertional heat injuries.

Facility: (Include the name of each facility if the policy pertains to more than one)			
Name	**Title**	**Responsibility**	**Date**
Joe Smith	Physician	Medical Director for [Organization Name] High School	12/05/00
Jane Doe	Athletic Trainer	All athletic training services and staff for [Organization Name] High School	12/08/00
John Johnson	Director of Security	[Organization Name] Area School Security Director	12/10/00
Sally Brown	Athletic Director	[Organization Name] High School	12/11/00
Stan White	Head Football Coach	[Organization Name] High School	12/11/00

[3] Wet Bulb Globe Temperature Monitoring. Korey Stringer Institute. http://ksi.uconn.edu/prevention/wet-bulb-globe-temperature-monitoring. Accessed May 19, 2016.

[4] Casa DJ, Demartini JK, Bergeron MF, et al. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training.* 2015;50(9):986-1000.

Lightning Safety: Sample Policies and Procedures

Policy Area: Environmental Safety	**Subject:** Lightning and Thunder/Inclement Weather
Title of Policy: Lightning Safety	**Number:** (This is a numbering system used by the organization)
Effective Date: (Date policy is to be implemented)	**Page Number:** (x of x)
Approved Date: (Date when policy was approved) **Revision Date:** (Date of most recent revision)	**Approved By:** (This area may contain a routing list of individuals who must review and approve)

1. Purpose or background to policy:

Lightning is the most dangerous and frequently encountered thunderstorm hazard that people experience every year.[5] Advanced planning, education, evacuation and periodic review are all critical to effective implementation of a lightning safety plan and can be the difference between life and death.

National governing bodies, such as the National Collegiate Athletic Association (NCAA) and numerous state athletic/activity associations have published guidelines for the prevention of environmental injuries such as lightning injuries.

2. Policy statement:

Employees of [Organization Name] will implement the lightning safety plan as soon as a lightning safety situation has been identified. Situations include visual identification of a lightning strike, the report of lightning by another individual, the sound of thunder or notification by the National Weather Service or technology such as lightning monitors.

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

3. Definitions:

- Safe location – The safest location is a fully enclosed, substantial building (one that has plumbing or electrical wiring) where those seeking shelter will not be in contact with the ground or anything metal. An automobile may be a safe location, but individuals must avoid contact with metal. [Identify safe locations for your facility or organization]
- Unsafe locations – These include high places, areas near trees, light poles, fences, water, towers, dugouts, bleachers and golf carts. Generally, any location in the open air is unsafe
- Weather watcher – An adult designated as responsible for monitoring the environment, initiating the 30-minute delay rule and for determining the safe resumption of outdoor activities

4. Scope:

This policy applies to administrators, coaches, officials, Athletic Trainers, athletes and other personnel (e.g., marching band members, intramural participants) involved in outdoor practice and competition activities at [Organization Name].

5. Procedures*:

- Prior to any practice, competition or meeting outdoors, one individual will be designated as the weather watcher. The individual may be a coach, administrator or preferably an Athletic Trainer
- The designated weather watcher will review the safe locations with supervising personnel in the event the safety plan is implemented that day

[5] Walsh KM, Cooper MA, Holle R, et al. National Athletic Trainers' Association position statement: lightning safety for athletics and recreation. *Journal of Athletic Training.* 2013;48(2):258-70.

- When a lightning/inclement weather event occurs (lightning monitors indicate lightning, a flash is seen or thunder is heard) the weather watcher will initiate the 30-minute delay rule, as permitted by overseeing governing body
- All personnel, athletes and spectators should be clearly informed of the available safe structures or shelters in the event of thunderstorms and evacuation should begin. Spectators should be made aware of their responsibility for safety at all events
- The weather watcher is responsible for informing the event/game manager, who then notifies the public.
- The designated weather watcher is responsible for determining when the 30-minute rule has been met and it is safe to resume activity

**NOTE: This section should be modified to align with your organization's policies for spectator safety as well as with specifics for the care of minors while under the care of the organization (in loco parentis principle). Legal and risk management departments should be consulted when drafting your specific policy and procedures.*

6. Training/Retraining:

The following [Organization Name] personnel have been trained to ensure the safety of all personnel involved in outdoor practices, competitions or other activities:

Facility: (Include the name of each facility if the policy pertains to more than one)			
Name	**Title**	**Responsibility**	**Date**
Joe Smith	Physician	Medical Director for [Organization Name] High School	12/05/00
Jane Doe	Athletic Trainer	All athletic training services and staff for [Organization Name] High School	12/08/00
John Johnson	Director of Security	[Organization Name] Area School Security Director	12/10/00
Sally Brown	Athletic Director	[Organization Name] High School	12/11/00
Stan White	Head Football Coach	[Organization Name] High School	12/11/00

Health Records: Sample Policies and Procedures

Policy Area: Administration	**Subject:** Medical Documentation
Title of Policy: Health Records	**Number:** (This is a numbering system used by the organization)
Effective Date: (Date policy is to be implemented)	**Page Number:** (x of x)
Approved Date: (Date when policy was approved) **Revision Date:** (Date of most recent revision)	**Approved By:** (This area may contain a routing list of individuals who must review and approve)

1. Purpose or background to policy:

Medical documentation is required by regulatory authorities and provides a record of pertinent facts, findings and observations about a patient/student-athlete. Proper documentation serves a variety of purposes, including "legal protection, memory aid, legal requirements, professional standards, improved communication, insurance requirements, discharge decisions, improved care, injury surveillance and outcomes assessment."[6] Proper medical documentation ensures that any healthcare provider associated with the patient/student-athlete has a complete and accurate picture of the patient and their illnesses/injuries. For the organization, proper documentation is critical for risk management and forms the basis for continuous quality improvement for the program.

Health records are governed by the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that was enacted by Congress to protect the privacy, confidentiality and security of patient information. HIPAA security provisions took effect April 20, 2005. HIPAA standards are applicable to all health information in all of its formats.

Examples of medical documentation (either written or electronic) include, but are not limited to, physical examination forms, pre-participation examinations, HIPAA waiver, student emergency release/permission for medical treatment, emergency contacts, insurance information, health records, injury records and any electronic or other communication with the patient/student-athlete, parents and/or guardians, or other individual authorized to receive such information.

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

2. Policy statement:

Employees of [Organization Name] and any parties contracted to provide healthcare services will document medical care of the patients/student-athletes or others involved in activities sponsored by [Organization Name] and maintain health records in compliance with HIPAA, FERPA and HITECH laws.

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

3. Definitions:

- *Authorized persons* – Healthcare providers (e.g., school nurse, AT, team physician), patient/student-athlete, parent(s)/guardian(s) of patient/student-athlete
- *Unauthorized persons* – Non-healthcare personnel (e.g. coaches, administrators, teachers)
- *EHR/EMR* – Electronic health record or electronic medical record. Governed by HIPAA and HITECH laws
- *FERPA* - Family Educational Rights and Privacy Act of 1974 (FERPA or the Buckley Amendment) is a federal law that governs the access of American citizens' educational information and records
- *HIPAA* – The Health Insurance Portability and Accountability Act of 1996 was enacted by Congress to protect the privacy, confidentiality and security of patient information. HIPAA security provisions took effect April 20, 2005. HIPAA standards are applicable to all health information in all of its formats
- *HITECH* – The Health Information Technology for Economic and Clinical Health Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology

- *Health record* – Includes the confidential collection of health information of patient/student-athletes of [Organization Name]. The health record includes, but is not limited to, the physical examination form, injury/illness evaluations, injury/illness treatment records, rehabilitation records and return to activity documentation. Any interactions with a healthcare professional should be documented in the health record
- *PPE* – Pre-participation examination must be documented as required by [Organization Name] or governing athletic organization/ oversight agency (e.g., High School Athletic/Activity Association, conference)
- *Student emergency release/permission* – Consent for medical treatment of a minor in the event a parent/guardian is not present to give consent

4. Scope:

This policy applies to all parties who are associated with the medical care of [Organization Name]'s patient/student-athletes.

5. Procedures:

- Medical documentation is necessary and required for each instance of care/treatment delivered by healthcare personnel associated with [Organization Name].
- A health record will be established for each student-athlete when they begin participation in activities
- The location of all health records will be readily accessible when needed by only authorized persons
- A copy of the physical examination form required by [Organization Name] will be placed in the health record
- A pre-participation screening form will be completed annually by the student-athlete/individual, reviewed by the Athletic Trainer and placed in the record
- Each instance of an illness or injury, any examination and/or treatment, progression of rehabilitation, release to activity and any communication with healthcare professionals and parents/guardians, coaches, administrators, patient/student-athlete will be maintained in the health record following the document retention policies of [Organization Name]
- All health records will be maintained in a secure manner with access only by authorized persons
  - Paper records shall be kept in a locked file cabinet in a locked room
  - Electronic records should only be accessible by password

6. Training/Retraining:

The following personnel have been trained to ensure compliance with the medical documentation policy of [Organization Name]:

Facility: (Include the name of each facility if the policy pertains to more than one)			
Name	**Title**	**Responsibility**	**Date**
Joe Smith	Physician	Medical Director for [Organization Name] High School	12/05/00
Jane Doe	Athletic Trainer	All athletic training services and staff for [Organization Name] High School	12/08/00
John Johnson	Director of Security	[Organization Name] Area School Security Director	12/10/00
Sally Brown	Athletic Director	[Organization Name] High School	12/11/00
Stan White	Head Football Coach	[Organization Name] High School	12/11/00

Disposal of Medical Sharps: Sample Policies and Procedures

Policy Area: Risk Management	**Subject:** Biohazardous Waste
Title of Policy: Disposal of Medical Sharps	**Number:** (This is a numbering system used by the organization)
Effective Date: (Date policy is to be implemented)	**Page Number:** (x of x)
Approved Date: (Date when policy was approved) **Revision Date:** (Date of most recent revision)	**Approved By:** (This area may contain a routing list of individuals who must review and approve)

1. Purpose or background to policy:

It is important to properly manage and dispose of needles, lancets and syringes (medical sharps) to prevent injury and disease transmission. Medical sharps are used by individuals who need to monitor themselves for medical conditions such as diabetes or for first aid. Failing to properly and safely dispose of these sharp objects can expose others, such as those handling waste/trash, to unnecessary injury or transmission of disease. State and/or federal guidelines, such as those established by OSHA and CDC, provide further direction for preventing injury and disease transmission.

2. Policy statement:

This policy describes the procedures for the safe disposal of dangerous medical sharps in order to prevent injury and illness to [Organization Name]'s students, faculty, staff and players. Employees will dispose of medical sharps in a safe and proper manner to prevent injury and disease transmission.

This policy should be a living, working document, continually reviewed and updated as appropriate, as the organization and our community changes.

3. Definitions:

- *Medical sharp* - A medical device with sharp points or edges that can puncture or cut the skin (e.g., hypodermic needles, syringes, lancets)

4. Scope:

This policy applies to all students, faculty, staff and employees of [Organization Name] to ensure compliance with all state and/or federal guidelines related to the disposal of biohazardous waste.

5. Procedures:

- Commercial medical sharps disposal containers will be placed, at a minimum, in all athletic training facilities and in the nurse's office. Other possible locations to be considered include locker rooms.
- Once a sharp object has been placed in a medical sharps container it should not be removed.
- Used needles should not be recapped but directly placed into the medical sharps container.
- All staff will be trained on the proper use of medical sharps disposal container on an annual basis.
- Disposal of medical sharps containers that are full will be done by Environmental Services staff in compliance with local regulations.

6. Training/Retraining:

New employee orientation, first aid training and annual employee safety training will include disposal of medical sharps.The following personnel have been trained to ensure a safe environment for all employees, students and the public who use [Organization Name]'s facilities:

Facility: (Include the name of each facility if the policy pertains to more than one)			
Name	**Title**	**Responsibility**	**Date**
Joe Smith	Physician	Medical Director for [Organization Name] High School	12/05/00
Jane Doe	Athletic Trainer	All athletic training services and staff for [Organization Name] High School	12/08/00
John Johnson	Director of Security	[Organization Name] Area School Security Director	12/10/00
Sally Brown	Athletic Director	[Organization Name] High School	12/11/00
Stan White	Head Football Coach	[Organization Name] High School	12/11/00

APPENDICES

Template for Policy and Procedure Documents

Policy Area: (Facilities, medications, etc.)	**Subject:** (More specific than policy area)
Title of Policy:	**Number:** (This is a numbering system used by the organization)
Effective Date: (Date policy is to be implemented)	**Page Number:** (x of x)
Approved Date: (Date when policy was approved) **Revision Date:** (Date of most recent revision)	**Approved By:** (This area may contain a routing list of individuals who must review and approve)

1. **Purpose or background to policy:** (Short description that helps others understand why the organization developed the policy)

2. **Policy statement:** (Clear statement of policy – not just the name of the policy)

3. **Definitions:** (Key terms are defined, examples are listed, and abbreviations and acronyms are spelled out.)

4. **Scope:** (Who does this policy apply to? The purpose here is to identify all individuals who need to be aware of the policy and the procedures, including coaches, administrators, medical director and EMS)

5. **Procedures:** (List in a logical format the steps to take to implement the policy.)

6. **Training/Retraining:**

The following personnel have been trained to ensure a safe participation environment for all individuals, students, employees and staff engaged in activities that could put them at risk of exertional heat injuries.

Facility: (Include the name of each facility if the policy pertains to more than one)			
Name	**Title**	**Responsibility**	**Date**

Checklist for Development and Review of Individual Policies and Procedures

	Yes	No/ Need More Information	Notes/Comments
Policy Name/Title			
Is the name/title of the policy clear? ▪ Can an external person understand the intent of the title?			
Revision History			
Identify if revision date can encompass the entire document (e.g., date can be placed at the beginning of the handbook) or if the date must be on each individual P&P.			
Revision date has a specified and consistent location in the P&P (if applicable; see previous row).			
This P&P has been reviewed in the past 12 months.			
Purpose			
The purpose of this policy is clear. ▪ Able to answer why the policy exists.			
This policy is linked to the mission of the organization.			
This policy is linked to other key aspects of the organization.			
Policy Statement			
The specific policy is 1-3 sentences.			
The policy statement is clear and concise.			
The policy is written in 3rd person.			
The policy has been reviewed for clear understanding of words such as can, could, should, must, etc.			
An external reviewer can understand the policy statement.			
Procedure			
The procedure explains how to implement the policy.			
The procedure statement is clear and concise.			
The procedure is written in 3rd person.			
The procedure has been reviewed for clear understanding of words such as can, could, should, must, etc.			
An external reviewer can understand the procedure; the reviewer knows how to implement the policy.			

Checklist for Development and Review of Individual Policies and Procedures

	Yes	No/ Need More Information	Notes/Comments
Definitions & Abbreviations			
Abbreviations and acronyms are spelled out and, if necessary, defined.			
Key terms are defined; examples are listed.			
Scope			
Identify all positions (e.g., athletic trainers, medical director, EMS, coaches) who need to be aware of this policy and procedures.			
The positions are listed (e.g., Head Athletic Trainer, Head and Assistant Coaches) not an individual's name (e.g., John Doe).			
Implementation			
The financial resources are available to the organization AND user to implement the P&P.			
The personnel are available to implement the P&P.			
Time is available to the organization AND user to implement the P&P. ▪ Is there undue burden on the organization or user to implement the P&P?			
For a new policy and procedure: ▪ Can the approval and signatory process occur in time to implement the P&P?			
Best Practices			
The P&P is in line with professional position statements.			
The P&P is in line with national/federal codes, rules and regulations.			
The P&P is in line with state/local codes, rules and regulations.			
Benchmarking			
The organization has reviewed similar P&Ps from other healthcare programs.			
Organizational Alignment			
The P&P is in compliance (e.g., does not supersede) with organizational policy.			
Overlapping			
This P&P is a stand-alone P&P.			

Checklist for Development and Review of Individual Policies and Procedures

	Yes	No/ Need More Information	Notes/Comments
This P&P overlaps or references another P&P. ▪ Review the P&P referenced for consistency in language and intent.			
Consulting			
The medical director has reviewed or consulted on the P&P.			
The AT staff have reviewed or consulted on the P&P.			
The appropriate organizational administrators have reviewed or consulted on the P&P.			
The organization's risk management department has reviewed or consulted on the P&P.			
The organization's legal counsel or department has reviewed or consulted on the P&P.			
Approval Process			
The policy has been approved through the organization's approval structure.			
Identify if approval signature(s) can encompass the entire document (e.g., signatures can be placed at the beginning of the handbook) or if the signature(s) must be on each individual P&P.			
Approval signature(s) have a specified and consistent location in the P&P (if applicable; see previous row).			
Identify if approval date can encompass the entire document (e.g., approval date can be placed at the beginning of the handbook) or if the approval date must be on each individual P&P.			
Approval date has a specified and consistent location in the P&P (if applicable; see previous row).			
Identify if effective date can encompass the entire document (e.g., effective date can be placed at the beginning of the handbook) or if the effective date must be on each individual P&P.			
Effective date has a specified and consistent location in the P&P (if applicable; see previous row).			
Other			

Source: Zimmerman, EP. *Checklist for Development and Review of Individual Policies and Procedures.* Omaha, NE: Board of Certification for the Athletic Trainer; 2016.

Emergency Personnel Names and Phone Numbers

Designated Responsible Official (Highest Ranking Manager)

Site:	
Name:	Phone:

Emergency Coordinator

Name:	Phone:

Area/Floor Monitors (if applicable)

Area/Floor:	Name:	Phone:
Area/Floor:	Name:	Phone:
Area/Floor:	Name:	Phone:
Area/Floor:	Name:	Phone:

Assistants to Physically Challenged (if applicable)

Name:	Phone:
Name:	Phone:

Emergency Phone Numbers

Fire Department:
Paramedics:
Ambulance:
Police:
Federal Protective Service:
Security (if applicable):
Building Manager (if applicable):

Evacuation Routes

Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:

- ☐ Emergency Exits
- ☐ Primary and secondary evacuation routes
- ☐ Location of fire extinguishers
- ☐ Fire alarm pull station locations
- ☐ Assembly points
- ☐ Location of AED
- ☐ Location of First Aid Kit

Site personnel should know at least two evacuation routes.

Medical Emergency

1. Call medical emergency phone number (check applicable):
   - ☐ Paramedics
   - ☐ Ambulance
   - ☐ Fire Department
   - ☐ Other

   Provide the following information:
   - ☐ Nature of medical emergency
   - ☐ Location of the emergency (address, building, room number)
   - ☐ Your name and phone number from which you are calling
   - ☐ Do not hang up until directed

2. Do not move the victim unless absolutely necessary

3. Call the following personnel trained in CPR and first aid to provide the required assistance prior to the arrival of the professional medical help:

   Name: _____ Phone: _____

   Name: _____ Phone: _____

4. If personnel trained in first-aid are not available, at a minimum, attempt to provide the following assistance:
   a. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids)
   b. Clear the air passages using the Heimlich Maneuver/abdominal thrusts in case of choking

5. In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified.

Fire Emergency

When fire is discovered:

- Activate the nearest fire alarm (if installed)
- Notify the local Fire Department by calling _____.
- If the fire alarm is not available, notify the site personnel about the fire emergency by the following means (check applicable):

☐ Voice communication ☐ Radio
☐ Phone paging ☐ Other (specify)

Fight the fire ONLY if:

- The Fire Department has been notified
- The fire is small and is not spreading to other areas
- Escaping the area is possible by backing up to the nearest exit
- The fire extinguisher is in working condition and personnel are trained to use it

Upon being notified about the fire emergency, occupants must:

- Leave the building using the designated escape routes
- Assemble in the designated area (specify location)
- Remain outside until the competent authority (Designated Official or designee) announces that it is safe to reenter

Designated Official, Emergency Coordinator or supervisors must (underline one):

- Disconnect utilities and equipment unless doing so jeopardizes his/her safety
- Coordinate an orderly evacuation of personnel
- Perform an accurate head count of personnel reported to the designated area
- Determine a rescue method to locate missing personnel
- Provide the Fire Department personnel with the necessary information about the facility
- Perform assessment and coordinate weather forecast office emergency closing procedures

Area/Floor Monitors must:

- Ensure that all employees have evacuated the area/floor
- Report any problems to the Emergency Coordinator at the assembly area

Assistants to Physically Challenged should:

- Assist all physically challenged employees in emergency evacuation

Utility Company Emergency Contacts

Electric

Name of company:
Phone number:
Point of contact:

Water

Name of company:
Phone number:
Point of contact:

Gas (if applicable)

Name of company:
Phone number:
Point of contact:

Telephone

Name of company:
Phone number:
Point of contact:

Venue-Specific Emergency Protocol

_____ Football Emergency Protocol

1. Call 911 or other emergency number consistent with organizational policies.

2. Instruct emergency medical services (EMS) personnel to "report to _____ and meet _____ at _____ as we have an injured student-athlete in need of emergency medical treatment."

   Football Practice Complex:

   _____ Street entrance (gate across street from _____)

   Cross street: _____ Street

   Gate _____ entrance off _____Road

3. Provide necessary information to EMS personnel:
   - ☐ Name, address, telephone number of caller
   - ☐ Number of victims; condition of victims
   - ☐ First aid treatment initiated
   - ☐ Specific directions as needed to locate scene
   - ☐ Other information as requested by dispatcher
   - ☐ Do not hang up until directed

4. Provide appropriate emergency care until arrival of EMS personnel; on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
   - ☐ Athletic training staff member should accompany student-athlete to hospital
   - ☐ Notify other athletic training staff immediately
   - ☐ Parents should be contacted by sports medicine staff
   - ☐ Inform coach(es) and administration
   - ☐ Obtain medical history and insurance information
   - ☐ Appropriate injury reports should be completed

Emergency Telephone Numbers

_____ Hospital (_____) _____-_____

_____ Emergency Department (_____) _____-_____

University Health Center (if applicable) (_____) _____-_____

Campus Police (if applicable) (_____) _____-_____

Emergency Signals: (examples)
- ☐ Physician: arm extended overhead with clenched fist
- ☐ Paramedics: point to location in end zone by home locker room and wave onto field
- ☐ Spine board: arms held horizontally
- ☐ Stretcher: supinated hands in front of body or waist level
- ☐ Splint: hand to lower leg or thigh

"Time Outs"
Pre-Athletic Event Checklist

- ☐ Athletic health care providers meet before start of each practice or competition to review the emergency action plan.
- ☐ Determine the role and location of each person present (i.e., AT, EMT, MD).
- ☐ Establish how communication will occur (i.e., voice commands, radio, hand signals).
- ☐ What is the primary means of communication?
- ☐ What is the secondary or backup method of communication?
- ☐ An ambulance should be present at all high-risk events.
- ☐ Where is it physically located?
- ☐ What is the planned route for entrance/exit and is the route unencumbered?
- ☐ Is the ambulance a dedicated unit or on standby?
- ☐ If an ambulance is not on site, what is the mechanism for calling one?
- ☐ In the event of emergency transport, what is the designated hospital? Consider the most appropriate facility for the injury/illness when selecting the hospital.
- ☐ What emergency equipment is present?
- ☐ Where is it located?
- ☐ Has it been checked to confirm it is in working order and fully ready for use?
- ☐ Are there any issues that could potentially impact the emergency action plan (i.e., construction, weather, crowd flow)?

Severe Weather and Natural Disasters

Tornado:

- When a warning is issued by sirens or other means, seek inside shelter and consider the following:
  - Small interior rooms on the lowest floor and without windows
  - Hallways on the lowest floor away from doors and windows
  - Rooms constructed with reinforced concrete, brick or block with no windows
- Stay away from outside walls and windows
- Use arms to protect head and neck
- Remain sheltered until the tornado threat is announced to be over

Earthquake:

- Stay calm and await instructions from the Emergency Coordinator or the designated official
- Keep away from overhead fixtures, windows, filing cabinets and electrical power
- Assist people with disabilities in finding a safe place
- Evacuate as instructed by the Emergency Coordinator and/or the designated official

Flood:

If indoors:

- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official
- Follow the recommended primary or secondary evacuation routes

If outdoors:

- Climb to high ground and stay there
- Avoid walking or driving through flood water
- If car stalls, abandon it immediately and climb to higher ground

Hurricane:

- The nature of a hurricane provides for more warning than other natural and weather disasters
- A hurricane watch is issued when a hurricane becomes a threat to a coastal area
- A hurricane warning is issued when hurricane winds of 74 mph or higher or a combination of dangerously high water and rough seas are expected in the area within 24 hours

Once a hurricane watch has been issued:

- Stay calm and await instructions from the Emergency Coordinator or the designated official
- Moor any boats securely or move to a safe place if time allows
- Continue to monitor local TV and radio stations for instructions
- Move early out of low-lying areas or from the coast at the request of officials
- If you are on high ground, away from the coast and plan to stay, secure the building, moving all loose items indoors and boarding up windows and openings
- Collect drinking water in appropriate containers

Once a hurricane warning has been issued:

- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official
- Leave areas that might be affected by storm tide or stream flooding

During a hurricane:

- Remain indoors and consider the following:
  - Small interior rooms on the lowest floor and without windows
  - Hallways on the lowest floor away from doors and windows
  - Rooms constructed with reinforced concrete, Brick or block with no windows

Blizzard:

If indoors:

- Stay calm and await instructions from the Emergency Coordinator or the designated official
- Stay indoors!
- If there is no heat:
  - Close off unneeded rooms or areas
  - Stuff towels or rags in cracks under doors
  - Cover windows at night
  - Eat and drink. Food provides the body with energy and heat. Fluids prevent dehydration
  - Wear layers of loose-fitting, light-weight, warm clothing, if available

If outdoors:

- Find a dry shelter. Cover all exposed parts of the body
- If shelter is not available:
  - Prepare a lean-to, wind break, or snow cave for protection from the wind
  - Build a fire for heat and to attract attention. Place rocks around the fire to absorb and reflect heat
  - Do not eat snow. It will lower your body temperature. Melt it first

If stranded in a car or truck:

- Stay in the vehicle!
- Run the motor about ten minutes each hour. Open the windows a little for fresh air to avoid carbon monoxide poisoning. Make sure the exhaust pipe is not blocked
- Make yourself visible to rescuers
- Turn on the dome light at night when running the engine
- Tie a colored cloth to your antenna or door
- Raise the hood after the snow stops falling
- Exercise to keep blood circulating and to keep warm

Extended Power Loss

In the event of extended power loss to a facility, certain precautionary measures should be taken (depending on the geographical location and environment of the facility):

- ☐ Unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and affecting sensitive equipment.
- ☐ Facilities with freezing temperature should turn off and drain the following lines in the event of a long term power loss:
  - ☐ Fire sprinkler system
  - ☐ Standpipes
  - ☐ Potable water lines
  - ☐ Toilets
- ☐ Add propylene-glycol to drains to prevent traps from freezing.
- ☐ Equipment that contains fluids that may freeze due to long term exposure to freezing temperatures should be moved to heated areas, drained of liquids or provided with auxiliary heat sources.

Upon restoration of heat and power:

- ☐ Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry.
- ☐ Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and water turned back on.

Chemical Spill

Spill containment and security equipment	Location:
Personal Protective Equipment (PPE)	Location:
Material Safety Data Sheet (MSDS)	Location:

When a Large Chemical Spill has occurred:

- ☐ Immediately notify the designated official and emergency coordinator
- ☐ Contain the spill with available equipment (e.g., pads, booms, absorbent powder, etc.)
- ☐ Secure the area and alert other site personnel
- ☐ Do not attempt to clean the spill unless trained to do so
- ☐ Attend to injured personnel and call the medical emergency number if required
- ☐ Call a local spill cleanup company or the fire department (if arrangement has been made) to perform a large chemical (e.g., mercury) spill cleanup

Name of Spill Cleanup Company: _____

Phone Number: _____

- ☐ Evacuate building as necessary.

When a Small Chemical Spill has occurred:

- ☐ Notify the emergency coordinator and/or supervisor (select one)
- ☐ If toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering
- ☐ Deal with the spill in accordance with the instructions described in the MSDS
- ☐ Small spill must be handled in a safe manner, while wearing the proper PPE
- ☐ Review the general spill cleanup procedures

Telephone Bomb Threat Checklist

Instructions: Remain calm and be courteous with the caller. Do not interrupt the caller.
Pretend you can't hear the caller and try to keep the caller talking.
Fill out the form below with as much information as possible.

1. Where is the bomb going to explode? (Building/Area)	5. What will cause the bomb to explode?
2. When is the bomb going to explode? Time remaining?	6. Did you place the bomb? If so, why?
3. What does the bomb look like?	7. What is your name and address?
4. What kind of bomb is it?	8. Why do you know so much about the bomb?
Did the caller appear familiar with the plant or building by his/her description? Exact wording of the threat:	

Time of Call:	Date:	Phone Number Call Received From:
Accent: ☐ Local ☐ Southern ☐ Middle East ☐ Northern ☐ Hispanic ☐ Midwestern ☐ African ☐ Other: ☐ Slavic _____	Manner: ☐ Calm ☐ Irrational ☐ Rational ☐ Incoherent ☐ Coherent ☐ Emotional ☐ Deliberate ☐ Laughing ☐ Righteous ☐ Other: ☐ Angry _____	Background: ☐ Machines ☐ Trains ☐ Music ☐ Animals ☐ Office ☐ Voices ☐ None ☐ Airplanes ☐ Traffic ☐ Other: _____
Voice: ☐ Loud ☐ Deep ☐ High Pitch ☐ Pleasant ☐ Raspy ☐ Other: ☐ Intoxicated _____ ☐ Soft	Speech: ☐ Fast ☐ Stutter ☐ Distinct ☐ Nasal ☐ Distorted ☐ Other: ☐ Slurred _____ ☐ Slow	Language: ☐ Fair ☐ Excellent ☐ Poor ☐ Good ☐ Foul ☐ Other: ☐ Other: _____ _____
Gender: ☐ Male ☐ Female	Age: ( ) ☐ Adult ☐ Juvenile	Call Origin: ☐ Local ☐ Non-Local

Activate malicious call trace: When the call has ended and you hang up the phone, do not answer another line. Choose same line and dial *57 (if your phone system has this capability). Listen for the confirmation announcement and hang up.

Notify your supervisor immediately. Call Security at _____ and relay information about the call.

Your Name:	Your Phone Number:
Your Position:	Date of Report:

Emergency Reporting and Evacuation Procedures

Types of emergencies to be reported by site personnel are:

- Medical
- Fire
- Severe weather
- Bomb threat
- Chemical spill
- Extended power loss
- Other (specify) _____
  (e.g., terrorist attack, hostage taking)