

***Special
Olympics
Pennsylvania***



Medical Volunteer Handbook & Emergency Action Plan

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Part 1:

Medical Volunteer Handbook



GENERAL FACT SHEET



OUR MISSION

To provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

OUR APPROACH AND SOLUTIONS

SPORTS

Deliver high-quality training and competition in an inclusive culture that stresses athletic excellence, rewards determination, emphasizes health and celebrates personal achievement.

UNIFIED STRATEGY

Offer a holistic, inclusive methodology starting with sports and transcending all aspects of life, giving opportunities for those with and without intellectual disabilities to play together as teammates on the court and become leaders in their community. This programming existing in community settings and in more than 400 schools around the state.

ATHLETE HEALTH

Promote the overall well-being of people with intellectual disabilities via programs that ensure ongoing access to quality, community-based healthcare services, highlighted by free health screenings at Special Olympics' competitions, games and other venues.

OUR COMMUNITY REACH AND IMPACT

Nearly

13K

Special Olympics PA athletes compete across

9

local regions at

300+

annual competitions in

22

Olympic-Type Sports with the help of over

30K

coaches and volunteers



Special Olympics is one of the most exciting movements today, combining sports with the opportunity to interact with athletes with intellectual disabilities. All of us vary in our experience level with Special Olympic athletes. The suggestions below are meant to help you feel more comfortable in your interactions.

1. People with intellectual disabilities and people without intellectual disabilities are more alike than different. Athletes with Intellectual disabilities learn at a slower pace; however, they do learn. Athletes with intellectual disabilities experience the same likes, dislikes, pressures, Insecurity, and affronts to their dignity as any other person does. Working with people with intellectual disabilities usually requires no specialized training. Good sensitive human relations are the basics to working successfully with athletes with intellectual disabilities. If you are unsure how to respond to a Special Olympics athlete, ask yourself how you would want someone to treat you.
2. A common misconception is that Special Olympics athletes need to be talked down to or talked to as if they were very young children. While athletes' reasoning abilities may be delayed, talk with them, and treat them according to their **age**.
3. Both children and adults participate in Special Olympics. Always refer to Special Olympics Pennsylvaniarticipants as **ATHLETES** rather than "**kids**". Special Olympics does not, at the request of the United States Olympic Committee (USOC), use the term Olympians.
4. Using appropriate body language makes any conversation with athletes and coaches more positive. Maintain eye contact to let the person know you are interested. Keep an open body posture, arms by your side or in your pocket. Incline your head toward the person. Closed arms and leaning away from a person created a closed or unfriendly position or atmosphere.
5. Be yourself. Use your normal voice and give support but try not to over praise. Don't exaggerate the accomplishments of athletes. Special Olympics athletes will gain the most from being judged fairly and without overstatement.
6. Most athletes you'll meet are very friendly and enjoy your attention. Along with fun, we encourage behavior that is appropriate to athletic events. If you have any questions, just remember that behavior that is not appropriate for persons without intellectual disabilities is not appropriate among persons with intellectual disabilities. Appropriate behavior and sportsmanship are two skills emphasized in Special Olympics training. Reinforce them whenever possible. Please do not interfere if a coach is disciplining an athlete. If you have a question, ask the coach when it is convenient and out of hearing distance from the athlete.
7. Athletes thrive on receiving encouragement but let them take the lead as to what type of recognition they are comfortable with (pat on the back, high five, handshake, etc). You should also be comfortable setting your own limits and should caution an athlete if an action makes you feel uncomfortable, as well.
8. As a volunteer, you will want to do everything you can to respect the dignity of the athletes that you will meet. Respecting dignity and being sensitive to cultural differences are probably as important as anything you will do at the Games. When approaching an athlete, always ask if they need assistance before giving any.

Interacting with Special Olympics Athletes Continued:

9. If working with an athlete who is visually impaired, always identify yourself by name to announce your presence. Allow them to take your elbow with their hand (do not grab theirs). In a calm, normal tone, describe the area to them being aware of people and things on either side. When sitting down, take the individual's hand and place it on the back of the chair, telling them which way the chair is facing; they will seat themselves.

10. If working with an athlete who is hearing impaired, understand that there is a wide range of hearing losses. Do not shout or exaggerate your speech, as this does not help with communication. To get a person's attention, call their name. If you do not get a response, lightly touch their arm or shoulder. Always make direct eye contact and keep your face and mouth visible at all times.

11. Whenever possible, always deal directly with the athlete. Direct all questions, comments, or concerns directly to the individual and do not hesitate to ask an athlete for advice. We learn together.

12. As you perform your volunteer duties, don't be afraid to ask coaches or other volunteers for help if you see a problem occurring.

13. Relax, enjoy yourself and have fun! This will be a memorable experience. Get to know as many athletes and coaches as you can. The more people you see and meet, the more you (and they) will enjoy the Games.

Medical Chain of Command:

This chain of command ensures that there is clear direction and coordination. The lead physician and lead athletic trainers oversee the medical care. The medical fellows, athletic trainers, and athletic training students play vital roles in delivering medical care and support during the event.

Lead Physician and Lead Athletic Trainer:

- Assist in the coordination and management of the medical team and event.

Physician Fellows:

- Assist and work under the guidance of an MD.
- Provide medical support and care.

Certified/Licensed Athletic Trainers:

- Provide medical support, injury assessment, and treatment.

Athletic Training Students:

- Work under the supervision of certified athletic trainers and Physicians.

Medical Structure:

- There is typically a lead physician and lead athletic trainer who are acting as the “Medical Coordinators.” They are assisting Special Olympics with the planning of the event and recruitment of volunteers.
- All licensed athletic trainers are to operate within the Physician Standing Orders and should have independent Medical Malpractice insurance.
 - The Orders only cover what is permitted within the PA State Practice Act, so please act within your scope.
- Each medical venue/station should have a roaming physician, at least one licensed athletic trainer, and athletic training students as assigned.

Medical Volunteer General Duties and Responsibilities:

- Upon arrival at the venue, introduce yourself to the Special Olympics Venue Coordinator.
- Each venue has a licensed athletic trainer who is responsible and will follow the direction of the physician on site.
 - All athletic training students must be supervised by supporting LAT at all times.
 - NO ATS may make decisions without LAT approval.
- Create a space for you to "set up" your first aid area. Be visible and walk around (if possible).
 - Hang your first aid banner in a strategic/visible location.
 - BE VISIBLE AT ALL TIMES.
- Review the on-site emergency protocols prior to competition.
 - KNOW WHERE THE AED IS LOCATED within your venue/facility.
- LATs assigned to each venue will review EAP with all medical team members prior to the beginning of each day.
- Be observant to all happenings.
- Become involved in the event: If you are not doing anything medically related, then become a spectator and cheer loudly or find a job where you can assist someone else - lunches, scoring, computer data entry... AGAIN, BE VISIBLE AT ALL TIMES.
- Under NO CIRCUMSTANCES are medical volunteers allowed to dispense medications to any participants.
 - Please refer to [Special Olympics Pennsylvania's Best Practice for Medication Assistance](#) on the next few pages. This information can also be accessed on the Special Olympics Pennsylvania website on the Forms page: <https://specialolympicspa.org/forms>

Best Practices for Medication Assistance:

Pennsylvania does not license medication aides or have qualifications for medication aides. It appears that unlicensed (non-relative) individuals may provide assistance to individuals with taking their prescribed medication. Below is a summary of best practices in providing such assistance.

Levels of Assistance:

Athletes with full independence are those who take responsibility for administration of their own prescribed medications while in their home environment and on a regular basis. The Medication Assistance Consent Form is not needed for these individuals. Fully independent athletes will keep and self-administer their own medication during training and events. Class A Volunteers are not responsible for providing any assistance, including storing medication.

Certain athletes, with intellectual disabilities, may obtain assistance from Class A Volunteers with taking their prescribed medication during events. To obtain assistance, the parent(s), guardian(s), or caregiver(s) should complete the Medication Assistance Consent Form to describe the scope of the assistance required. This process is also necessary to obtain written consent from the parent(s), guardian(s), or caregiver(s). Below are the levels of assistance:

- Some Supervision/Assistance – applies to athletes who require assistance with any of the following: removing medication from the original container; preparing the medication as ordered by the prescriber; and remembering the schedule for taking the medication. Class A Volunteers will provide assistance based on the needs of the individual, including offering the individual the medication at the prescribed times, opening a medication container, and storing the medication in a secure place. In essence, the Class A Volunteers are assisting the athlete with his/her medication self-administration.
- Full Assistance – applies to athletes who are unable to recognize their medication, know how much medication is to be taken, or know when the medication is to be taken. Class A Volunteers are responsible for storing and assisting the athlete in taking the correct medication in the correct dose at the correct time.

The Medication Assistance Consent Form should be completed by the parent(s), guardian(s), or caregiver(s) and record information about dosage/level of assistance/method of administration/timing and other key elements of medication assistance. Class A Volunteers should confirm that the parent(s), guardian(s), or caregiver(s) provided enough medication for the duration of the competition. Where possible, medication should be provided in the original prescription container as dispensed (*e.g.*, labelled prescription bottle, blister pack). An athlete's medication(s) should be stored together with the Medication Assistance Consent Form and Medication Assistance Tracker (*e.g.*, in a plastic bag that indicates the athlete's name).

Medication Assistance:

During the events, Class A Volunteers should track any and all medication taken by Some Supervision/Assistance and Full Assistance athletes using the Medication Assistance Tracker. Volunteer Coaches should record the date, time, medication name, and amount of medication provided as well as any relevant comments (*e.g.*, taken with yogurt). The Volunteer Coach should include his/her initials for each administration. Medication Assistance Trackers should be provided to the Special Olympics Pennsylvania staff at the end of the events.

Class A Volunteers are responsible for holding and storing medication for Some Supervision/Assistance and Full Assistance athletes. Storage instructions recorded on the Medication Assistance Consent Form should be followed, including any requirements to keep medication close at hand (*e.g.*, EpiPens).

In the event of an emergency or adverse reaction requiring medical knowledge, Class A Volunteers should not attempt to assess treatment and/or medication needs. Rather, the Class A Volunteer should immediately contact the 911, Special Olympic Pennsylvania staff, and/or any emergency contact provided by the parent(s), guardian(s), or caregiver(s).

If an athlete's medication administration requires specific medical knowledge to administer, the Class A Volunteer should not assume responsibility for providing assistance. Such athletes should be accompanied by a medical professional and/or parent(s), guardian(s), or caregiver(s).

Controlled Substances:

Controlled substances are drugs that have varying degrees of potential for abuse or dependence. Pennsylvania considers drugs such as morphine, clonazepam, and diazepam to be controlled substances. Possession of a controlled substance is restricted by state law and potentially subject to criminal and civil liability. However, Pennsylvania permits the possession of a controlled substance obtained directly from, or pursuant to, a valid prescription order.

Controlled substances taken by the athletes should be listed on the Medication Assistance Consent Form. If an athlete requires Some Supervision/Assistance or Full Assistance with a controlled substance, the Class A Volunteer should ensure that the controlled substances are in their original packaging and should obtain and keep a copy of the athlete's prescription on hand. Prescription copies should be provided to the Special Olympics Pennsylvania staff at the end of the events along with the Medication Tracker.

Given the heightened scrutiny surrounding controlled substances, Class A Volunteers should carefully record and account for the amount of controlled substance received, administered, and returned using the Medication Assistance Tracker. If any controlled substances are not used and need to be returned to the parent(s), guardian(s), or caregiver(s), the Class A Volunteer should record the amount returned. If the medication cannot be returned, Class A Volunteers should give the unused medication to the Special Olympics Pennsylvania staff.

Part 2:

Non-Site-Specific Procedures

Lost or Missing Athletes:

If you have lost or found an athlete follow the procedures:

- If you found an athlete, follow the procedures:
 - Get all the information from the athlete's credentials.
 - Stay with the athlete at the location found, someone may be looking for the athlete and may return to the area.
 - Staying within the vicinity of the area, look for others that may be part of the athlete's delegation.
 - Track someone down and have them contact Security at the venue/hotel. Make the distinction between having found an athlete as compared to having lost one.
 - Many athletes are afraid that they will get into trouble for being lost; DON'T put any blame on them.
- If you lost an athlete or someone has reported a lost athlete to you, follow the procedures:
 - Stay with the person who reported them missing, they are generally the best bet of finding the athlete.
 - Get all the information to Security at the venue/hotel:
 - Complete description (i.e., height, weight, age, hair length and color, type of clothing, etc.).
 - When and where last seen.
 - Events they may have participated in.
 - Level of functionality.
 - Security will provide the information to the Special Olympics Pennsylvania Event Lead and will have rooms checked, etc.

Fire & Bomb Threat:

If you discover the fire, follow the procedures:

- Alert everyone in the area.
- Find the nearest fire alarm and pull it or have someone else pull the alarm.
- Evacuate the building using the nearest exit and the attached evacuation procedures.
- As you're leaving the building, contain the fire by closing doors behind you but leave doors unlocked.

If you hear the fire alarm, follow the procedures:

- Place your hand on the door of the room you are in. If it is hot--do not open it. If it is not hot, open it slowly and be prepared to close it at once if the hallway is full of smoke or fire.
- If there is no smoke or fire in the hallway, move quickly using the nearest exit stairway and follow the attached evacuation procedures.
- If there is smoke in the hallway, crawl on your hands and knees to the exit. If the exit is smoked-filled, go to the other exit stairway on the floor.
- If you are trapped in a room, keep the door closed and place something wet across the bottom of the door. If there is a window and you are on the bottom floor, exit via the window. If you are above the first floor and the jump from the first floor is too risky, if possible, open the window and place something bright colored in the window to attract the attention of emergency responders. STAY CALM AND DO NOT JUMP.
- Follow the evacuation procedures and meet at the assembly point for the facility.

If you receive a bomb threat, follow the procedures:

- Remain calm, listen carefully to what the caller is saying and write it down.
- Keep the caller talking and try to obtain the following information:

<ul style="list-style-type: none">○ Where is the bomb?○ What will cause it to explode?○ When will it explode?○ Did you place the bomb? Why?	<ul style="list-style-type: none">○ What does it look like?○ What kind of bomb is it?○ What is your name?○ Where are you calling from?
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- Record the details such as time of call, whether caller was male or female any distinctive voice characteristics (accent, manner, speech, etc.), whether there was background noises or references to Special Olympics or local issues.
- When the caller hangs-up:
 - Call 911 and contact Special Olympics Pennsylvania Event Lead.
 - Be prepared to give your name, phone number, and exact location with details of the threat.
 - Do not spread word of the threat.
 - Do not evacuate unless told to. The decision to evacuate will be made by proper authorities.
- If evacuation notice is given, follow the evacuation procedures found in the site-specific section of this handbook and meet at the evacuation assembly point.

Evacuation Procedures:

- In Fire or Bomb Threat situations you will in all likelihood have to evacuate your hotel or venue. It is a good practice to keep handy an evacuation bag with the following information.
 - Names of participants you are responsible for with room numbers of all in your delegation (necessary if evacuating from a hotel).
 - Emergency contact and medical information.
 - This Security and Safety Handbook.
- The following procedures are provided for your safety and the safety of response team personnel. When you hear the fire alarm or you are told to evacuate, immediately take the following steps:
 - Locate and gather up all participants. Leave doors open and the delegation representative responsible for room checks will close after they ensure that all participants have vacated the rooms. Please leave rooms unlocked so emergency personnel have access if needed.
 - Grab your evacuation bag.
 - Exit via the nearest emergency exit. Familiarize yourself with the evacuation maps located in each hotel room which show the emergency exits. You may also ask the hotel staff at the guest check-in desk if a printed one is also available for ease of reference in an emergency.
 - Gather up at the assembly point provided for the hotel or venue. Assembly points are provided as an attachment for each hotel and venue.
 - Ensure that all participants of your delegation are accounted for.
 - Find the Special Olympics Pennsylvania Event Lead and report the status of all members in your delegation. This step is very important. Security officials will have to advise the emergency response team of anyone who may still be in the facility.
- Do not re-enter the facility until told to by the Fire Department, Police Officer, or Special Olympics Pennsylvania Event Lead.

Active Shooter Procedures:

ACTIVE SHOOTER *Pocket Reference Card*



RUN



- ▶ **Identify the location(s) of the threat**
- ▶ **Quickly escape** from the threat (via windows, stairs, doors, etc.)
- ▶ **Leave belongings behind**

HIDE



- ▶ **Block entry** to hiding place and lock doors
- ▶ **Hide** in area out of the shooter's view
- ▶ **Silence mobile communication** devices

FIGHT



- ▶ **Commit to** decisive and aggressive **action**
- ▶ Your goal is to **incapacitate the shooter**
- ▶ **Fight** until the threat is neutralized

Consider all of your options: **Run** **Hide** **Fight**

CALL OR TEXT 9-1-1 IF YOU CAN

STAY SAFE!

- ▶ **Pay attention to emergency alerts**
- ▶ Report **suspicious activity and individuals**
- ▶ Take note of the **two nearest exits** in any facility you visit
- ▶ **Help others** if you are able to do so **safely**
- ▶ If you are in a **secure location**, stay there until law enforcement enters

Contact your local security POC for additional information (name, phone, email, etc.):



WHEN LAW ENFORCEMENT ARRIVES

- ▶ **Remain calm** and follow instructions
- ▶ **Put down any items in your hands** (i.e., bags, jackets)
- ▶ **Keep hands visible** at all times
- ▶ **Avoid quick movements toward officers** such as holding on to them for safety
- ▶ **Avoid pointing, screaming, or yelling**
- ▶ **Follow responder's instructions** when evacuating



cisa.gov/active-shooter-preparedness

BBP Procedures:

Volunteers with Special Olympics Pennsylvania may be at risk of exposure to blood-borne pathogens. The pathogens may include, though are not limited to, Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).

An Exposure incident is defined as follows:

- Spills and/or splashes of blood or other potentially infectious material onto non-intact skin (cuts, hangnails, abrasions, chapped skin) or any mucous membrane
- Skin pierced, cut, or scratched by a sharp object contaminated with blood or other potentially infectious body fluid.
- It should be noted that most exposures do not result in an infection and the overall risk of infection may vary with such factors as:
 - Pathogen involved
 - Type of exposure
 - Amount of blood involved in the exposure
 - Amount of virus in the patient's blood at the time of exposure

What To Do If an Exposure Occurs:

- If an exposure occurs, stop immediately with the procedure you are involved with and wash any cuts or other affected areas with soap and water.
- Flush any splashes that occurred to the nose, mouth, or skin with water
- If eyes are exposed to blood or contaminated body fluids, flush with water or saline for 15 minutes and notify the supervising athletic trainer(s)

How to Report an Exposure:

All medical volunteers should immediately report any exposure incidents to each of the following:

Hospital	Depending on which hospital person is being referred to, use contact information from venue specific hospital section for appropriate hospital for follow up
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- If an athletic training student from an affiliated College/University is involved in an exposure, all appropriate programmatic policies and procedures must be followed.

Practice Universal Precautions:

- According to Universal Precautions, all human blood and certain human body fluids are treated as if known to be infection for HIV, HBV, and other blood-borne pathogens. To prevent an exposure to infection, adhere to the following guidelines:
 - Avoid contact with blood and other bodily fluids.
 - Use breathing barriers such as resuscitation masks, face shields, and bag valve masks (BVM) when giving rescue breaths to a victim.
 - Wear disposable gloves when providing care, particularly if you may come into contact with blood or bodily fluids.
 - Use gloves that are appropriate to the task and provide an adequate barrier.
 - Remove jewelry, including rings, before wearing disposable gloves.
 - Keep any cuts, scrapes or sores covered before putting on protective clothing.
 - Do not use disposable gloves that are discolored, torn or punctured.
 - Do not clean or reuse disposable gloves, change gloves before giving care to a different victim.
 - Avoid handling items such as pens, combs, or radios when wearing soiled gloves

- In addition to gloves, wear protective coverings, such as a mask, eyewear, and gown, whenever you are likely to come into contact with blood or other body fluids that may splash.
- Do not wear gloves and other personal protective equipment away from the workplace.
- Remove disposable gloves without contacting the soiled part of the gloves and dispose of them in a proper container.

Environmental Procedures: Cold Related Emergencies

Inclement/Severe Weather Plan:

Temperatures will be monitored through the use of WeatherSentry - Sports Edition (Pro).

Cold Emergency:

- In the event of cold weather, the risk of hypothermia or frostbite exists.
- Cold emergency procedures will be initiated when temperatures drop significantly, posing a risk to health and safety.
- Participants and staff will be advised to dress warmly in layers and remain vigilant about cold-related symptoms, such as numbness, shivering, and confusion.
- Medical staff will have designated warm-up areas and first aid stations with supplies for treating cold-related injuries.

Dealing with a cold emergency:

- Frostbite:
 - Frostbite is a cold-related injury that occurs when the skin and underlying tissues freeze due to extreme cold temperatures. It most commonly affects extremities like fingers, toes, nose, and ears. Signs of frostbite include:
 - Numbness, loss of sensation in the affected area, pale & cold skin, swelling, blisters, or blackened skin in severe cases
- Emergency Care for Frostbite:
 - Remove the patient immediately, if possible, from the cold environment
 - If the tissue is still frozen, keep it frozen until you can initiate care. Never initiate thawing procedures if there is any danger of refreezing.
 - Protect the injured area from friction or pressure. Remove any constricting clothing or jewelry.
 - Thaw the tissue as rapidly as the patient can tolerate the pain. Use water just below body temperature (90°). Never reheat the water just continue to add warm water to the existing water. Rewarming is extremely painful.
 - Keep rewarming until the color no longer improves. The affected tissue should turn deep red or bluish, and the skin should be soft and pliable. Rewarming may take as long as 30 to 40 minutes. Never attempt to rewarm the area by rubbing or massaging, and never rub a frostbitten area with snow or alcohol.
- Evaluation and Treatment for Frostbite:
 - Anticipate and assess the frostbitten area carefully since the loss of sensation may cause the participant to be unaware of soft tissue injuries in the area.
 - Obtain a complete set of vital signs and the patient's temperature.
 - Remove jewelry and clothing, if present, from the affected area.
 - Obtain a patient history, including the date of participant's last tetanus immunization.
 - If frostbite is distal to a fracture, attempt to align the limb unless there is resistance. Splint the fracture in a manner which does not compromise distal circulation.
 - Determine whether rewarming the frostbitten tissue can be accomplished in a medical facility.
 - If yes, then transport the participant while protecting the tissue from further injury with cold or direct impact.

- If no, you will have to rewarm frostbitten tissue on the field. You should prepare a warm water bath in a container large enough to accommodate the frostbitten tissue without them touching the sides or bottom of container.
 - Temperature of the water should be maintained between 99-102 degrees Fahrenheit (37-39 degrees Celsius) and gently circulated around the frostbitten tissue until the distal tip of the tissue becomes flushed
 - Pain after rewarming usually indicates that viable tissue has been successfully rewarmed.
 - After rewarming, let the frostbitten tissue dry in the warm air. Do not towel dry.
 - After thawing, tissues that were deeply frostbitten may develop blisters or appear cyanotic.
 - Blisters should not be broken and must be protected from injury.
 - Pad between affected digits and bandage affected tissues loosely with a soft, sterile dressing. Avoid putting undue pressure on the affected parts.
 - Rewarmed extremities should be kept at or above the level of the heart, if possible.
 - Protect the rewarmed area from refreezing and other trauma during transport. Construct a frame around the frostbitten area to prevent blankets from pressing directly on the injured area.
 - Do not allow an individual who has frostbitten feet to walk except when the life of the patient or rescuer is in danger. Once frostbitten feet are rewarmed, the patient becomes non-ambulatory.
- Hypothermia:
 - Hypothermia occurs when the body loses heat faster than it can produce it, resulting in a dangerously low body temperature. This can be life-threatening. Signs of hypothermia include:
 - Shivering, slurred speech, confusion, memory loss, fatigue, weak pulse, cold & pale skin, and shallow breathing.
 - Assessment of Patient:
 - Mild Hypothermia: A patient who is cold and has the following signs is considered to have mild hypothermia:
 - Alert
 - Vital signs not depressed
 - Vigorous shivering
 - Moderate or Severe Hypothermia is consistent with a temperature below 90 °F (32⁰ C).
 - A patient who is cold and has any of the following signs or symptoms is considered to have moderate to severe hypothermia:
 - Depressed vital signs, such as a slow pulse and/or slow respiration.
 - Altered level of consciousness, including slurred speech, staggering gait, decreased mental skills, or the lack of response to verbal or painful stimuli.
 - No shivering in spite of being very cold. (Note: This sign is potentially unreliable and may be altered by alcohol intoxication.)
- Basic Treatment for Hypothermia:
 - Prevent further heat loss:
 - Insulate from the ground;
 - Protect from the wind, eliminate evaporative heat loss by removing wet clothing (once the patient has adequate shelter);
 - Insulate the patient, including the head and neck;
 - Cover the patient with a vapor barrier (such as a blue tarp, a large piece of

- plastic, large garbage bags etc.); and
 - Move the patient to a warm environment.
 - Activate the emergency medical services system to provide transport to a medical facility.
 - Do not give alcohol or permit patient to use tobacco.
 - Oxygen should be administered, if available. Oxygen should be heated to a maximum of 108°F (42°C) and humidified if possible. Heating oxygen without humidification is not an effective warming technique.
 - Splinting should be performed, when indicated, in an anatomically neutral position, if possible, with caution to prevent additional injuries to frostbitten tissues.
- Treatment for Mild Hypothermia:
 - Treat the patient as outlined in the basic treatment section.
 - If there is no way to get to a medical facility, or if it will take more than 30 minutes for the patient to arrive at a medical facility, rewarm the patient with one or more of the following methods:
 - Vigorous shivering is a very important method for increasing heat production. Shivering should be fueled by calorie replacement with fluid containing sugars (sugar content is more important than hot drinks);
 - Do not allow the patient to drink liquids unless the patient is capable of swallowing and protecting the airway.
 - Apply heat to areas of high surface heat transfer including the underarms, sides of the chest wall, the neck and groin;
 - Place the patient in a sleeping bag and provide close skin-to-skin contact with a warm body. The patient should not be placed in a sleeping bag with another individual who is hypothermic. This method may not speed core warming in a vigorously shivering patient but will slowly warm a non-shivering patient;
 - Consider a warm shower or a warm bath for the patient, if he or she is alert and mobile; and
 - Mild exercise, such as walking or stepping up and down on an object, will produce heat and may be helpful. This should only be conducted after the patient is dry, has had calorie replacement, and has been stable for at least 30 minutes.
- Treatment for Moderate to Severe Hypothermia with Signs of Life (Pulse or Respirations):
 - Treat patients who are hypothermic very gently (do not rub or manipulate extremities, or attempt to remove wet clothes without cutting them off).
 - Obtain a core temperature as trained and authorized.
 - Treat the patient as outlined above with the following exceptions:
 - Do not allow the patient to sit or stand until rewarmed (do not put in shower or bath).
 - Do not give the patient oral fluids or food.
 - Do not attempt to increase heat production through exercise, including walking.
 - Reassess the patient's physical status periodically.
 - Transfer to a medical facility as soon as possible.
- Treatment for Moderate to Severe Hypothermia with No Signs of Life:
 - Treat the patient as outlined above. Handle very carefully.
 - Check for respiration and signs of circulation for 60 seconds. If the patient is not breathing and has no signs of circulation, give 3 minutes of ventilation. Recheck for respiration and signs of circulation for a further 60 seconds. If the patient still is not breathing and has no signs of circulation and there are no contraindications as listed in Appendix C, continue ventilations. Start chest compressions only if the patient will not receive definitive care within 3 hours

- Use mouth-to-mask breathing or bag valve-mask (BVM) with oxygen when giving ventilations. Care must be taken not to hyperventilate the patient as hypocarbia can reduce the threshold for ventricular fibrillation in the cold heart.
- When using a BVM, ventilate the hypothermic patient at 6 breaths per minute (half the normal rate).
- When using mouth-to-mask ventilations to the hypothermic patient, give 12 breaths per minute.

Environmental Procedures: Heat Related Emergencies

Inclement/Severe Weather Plan:

Temperatures will be monitored through the use of WeatherSentry - Sports Edition (Pro).

Heat Emergency:

- In hot and humid conditions, a heat emergency may arise, posing a risk to participants and staff. Early signs of heat-related issues include excessive sweating, weakness, dizziness, nausea, and confusion.
- Participants will be encouraged to take frequent breaks and stay well-hydrated throughout the event.
- First aid areas will be equipped to provide medical assistance to those experiencing heat-related illnesses.
- Medical staff will monitor the heat index and weather conditions through weather monitoring equipment and communicate updates and warnings as needed.

Dealing with heat emergency:

Temporal Scanners will be used to assess body temperature.

- Heat Exhaustion:
 - Heat exhaustion is a less severe but serious heat-related illness. It occurs when a person is exposed to high temperatures and/or engages in strenuous physical activity for an extended period. The key characteristics of heat exhaustion include:
 - Profuse sweating, weakness, fatigue, nausea, vomiting, headache, dizziness, lightheadedness, cool & moist skin
 - Treatment for Heat Exhaustion:
 - Move to a Cooler Place:
 - Get the patient out of the heat and into a cooler environment.
 - Rehydrate:
 - Have them drink fluids that contain electrolytes (sports drinks or an oral rehydration solution) to replace lost fluids and minerals.
 - Cooling Measures:
 - Use cooling methods such as providing ice bags or snow to attempt to cool the body.
- Heat Stroke:
 - Heat stroke is a severe and life-threatening condition that occurs when the body's temperature regulation system fails. It is characterized by a significantly elevated body temperature (often above 104°F or 40°C) and can result in organ damage. Signs of heat stroke include:
 - Confusion, altered mental state, rapid pulse, hot & dry skin, nausea, vomiting, seizures, and unconsciousness. **Lack of sweating (or extremely minimal sweating) is common in heat stroke, but not always present.**
 - Treatment for Heat Stroke:
 - Call for Help:
 - Contact appropriate medical personnel and dial 911.
 - Cool the Patient Rapidly:
 - While waiting for medical professionals, initiate cooling measures by packing them with ice.
 - **Rapid cooling is essential. If needed, the medical team may decide to perform active cooling on site before transporting the athlete to the hospital.**

Environmental Procedures: Lightning

Inclement/Severe Weather Plan:

Temperatures will be monitored through the use of WeatherSentry - Sports Edition (Pro).

Lightning:

The games should be postponed or suspended if a lightning storm appears before or during the games, until the hazard has passed. The flash-to-bang method will be used to determine the distance of a lightning strike, and the event will be postponed 30 minutes at minimum at last thunderclap. Signs of a thunderstorm can include darkening clouds, high winds, and thunder or lightning activity.

- If the time between the lightning flash and the corresponding thunderclap is 30 seconds or less (indicating that the storm is within approximately 6 miles), the following procedure should be initiated.
- The suspension of the games will occur, and notification will be sent out.
- Participants and spectators should seek shelter in designated safe areas.
- The games will remain suspended until at least 30 minutes have passed since the last observed lightning or heard thunder.
- During the waiting period, the storm will be monitored using portable weather monitoring equipment, including weather applications on personal phones.

Dealing with a patient who was struck by lightning:

- **Ensure Scene Safety:**
 - Before approaching the patient, ensure that the area is safe from further lightning strikes or other hazards.
- **Call for Help:**
 - Contact appropriate medical personnel and dial 911.
- **Approach the Patient:**
 - Approach the patient cautiously, ensuring your own safety, and assess the situation.
 - Check patient responsiveness.
- **Primary Assessment:**
 - Assess the patient's airway, breathing, and circulation (ABCs).
 - If the patient is unresponsive or not breathing, initiate CPR.
 - If the patient is breathing, ensure they are in a safe position to prevent secondary injuries.
- **Check for Injuries:**
 - Lightning strike victims may have a range of injuries, including burns, fractures, and internal injuries.
 - Examine the patient for burns, especially at entry and exit points of the lightning strike.
 - Be cautious, as the burns can be severe and deep.
 - Look for any signs of broken bones or other traumatic injuries.
 - Assess for signs of internal injuries or shock, such as rapid breathing, weak pulse, and pale or cool skin.
- **Monitor Vital Signs:**
 - Monitor the patient's vital signs, including heart rate, blood pressure, and oxygen saturation.
- **Provide First Aid:** Dress any open wounds.
 - Cover burns with a sterile, non-stick dressing or clean, dry cloth.
 - Keep the patient warm, as lightning strike victims may suffer from hypothermia.
 - Elevate the legs if the patient is conscious and doesn't have spinal injuries to help with blood circulation.
- **Keep the Patient Calm:**

- Lightning strike victims may experience confusion, memory loss, and emotional distress.
 - Reassure and calm the patient as much as possible.
- Transport to Medical Facility:
 - Lightning strike victims should be transported to a medical facility for further evaluation and treatment, even if their condition initially appears stable.

Environmental Procedures: Air Quality

Poor air quality due to factors like pollution or wildfires can be a significant concern for outdoor events. [Special Olympics Pennsylvania's Air Quality Guidelines for Particle Pollution](#) can be found on the Special Olympics Pennsylvania website on the Resources page under Competition, and on the next 2 pages.

- If air quality deteriorates to unhealthy levels, staff will announce a potential air quality alert.
- Participants and staff will be advised to stay indoors or wear appropriate masks. Those with pre-existing respiratory conditions will be advised to take extra precautions.
- Air quality monitors will be used to assess current conditions, and updates will be communicated to event participants.
- The event may be postponed or rescheduled if air quality remains at hazardous levels.

Air Quality Guide for Particle Pollution

Harmful particle pollution is one of our nation's most common air pollutants. Use the chart below to help reduce your exposure and protect your health. Visit AirNow.gov for your local air quality forecast (www.airnow.gov).

Air Quality Index	Who Needs to be Concerned?	What Should I Do?
Good (0-50)	It's a great day to be active outside.	
Moderate (51-100)	Some people who may be unusually sensitive to particle pollution.	<p>Unusually sensitive people: Consider making outdoor activities shorter and less intense. Watch for symptoms such as coughing or shortness of breath. These are signs to take it easier.</p> <p>Everyone else: It's a good day to be active outside.</p>
Unhealthy for Sensitive Groups (101-150)	Sensitive groups include people with heart or lung disease, older adults, children and teenagers, minority populations, and outdoor workers.	<p>Sensitive groups: Make outdoor activities shorter and less intense. It's OK to be active outdoors, but take more breaks. Watch for symptoms such as coughing or shortness of breath.</p> <p>People with asthma: Follow your asthma action plan and keep quick relief medicine handy.</p> <p>People with heart disease: Symptoms such as palpitations, shortness of breath, or unusual fatigue may indicate a serious problem. If you have any of these, contact your health care provider.</p>
Unhealthy (151-200)	<p>Everyone</p> <p><u>NOTE: At 151 or above outdoor SOPA activities are prohibited</u></p>	<p>Sensitive groups: Avoid long or intense outdoor activities. Consider rescheduling or moving activities indoors.*</p> <p>Everyone else: Reduce long or intense activities. Take more breaks during outdoor activities.</p>
Very Unhealthy (201-300)	Everyone	<p>Sensitive groups: Avoid all physical activity outdoors. Reschedule to a time when air quality is better or move activities indoors.*</p> <p>Everyone else: Avoid long or intense activities. Consider rescheduling or moving activities indoors.*</p>
Hazardous (301-500)	Everyone	<p>Everyone: Avoid all physical activity outdoors.</p> <p>Sensitive groups: Remain indoors and keep activity levels low. Follow tips for keeping particle levels low indoors.*</p>

***Note:** If you don't have an air conditioner, staying inside with the windows closed may be dangerous in extremely hot weather. If you are hot, go someplace with air conditioning or check with your local government to find out if cooling centers are available in your community.

Key Facts to Know About Particle Pollution:

- Particle pollution can cause serious health problems, including asthma attacks, heart attacks, strokes and early death.
- Particle pollution can be a problem at any time of the year, depending on where you live.
- You can reduce your exposure to ozone pollution and still get exercise! Use [AirNow's \(www.airnow.gov\)](https://www.airnow.gov) current Air Quality Index (AQI) information and forecasts to plan your outdoor activities.

What is particle pollution?

Particle pollution comes from many different sources. Fine particles (2.5 micrometers in diameter and smaller) come from power plants, industrial processes, vehicle tailpipes, woodstoves, and wildfires. Coarse particles (between 2.5 and 10 micrometers) come from crushing and grinding operations, road dust, and some agricultural operations.

Why is particle pollution a problem?

Particle pollution causes a number of serious health problems, including coughing, wheezing, reduced lung function, asthma attacks, heart attacks and strokes. It also is linked to early death in people with heart or lung disease.

Do I need to be concerned?

It's always smart to pay attention to your air quality, but it's especially true for people who may be at greater risk. They include:

- People with heart disease.
- People with lung disease, including asthma and Chronic Obstructive Pulmonary Disease (COPD).
- Older adults.
- Children and teenagers because their lungs are still developing, and they breathe more air per pound of body weight than adults.
- Pregnant people.
- Minority populations.
- Outdoor workers.

How can I protect myself?

Use [AQI forecasts, available on AirNow.gov](https://www.airnow.gov) to plan outdoor activities. On days when the AQI is forecast to be unhealthy, check AirNow for your current air quality and take simple steps to reduce your exposure, including:

- Choose a less intense activity.
- Shorten your outdoor activities.
- Reschedule activities.
- Exercise away from busy roads.

When particle levels are high outdoors, they can be high indoors too.

Keep particles lower indoors:

- Reduce your [use of fireplaces and wood stoves](#). And don't use candles or smoke indoors.
- Use [HEPA air filters \(https://www.epa.gov/indoor-air-quality-iaq\)](https://www.epa.gov/indoor-air-quality-iaq) in your HVAC system.
- Buy or make your own portable air cleaner designed to reduce particles indoors.

Can I help reduce particle pollution?

Yes! Here are a few tips.

- Drive less: bike or walk, carpool, use public transportation.
- Use energy efficiently; choose ENERGY STAR certified products.
- For cleaner heat, upgrade to a heat pump, electric heat, or ductless heat pumps.
- Keep car, boat and other engines tuned.
- If you use wood for heat, burn it efficiently. Check [EPA's Burn Wise Program](https://www.epa.gov/burnwise) for tips (www.epa.gov/burnwise).
- Don't burn leaves, garbage, plastic or rubber.



Office of Air Quality and Radiation
EPA-452/F-23-002
www.airnow.gov
February 2023

Dealing with a patient who is having a respiratory emergency:

- Asthma Attack:
 - Signs of an acute asthma attack
 - Wheezing (a high-pitched, whistling sound when breathing), shortness of breath, continuous coughing, and tightness in the chest.
 - Help the Patient Stay Calm:
 - Anxiety and panic can exacerbate the symptoms of an asthma attack.
 - Encourage the patient to remain as calm as possible.
 - Action:
 - STOP the patient from participating in the activity.
 - Remove patient from the trigger (where possible).
 - Have patient use reliever/inhaler as directed by physician (refer to medication label).
 - Have patient remain in an upright position.
 - Do NOT have patient breathe into a bag or lie down.
 - Have patient breathe slowly and deeply.
 - When symptoms subside, participation in regular activities may resume.
 - If symptoms persist:
 - Wait 5-10 minutes to see if breathing difficulty is relieved.
 - If not, repeat the reliever medication.
 - If the patient's breathing difficulty is relieved, he or she can resume school activities, but should be monitored closely.
 - The patient should avoid vigorous activity and may require additional reliever medication.
 - It is an Emergency Situation if the Patient:
 - has used the inhaler/reliever medication and it has not helped within 5-10 minutes.
 - has difficulty speaking or is struggling for breath.
 - appears pale, grey, or sweating.
 - has greyish/blue lips or nailbeds.
 - requests a doctor or ambulance or asks to go to the hospital.
 - You have any doubt about the participant's condition.
 - Action:
 - Call 911, wait for an ambulance, DO NOT drive patient.
 - Continue to give the reliever inhaler every 2-3 minutes until help arrives.
 - Contact coach (if not present at the incident) as soon as possible.
 - Instructions for Managing Worsening Asthma:
 - (1 or more) Mild Asthma Symptoms
 - Continuous coughing complaints of chest tightness
 - Difficulty breathing
 - Wheezing (not always present)
 - Above symptoms may also be accompanied by: restlessness, irritability, tiredness
 - What to do:
 - Administer reliever inhaler.

- If there is no improvement in 5-10 minutes...THIS IS AN EMERGENCY - Immediately call 911.
- Stay calm.
- Remain patient.
- Tell the patient to breathe slowly & deeply.
- Notify coach of episode.
- Patient can resume normal activities once feeling better.
- NOTE: If patient requires reliever inhaler again in less than 4-hours medical attention should be sought
- Asthma Emergency - ANY of the following symptoms indicate an emergency! - CALL 911 IMMEDIATELY
 - What to Look for:
 - Unable to catch breath.
 - Difficulty speaking a few words.
 - Lips or nail bed blue or grey
 - Breathing is difficult & fast (>25 breaths per minute)
 - What to do:
 - Give reliever inhaler immediately & continue to give reliever inhaler every few minutes until help arrives.
 - Stay calm.
 - Remain with the patient.
 - Tell the patient to breathe slowly & deeply.

Concussion Awareness and Safety Recognition Policy:

Objective:

It is Special Olympics' intent to take steps to help ensure the health and safety of all Special Olympics Pennsylvania participants. All Special Olympics Pennsylvania participants should remember that safety comes first and should take reasonable steps to help minimize the risks for concussion or other serious brain injuries.

Defining a Concussion:

A concussion is defined by the Centers for Disease Control as a type of traumatic brain injury caused by a bump, blow, or jolt to the head as well as serial, cumulative hits to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth causing the brain to bounce around or twist within the skull. Although concussions are usually not life-threatening, their effects can be serious and therefore proper attention must be paid to individuals suspected of sustaining a concussion.

Suspected or Confirmed Concussion:

Effective January 1, 2015, a participant who is suspected of sustaining a concussion in a practice, game or competition shall be removed from practice, play or competition at that time. If a qualified medical professional is available on-site to render an evaluation, that person shall have final authority as to whether or not a concussion is suspected. If applicable, the participant's parent or guardian should be made aware that the participant is suspected of sustaining a concussion.

Return to Play:

A participant who has been removed from practice, play or competition due to a suspected concussion may not participate in Special Olympics sports activities until either of the following occurs (i) at least seven (7) consecutive days have passed since the participant was removed from play and a currently licensed, qualified medical professional provides written clearance for the participant to return to practice, play and competition or (ii) a currently licensed, qualified medical professional determines that the participant did not suffer a concussion and provides written clearance for the participant to return to practice play immediately. Written clearance in either of the scenarios above shall become a permanent record.



SPECIAL OLYMPICS

FIRST REPORT OF ACCIDENT/INCIDENT



U.S. Program/Area: _____ Date of Incident: _____

Injured Person/Party Information

Date of Birth: ____/____/____ Age: ____
Name: _____
(Last) (First) (MI)
Address: _____
(Street) (City) (State) (Zip)
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
Gender: ☐ Male ☐ Female Social Security Number: _____ - _____ - _____

TYPE OF INJURY/ACCIDENT:

☐ Bodily Injury
☐ Property Damage
☐ Automobile
☐ Other: _____

INJURED PARTY:

☐ Athlete ☐ Spectator
☐ Volunteer ☐ Unified Partner
☐ Coach ☐ Property Owner
☐ Employee
☐ Other: _____

Description of Accident (If automobile accident occurred, please attach a copy of the police report). Describe how the accident occurred (attach a separate sheet if necessary): _____

Site/event where accident occurred: _____

ACCIDENT OCCURRED DURING:

☐ Training/Practice
☐ Competition
☐ Traveling to or from SO event
☐ Other: _____

TYPE OF INJURY:

☐ Severe cut w/ bleeding
☐ Less serious bruise or cut
☐ Break/fracture
☐ Concussion
☐ Paralysis
☐ Fatality
☐ Other: _____

DISPOSITION:

☐ Released to parent
☐ Refusal of care
☐ Refer to doctor
☐ Refer to hospital or clinic
☐ Medical attention
☐ EMS transport
☐ Patient requested EMS transport
☐ Released to personal vehicle
☐ Police
☐ Ambulance
☐ Report only
☐ Other: _____

BODY PART INJURED:

☐ Head
☐ Neck
☐ Torso
☐ Back
☐ Hand (L / R)
☐ Finger (L / R)
☐ Elbow (L / R)
☐ Shoulder (L / R)
☐ Leg (L / R)
☐ Knee (L / R)
☐ Thigh (L / R)
☐ Shin (L / R)
☐ Toe (L / R)
☐ Other: _____

SPORT:

☐ Alpine Skiing
☐ Aquatics
☐ Athletics
☐ Badminton
☐ Baseball
☐ Basketball
☐ Bocce
☐ Bowling
☐ Cheerleading
☐ Cross Country Ski
☐ Cycling
☐ Equestrian
☐ Figure Skating
☐ Floor Hockey
☐ Golf
☐ Gymnastics
☐ Kickball

SPORT cont.

☐ Power Lifting
☐ Relay Game
☐ Roller Skating
☐ Sailing
☐ Snowboarding
☐ Snowshoe
☐ Soccer
☐ Softball
☐ Speed Skating
☐ Swimming
☐ Table Tennis
☐ Team Handball
☐ Tennis
☐ Track & Field
☐ Volleyball
☐ Other: _____

Contact/Care Provider Information If an athlete or underage volunteer was injured, please identify care provider and/or responsible party (e.g. parent, legal guardian).

Relationship to the injured person: _____
Name: _____
Address: _____
Home Phone: (____) _____ - _____

Employer Name: _____
Employer Address: _____
Work Phone: (____) _____ - _____

Does the injured person have medical insurance? ☐ Yes ☐ No

If yes, insurance is provided by: ☐ Injured Person ☐ Care Provider/Responsible Party

Please provide name of Company and Policy Number: _____

Witness Information (Please provide names and phone numbers of any witnesses to the incident)

Witness #1 Name: _____
Witness #2 Name: _____

Daytime Phone: (____) _____ - _____
Daytime Phone: (____) _____ - _____

Special Olympics Official / Representative (other than claimant)

Name: _____
Signature: _____

Daytime Phone: (____) _____ - _____

SUBMIT ACCIDENT MEDICAL CLAIMS TO:

HEALTH SPECIAL RISK, INC. (HSR)

HSR, 8400 Belleview Drive, Suite 150, Plano, TX 75024
Toll Free: 800.328.1114 | Fax: 972.512.5820
Email: claims@hsri.com

Special Olympics Policy Number: SR2014DC-P-050866

SUBMIT LIABILITY CLAIMS TO:

AMERICAN SPECIALTY INSURANCE

7609 W. Jefferson Blvd., Suite 150, Fort Wayne, IN 46804
Toll Free: 800.566.7941 | Fax: 260.969.4729
Email: claims@americanspecialty.com

IF INJURY WAS SERIOUS OR FATAL, IMMEDIATELY NOTIFY

AMERICAN SPECIALTY at 800.566.7941.

We provide 24/7 Emergency Claims Phone Coverage.

HOW TO FILE A CLAIM:

Excess Accident Medical Coverage

Special Olympics Corporate Insurance Program; Excess Accident Medical Coverage

FIRST REPORT OF ACCIDENT/INCIDENT

1. The claim form should be fully completed and submitted within 90 days from the date of injury. Please also answer and complete the section regarding other medical insurance under "Contact/Care Provider Information" by marking either yes or no, and providing the Company and Policy Number. Incomplete claim forms are one of the most frequent reasons for claim payments being delayed.
2. The claim form must be signed by a Special Olympics representative.
3. Only one claim form for each accident needs to be submitted to [HSR](#).
4. Once completed, we suggest keeping a copy for your records, and mailing the original to the address shown below.
5. If medical expenses are incurred as a result of an accidental injury at a Special Olympics event, it is recommended that providers are notified of this secondary insurance, including the policy number listed on the incident report form and the contact information for [HSR](#).

YOUR BILLS

1. As outlined above, please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills.
2. If you have already been to the doctor/hospital and did not know about this coverage, then please send all the itemized bills to [HSR](#) at the address shown below.
3. The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for (diagnosis) and the specific itemized charges (description of treatment including the CPT/procedure code). Contact your medical provider for a UB04 or HCFA 1500 billing form.
 - **Please note that an itemized bill is defined as a bill/claim form from the provider via UB04 or HICFA-1500 claim form. Submitting itemized bills in any other format will delay the claims process. Providers are familiar with this process, so please be sure to (1) contact the provider and share the details above and request that the provider submit outstanding balances directly to [HSR](#); or (2) secure a copy of the UB04 or HICFA 1500s provided to the primary insurer and submit a copy to HSR for consideration.**
4. Due to HIPAA Privacy laws [HSR](#) is unable to request this information from your medical provider. "Balance Due" or "Balance Forward" statements do not contain sufficient information to complete your claim. [HSR](#) cannot pay your bills using only the Primary Insurance Carrier's EOB.

EXCESS ACCIDENT MEDICAL INSURANCE

1. If the policy provides coverage on a secondary/excess basis and you have any other primary insurance coverage you need to send the bills to your primary insurance first.
2. [HSR](#) will consider benefits after your primary insurance has processed the claim.
3. We will require a copy of your primary insurance Explanation of Benefits (EOB) which you should receive from your primary insurance letting you know what was paid or denied, and the reason(s) why. [HSR](#) will not be able to consider your claim without this information.

If you have any questions, please contact Customer Service at (866) 523-3199. They are available from 8:00 a.m. to 5:00 p.m. Central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5820 or email to claims@hsri.com.

HOW TO FILE A CLAIM:

General Liability and Automobile Liability

Special Olympics Corporate Insurance Program; General Liability and Automobile Liability

FIRST REPORT OF ACCIDENT/INCIDENT

It is recommended that incidents that may give rise to a liability claim (for example, serious bodily injury to participant, spectator or volunteer, automobile accident, or property damage to a facility used for an event), or if you receive a legal summons or a letter from an attorney as a result of such an incident, please report this information to the American Specialty claims team as outlined below:

1. Complete the First Report of Accident Claim form.
2. Submit the First Report of Accident and/or the Summons/Letter from Attorney to:
American Specialty Insurance & Risk Services, Inc.
7690 W Jefferson Blvd, Suite 150
Fort Wayne, IN 46804
Customer Service: 800-566-7941
claims@americanspecialty.com
3. If Injury was serious or fatal, immediately notify American Specialty at 800-561-7941. We provide 24/7 Emergency Claims Phone Coverage.

If you have questions, please contact Customer Service at 800-566-7941. Representatives are available from 8:00 a.m. to 5:00 p.m. (EST) Monday – Friday. The customer service line includes information for contacting a representative after-hours, if needed. You may also forward any documents by email to: claims@americanspecialty.com.

Part 3: Emergency Action Plan (EAP)

Emergency Action Plan (EAP) Introduction & Purpose Statement:

The purpose of this document is to provide a plan of action to handle medical and environmental emergencies that may arise during participation in the Special Olympics Pennsylvania event. Emergency situations may arise at any time during these games; swift action should be taken to provide the best possible care. Use of this document will ensure the highest standard of care will be provided to participants.

Key Points/Things to Remember

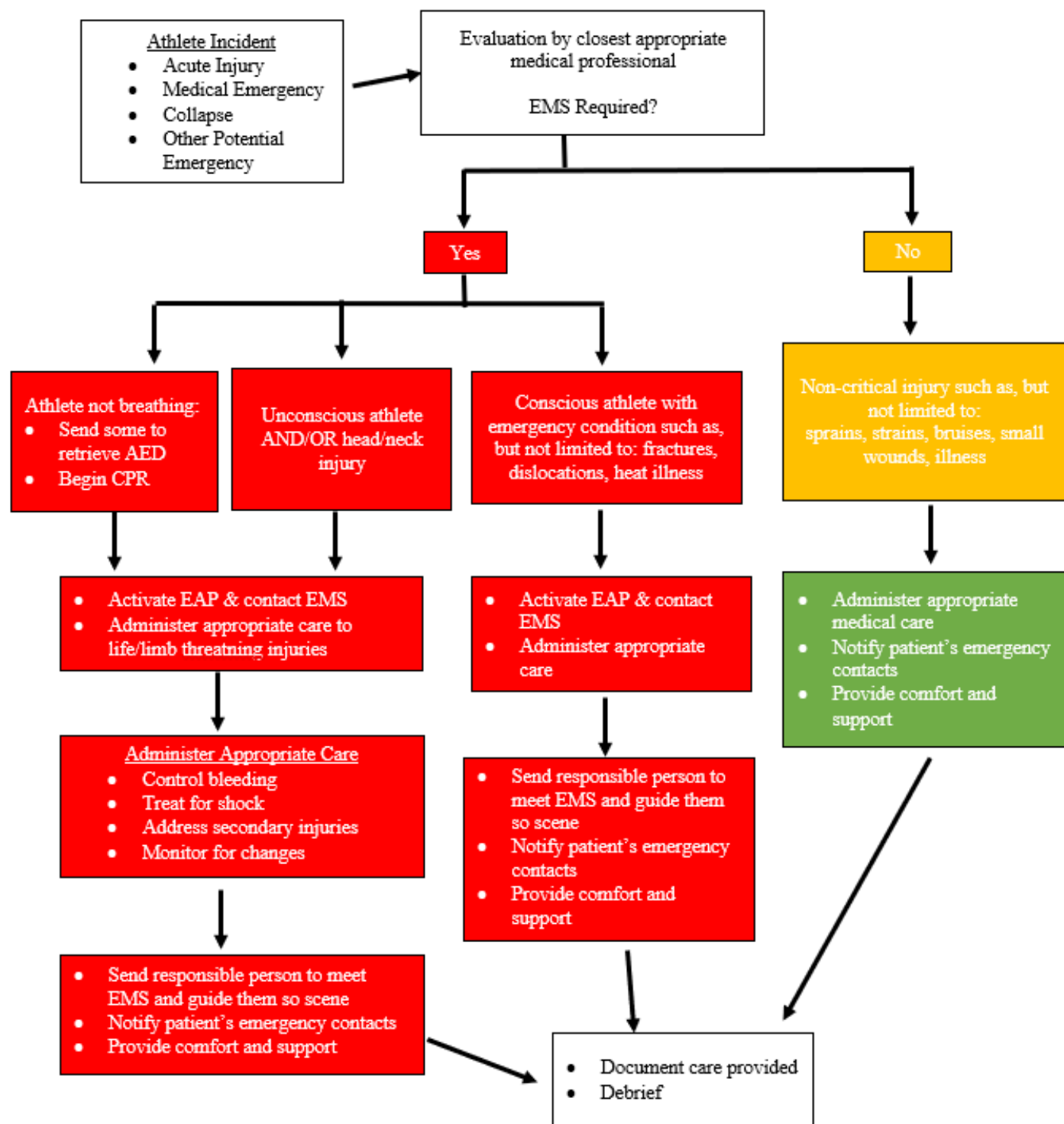
- When in doubt, call for assistance.
- If a referral is necessary, contact Site Medical/EMS, and venue physician via cell phone or radio.
- Provide thorough evaluation, treatment, and management.
- Always refer to athlete's medical form. These are located behind the athlete's credential.
- All medical emergencies will be referred to the most appropriate medical facility.
- Emergencies work more smoothly with team effort.
- Know your limits and err on the side of caution!
- Think ahead of any emergency that may arise and prepare for it.
- DOCUMENT, DOCUMENT, DOCUMENT! Use forms within binder as needed.
- All medical information (hard copy/verbal) must remain confidential at all times.

Definitions

An emergency situation should be identified as the need for Emergency Medical Services (EMS) to provide a higher level of care than what is available onsite at the event. EMS can be activated by any of the medical volunteers or first responders.

- **A medical emergency** can be defined as an incident when a participant experiences a sudden, serious illness or injury that requires immediate medical attention.
- **An environmental emergency** can be defined as a situation where a participant's health may be at risk due to extreme environmental conditions.
- EMS should be activated under the following situations but not limited to:
 - Absent breath sounds
 - No audible breathing, indicating a potential emergency.
 - Loss of consciousness
 - Unresponsive and unconscious state
 - Severe bleeding that cannot be stopped
 - Profuse bleeding that resists initial first aid measures.
 - Suspected neck or back injury
 - Possible damage to the neck or spine, requiring emergency care.
 - An open fracture
 - A broken bone with the bone exposed through the skin.
 - Severe hypothermia or heat stroke
 - Extreme body temperature conditions requiring immediate medical attention.
 - Cardiac Emergency
 - A life-threatening heart-related condition.
 - Traumatic Brain Injury
 - Head injury resulting in potential brain damage or dysfunction.

Emergency Flow Chart for EAP Activation:



Emergency Medical Procedures:

In case of a seriously injured participant, please see the medical volunteer in red shirts (near First Aid signs) immediately and notify Special Olympics Pennsylvania Event Lead. A Special Olympics Pennsylvania Accident/Incident Form should be completed by the medical staff and returned to Special Olympics Pennsylvania Event Lead by the end of the day.

Life-Threatening Emergency Procedures (EMS Required):

- In an event that an emergency arises, the following steps must be followed:
 - Triage the accident/incident. REMEMBER UNIVERSAL PRECAUTIONS AT ALL TIMES.
 - Perform primary evaluation ONLY to the level at which you are credentialed/educated.
 - Notify on-site EMS.
 - Provide necessary stabilization, splinting, and maintain vitals; treat for shock.
 - Note any pertinent info on the medical form found behind athlete's credentials.
 - Stay with the patient and follow all standard procedures for medical emergencies.
 - When EMS arrives, brief the personnel on nature of injury, mechanism, and time the injury occurred; give vitals and any other pertinent information.
 - From this point, assist EMS in packaging and transporting.
 - Notify coach and medical coordinator of the incident; medical coordinator will contact Special Olympics Pennsylvania Event Lead apprising of situation.
 - Follow up with an Accident/Incident Form. Be as thorough as possible.

Non-Life-Threatening Injuries (May require EMS or not):

- In an event that a non-life-threatening emergency arises, the following steps must be followed:
 - Assess the injury. REMEMBER UNIVERSAL PRECAUTIONS AT ALL TIMES.
 - Initiate contact with on-site EMS, if necessary.
 - Review medical form found behind athlete's credentials.
 - Perform appropriate evaluation and treatment of injuries/conditions; confer with athlete's coach.
 - Notify medical coordinator.

Post Event EAP Procedures:

Updating of the EAP:

The EAP will be reviewed annually; any necessary updates will be implemented to ensure procedures are up to date. These edits will be sent to Chelsea Hammell, Special Olympics Pennsylvania, Vice President, Mission Integration for approval and editing opportunity.

Distribution of the EAP:

1. Within a week prior to the start of the event, an email including the emergency action plan and each facility's venue-specific plan will be sent.
2. Binder copies of the venue specific EAP will be distributed to the medical volunteers on-site the day of arrival. Although the EAP will be reviewed in person, each member of the medical team should spend additional time to ensure they are fully knowledgeable to ensure the best care for the participant and support of the games.
3. Where possible, the EAP will be posted at the facility (i.e., on the wall, on the fence, etc.).

Development and Coordination:

This EAP has been developed and coordinated by Special Olympics Pennsylvania volunteer, Sarah Manspeaker, Athletic Trainer and Medical Coordinator for the Winter Games Organizing Committee. Special Olympics Pennsylvania internal review has been conducted by Chelsea Hammell, Vice President--Mission Integration, and Michelle Boone, Vice President--Sports. Additional input has been obtained by the following individuals: Ellen Payne, Co-Medical Coordinator for Winter Games; Joseph Shaffer, Faculty, Duquesne University; Nicholas Ostrowski & Tyler Skoniecki, Athletic Training Students at Duquesne University. This EAP was last updated on:

May 2024

Youth Programs Emergency Management Planning



PennState
Office of Ethics and Compliance

Contact:
Youth Program Compliance
(814) 867-5088
psoec@psu.edu
Revised: 11/16/2021

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Youth Program Information

Program Name

Program Director E-mail

Program Director Name

Program Director Emergency Phone

Program Director Work Phone

Program Location

Campus/County:

Sponsoring Department

University Emergency Management

Name: Brian Bittner

Office: 814-867-3430

Mobile: 814-404-7210

Email: bbp4@psu.edu

Youth Program Compliance

Name: _____

Office: 814-865-8785

Mobile: _____

Email: _____

University Risk Management

Name: _____

Office: _____

Mobile: _____

Email: _____

University News & Media Relations

Name: _____

Office: _____

Mobile: _____

Email: _____

Police / Emergency Number

Hospital Number

Police / Emergency Address

Office of Physical Plant (OPP) Number

Hospital Address

In the event of an emergency, please contact the Penn State Office of Ethics and Compliance at psoc@psu.edu to notify the youth compliance office of the situation, current status, actions taken, and actions currently in use.

Orientation and staff training plans for my program:

- Fire Safety and evacuation plans (stop, drop & roll, evacuation routes)
- A communication plan that involves a signal/alarm to notify program staff of an emergency
- Severe weather plan and communications (Emphasize lightning plan and lightning safety)
- Knowledge of designated emergency evacuation routes
- Knowledge of appropriate shelter-in-place locations
- Missing child procedures
- Tips for changing location (head counts, take attendance, predictable routes, etc.)
- Remind program staff of obligation to report suspected child abuse (and that notifying supervisor is NOT one of the University recommended procedures)

ADDITIONAL RESOURCES



In an emergency, urgent, or crime situation that requires police, firefighter, and/or ambulance assistance, calling 9-1-1 should be your first response.



For further information regarding Penn State's Emergency Management plans and procedures, visit <http://police.psu.edu/emergency-management>



For more information on weather related emergencies, visit The Department of Homeland Security's website at <https://www.ready.gov/>

COMMUNICATION PLAN

It is important to make sure that everyone is prepared and informed in the event of an emergency within your youth program. Staff may not always be together when these events take place and plans should be developed to make sure they are able to contact one another. In addition, there may be times when an emergency event will include communicating to individuals outside program operations, including Senior Leadership and Strategic Communications. A communications plan should include contact information for all individuals that may need to be notified in the event of an emergency.

Questions to consider:

- Who is in charge of notifying staff and Program Director in the event of an emergency?

- How do you contact this person? Additional contacts if unavailable?

- Based on the severity of the emergency, do the youth participants parents need contacted? Who initiates this contact and when (how promptly)?

- Who is responsible for tracking camp roster and taking attendance in the event of and directly following an emergency?

- Who will let the participants know about the emergency and how will it be communicated?

- Develop an agreed upon emergency signal for your program. Who is responsible for activating signal?

- How will you notify program staff and program director of type of emergency (life threatening, non-life threatening, evacuation, shelter-in-place, etc.)?

- In times of transition (travel, lunch break, change of facility, etc.), who is responsible for ensuring a proper head count and/or attendance?

Roles of program staff during the Emergency Management Process:

- Provide predictable routes and routines during programs as much as possible as a form of routine communication, this step can help during an after and emergency.
- Provide emotional support and important emergency information to youth participants.

Emergency Communication Plan for My Program



MEDICAL EMERGENCY

When using a facility for a program, locate the facility's Emergency Evacuation Plan, Automated External Defibrillator (AED), and Emergency First Aid Kit.

- **Call 911 immediately**
- Provide
 - location
 - nature of injury or illness
 - current condition of the victim and other requested information
- Remain on the phone until directed to hang up.
- Stay with the patient
- Contact patient's parent or guardian to inform them of the incident
- Do not move the victim unless he/she is in immediate danger
- If it appears an individual may cause harm to themselves or to others, **call 911 immediately**
- **If patient is taken to the hospital, staff must stay with them until family arrives or is released**
- Be sure to inform the Emergency Medical Team that arrives of any additional medical information the patient needs listed on their medication treatment authorization form. The form should be taken with to any medical treatment facility they are going to.
- Available campus resources for faculty, staff and students include the following:
 - Employee Assistance Program (EAP) 1-866-749-1735
- If any staff are certified in any procedures (CPR, certified nurse etc), please list in the information below

Specific Information for My Program



SEVERE WEATHER

Thunderstorms are the most common type of severe weather in Pennsylvania. However, winter storms, extreme hot/cold temperatures, flooding, tornadoes, and earthquakes can occur. Check your local weather information for up-to-date weather watches, warnings, advisories and information. Youth Program Directors are expected to **view the forecast on the day of** an outdoor event and/or activity.

It is recommended if you are routinely involved in outdoor activities, you can have a smartphone weather app of your choice. If you are in a remote location without cellular or Internet service, it is recommended that the program obtain a battery operated, NOAA approved weather radio.

Penn State Youth Program procedure: When lightning is detected within 15 miles, or the “flash-to-bang” count approaches 30, all Youth Program personnel and participants should immediately seek shelter and remain indoors. **This procedure is also in effect during program meetings held outside.**

The resumption of outdoor events or the relocation of youth program participants from venues will be permitted only after there has been a 30-minute span of time since the last lightning strike within 15 miles of the program location (according to Program Weather Tool).

**** It is important to note that blue skies and no rain are not protection from lightning. Lightning can strike from a distance as far as 10 miles. ****

Suspension of the youth program and clearing the outdoor program space will remain the same when lightning is detected **within 15 miles**.

If there is lightning **within 7 – 15 miles**, program staff members and youth participants are able to walk to and from the residence halls and dining commons.

However, if lightning is detected **within 7 miles** during the meal hours, all youth program personnel and participants should immediately seek shelter in the nearest building and remain indoors until lightning has subsided based on the 30-minute policy.

- If out-of-doors, seek shelter
- If in-doors, shelter-in-place for severe thunderstorms and tornadoes
- Move to pre-designated shelter, such as a basement or the lowest level of the building
- Move to a windowless interior room away from hazardous materials
- Be sure to take attendance every time you move locations to be sure you have everyone
- Monitor Campus Advisories and local media
- Take cover under a sturdy object or against an interior wall
- Wait for the all clear signal before leaving your safe place

Designated Weather Management tool/app for my youth program: _____

****Any posting from the NOAA NWS: State College for a Lightning Warning also constitutes a requirement for immediately seeking shelter and remaining indoors.****

Extreme Heat

In the event of extreme heat, program staff are expected to monitor the Heat Index (unless the program has a designated equivalent or more advanced metrics) and properly implement responsive strategies when necessary.

Heat Index	Category	Activity Limitations	Break Frequency
Less than 80	Normal	No Limitations	Standard procedure
80 - 90	Caution	Increase number and length of rest breaks.	At least, One break every 20 minutes.
90 - 99	Extreme Caution	Program limited to 2 hours.	At least, One break every 15 minutes.
100 - 104	PA Heat Advisory	No program participants physically participating and/or wearing equipment, program staff can demonstrate skills. Program limited to 1 hour.	At least, One break every 15 minutes.
105+	PA Excessive Heat Warning	No outdoor program sessions until temperature cools.	-

Note: Breaks should be a minimum of 4 minutes or longer. Always encourage hydration.

****Any posting from the NOAA NWS: State College for an Excessive Heat Warning also constitutes immediately canceling physical activity sessions and removing participants and staff from sun exposure.****

Guidelines for Hydration and Rest Breaks:

- Rest time should involve both unlimited hydration intake and rest without any activity involved.
- The site of the rest time should be a "cooling zone" and NOT in direct sunlight.
- Encourage participants to drink about 1-quart of fluid per hour.

Specific Information for My Program:



FIRE

The youth program director is expected to review fire safety protocols and procedures with their staff during the youth program training session. These procedures include reviewing exit routes, designating meeting areas, and transporting children during an emergency. Remind youth participants the importance of **STOP, DROP, & ROLL**.

- Yell **FIRE** and **pull the fire alarm**.
- Leave the building with youth participants immediately using the closest emergency exit. Help those that need assistance including young children and people with disabilities.
- Close doors behind you (**DO NOT LOCK**).
- Move to a safe location away from buildings or to your program's Designated Meeting Site.
 - Once here, take attendance of youth participants and program staff.
- **Call 911 when safe to do so.** Provide information on location and if anyone is still inside the building.
- Call Program Director to inform them of the incident.
- Re-enter the building only when instructed by Designated Public Safety Official(s).
- Do not use elevators.
- **If unable to exit the building, go to the nearest exit stairwell or assisted evacuation staging area and call 911 to report your location.**
- If trained, use a fire extinguisher if the fire is small and contained and room is not filled with smoke.

How are fire/evacuation drills practiced during youth program orientation?

Specific Information for My Program/Facility (including meeting sites and exits)



FLOODING AND WATER LINE BREAKS

Flooding is a temporary overflow of water onto land that is normally dry. Floods are the most common natural disaster in the US. Floods may:

- Result from rain, snow, severe storms, and overflow of various water systems (inside and outside buildings)
- Accumulate slowly or rapidly. Flash floods can be a common occurrence in Pennsylvania.
- Lead to power outages, slow or even stop transportation, damage buildings, and contribute to landslides.

In the event that flooding occurs:

- Seek high ground and try to remain out of any standing or moving water. **Turn Around, Don't Drown. SIX INCHES** of moving water can knock a person down, **ONE FOOT** of moving water can sweep away vehicles.
- Regroup with the rest of program staff and participants at a safe, predetermined meeting location.

Notify your Office of Physical Plant at your campus location (if applicable).

Specific Information for My Program



EARTHQUAKE

The following are some helpful tips that should be practiced routinely to help prepare for an earthquake:

- Drop to the ground, take cover under a sturdy object, and hold on until shaking stops.
 - If a sturdy object is not available, move to an inside corner of the room, crouch down, and cover face and head with arms.
 - Stay away from glass, outside walls or anything else that could fall.
 - Stay inside and wait for the all clear before leaving your safe space place
 - **If outdoors**, stay outdoors
 - Move to an open area away from trees, buildings, utility poles and lines, and large signs
 - If you are near a tall building, get inside the lobby to protect from possible falling debris
 - **After** an Earthquake
 - Be prepared for aftershocks
 - Check self and youth for injuries
 - Provide First Aid if needed
 - Do not move seriously injured people, unless they are in imminent danger
 - Check the immediate area for dangerous conditions that include fires, downed powerlines, and structural damages
 - Evaluate if evacuation is necessary
 - Provide guidance on when it is safe to leave buildings and request that they move at least 1.5 times the height of surrounding buildings to stay clear of the collapse zone.
-

Specific Information for My Program



EVACUATION AND SHELTERING

In advance of an emergency, determine the nearest exits from your location and the best route to follow. Refer to building emergency evacuation plans and corresponding maps for further information (these are posted on posters throughout Penn State facilities). Be sure to take attendance each time you arrive at a new location.

Assigned Emergency Evacuation Plan For Program/Facility:

Where is the evacuation plan of the facility being used for the Youth Program (if applicable)?

- Walk, do not run.
- Do not use elevators. Assist people with special needs.
- Determine and assemble at the designated meeting site.
- Wait for instructions from the Designated Public Safety Official(s).

Designated Shelter in Place During Youth Program:

What facility is the designated Shelter in Place location during the Youth Program (if applicable)?

Safe areas include:

- Enclosed buildings
- Fully enclosed metal vehicles with a hard metal roof and windows up
- Low ground areas as a last resort (ditches, bottom of hill) – assume a crouched position – minimize your body area – do not lie flat

Unsafe areas include:

- Open fields
- Golf carts or gators
- Metal bleachers (on or under)
- Fences
- Umbrellas, flag poles, light poles
- Tall trees
- Pools of standing water

Fire or Smoke and You Cannot Evacuate:

- **Call 911** and tell them your name, your location, that you are unable to evacuate, and why you are unable to evacuate the building.
- If safe to do so, go to the nearest stairwell and tell someone who is evacuating to notify emergency personnel of your location and that you are unable to evacuate the building.

Specific Information for My Program (including meeting sites and exits)

MISSING OR KIDNAPPED CHILD

- Stay Calm
- Stop the current activity and ask assigned buddy or group where they last saw the child and if they know where they went
 - Begin to call for assistance so proper youth program ratios are upheld, this will allow for an immediate search of the area to begin
- Call the Program Director to notify them of the start of search. Provide them with child's:
 - Name
 - Hair Color
 - Age
 - Size/Height
 - Weight
 - Unique characteristics
 - Clothes they were last seen wearing
 - When and where they were last seen
- Continue search of the surrounding area/facility (check cupboards, closets, other rooms, etc.)
 - Contact University Police to assist in search
 - Notify parent/guardian of search for their child
 - If still not found after 30 minutes, contact local police as soon as possible
- If the child is found, follow-up with all contacts to call off the search.

In order to prevent a youth participant from becoming missing or kidnapped. Program staff should:

- Routinely count the number of participants they are responsible for
- Communicate to the participants that they are to notify program staff if they cannot find their assigned "buddy"

Specific Information for My Program

REUNIFICATION PLAN

In the event of an emergency, evacuation, or unforeseen disaster, it is important to have a reunification plan that guides us in reconnecting youth participants with their parents/guardians when needed.

Steps of Reunification plan:

- Notify Program Director of utilization of Emergency Management Plan
 - Program Director assesses situation and determines that additional steps need to be taken (severity of the current situation prompts the need for the reunification process)
 - A call to 911 and/or other Emergency Personnel
 - Communication (calls, texts, emails) to youth participants parents/guardians/emergency contact
 - Selection, gathering, and advertising of a meeting place where participants will wait until picked up by a parent, guardian, and/or emergency contact
 - Confirmation of the adult via Photo ID and registration form to pick up their child
 - Collaborate with local emergency personnel if additional steps are required
-

Specific Information for My Program

FIELD TRIPS OR TRAVEL

- Prior to departure, program staff needs:
 - Child list by assigned vehicle
 - Counselor/supervisor list by assigned vehicle
 - Map of intended route
 - Participants emergency and medical information/supplies
 - Name and contact information
 - First aid kit
 - To be seated throughout the vehicle, this is to ensure proper supervision in case of injury due to an emergency
 - Call 911 if emergency medical treatment or the police are required
 - Attend to any immediate medical needs if there are any injuries
 - Contact campus and provide updates and actions being taken on-scene
 - Program Director will contact parents/guardians and provide updates and future meeting or pick-up locations
-

Specific Information for My Program



SUSPICIOUS PACKAGE

Mail and packages can be used to deliver suspicious and potentially hazardous materials. Before opening, take care to examine the item for anything unusual. Examples of issues that might raise concern:

- Oily or stained
- Excessive tape or string
- Strange odor
- Misspelled words or names
- Lopsided or uneven package
- Excess postage
- No return address

If a package is unusual or as stated above:

- Do not open, smell, touch, or taste any contents of the package.
- Leave the area, isolate it by shutting doors behind you, as you leave.
- Do not use your cell phone within 300 feet.
- Treat it as dangerous.
- Call 911.

What type of identifying marker will program staff use on bags (medicine, equipment, etc.) used by the program?(this helps mitigate potential of unidentified/suspicious materials.)

Specific Information for My Program

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BOMB THREAT

Stay calm and obtain as much information as possible from the caller and report the threat immediately to 911. **DO NOT HANG UP.**

Be sure to note:

- Precise time of the call.
- Caller's exact words.
- Noticeable characteristics of the caller (gender, age, calm/angry, excited/slow, etc.).
- Information regarding the device and possible location.
- Background sounds (machine, voices, street noises, music, etc.).
- Threat language (well spoken, taped, irrational, foul, incoherent, etc.).

Ask the person questions, such as:

Where is the bomb located?

When will the bomb explode?

What does the bomb look like?

What kind of bomb is it?

What will cause the bomb to explode?

Specific Information for My Program

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ACTIVE ATTACKER - RUN, HIDE, FIGHT

Run, Hide, Fight

The University's Active Attacker Response is based upon three action steps: run, hide, and fight. Please note that run, hide, and fight action steps may not always occur in this order, so memorizing them all as possible options regardless of order is a key to quick response.

Run

- Have an escape route and plan in mind.
- Make sure it is safe to leave the area you are in. Use your eyes and ears to determine if it is safe to run.
- Leave your belongings behind.
- Keep your hands visible.
- Once in a safe place, call police and give detailed information about what is happening. Don't assume someone else has already called the police.

Hide

- If unable to run from the danger, your second option should be to hide.
- Find a place that's out of the attacker's sight and remain quiet.
- Do not huddle together, because it makes an easier target.
- Lock and barricade doors with whatever is available.
 - Desks, chairs, door wedges, etc.
- Shut off lights.

Fight

- Fighting is a last resort to be used only when your life is in imminent danger. (However, sometimes fighting may be the first and only option.)
- Find an object to use as a weapon, such as a fire extinguisher, backpack, book, or chair.
- Attempt to incapacitate the attacker; commit to your actions; work with others to disable the assailant.

Specific Information for My Program (including meeting sites and exits)

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THREATENING PHONE CALLS

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- **Get another person to call 911 while they are on the line.**
 - Threats made against program staff or participants are usually received by telephone. Most of these threats are made by callers who wish to create an atmosphere of anxiety and panic, **but all such calls must be taken seriously and handled as though the individual intends to harm the individuals whom they are threatening.**
 - Keep the caller on the line by asking questions.
 - **Ask a lot of questions-** Permit the caller to say as much as possible without interruption.
 - **Take notes on everything said and on your observations about background noise, voice characteristics, etc.**
 - Make the appropriate notifications to the Youth Program Director.
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Specific Information for My Program



UTILITY FAILURE

Utility failures include power outages, gas leaks/unusual odors, or broken or malfunctioning life-safety equipment

- **If the utility emergency poses a public safety threat or emergency, contact 911.**
 - Be prepared to provide failure type, location, and approximate time of the failure.
- Officials may evacuate a building due to utility failures.
- If not on University property, be aware of the procedures for that building in case of a utility emergency.

Notify your Office of Physical Plant at your location.

Specific Information for My Program



POWER OUTAGE

In the event of a power outage, many campus facilities are equipped with emergency generators to power critical operations. Most buildings are provided with emergency lighting to aid in the safe evacuation. Report the outage to the appropriate authorities for your location (Office of Physical Plant if at a Penn State location).

Be prepared:

- Keep a flashlight with spare batteries immediately accessible.
- Know how to locate the closest exit.

In the event of a large-scale power outage:

- Remain calm.
- If building evacuation become necessary.
- Do not light candles or any other types of flames for lighting.

Notify your Office of Physical Plant at your location.

Specific Information for My Program



ELEVATOR ENTRAPMENT

DO NOT EXIT a stalled elevator until help arrives.

Press the **EMERGENCY PHONE BUTTON** to connect to Police. **If unable to connect, call 911.**

PUSH the ALARM BUTTON.

REMAIN in the Elevator.

WAIT for the Elevator Technician and/or Designated Public Safety Official(s).

This is the only time during a program when a youth participant(s) may truly be by themselves. Please educate your youth participants on the steps and procedures when stuck in an elevator. Remind youth participants that **NO JUMPING** is tolerated while riding in an elevator.

Specific Information for My Program



HAZARDOUS MATERIALS SPILL

- Do not attempt to clean unless properly trained in managing chemical spills.
- **Secure the area, call 911** and provide information on location and type of release or spill.
 - If safe, shut doors to help contain the spill in the room it occurred.
- Report the incident to Environmental Health and Safety (EHS) by calling 814-865-6391 if the incident occurs at University Park.
 - Also make a report to the Risk Management Office
- Evacuate all personnel from the immediate work and/or laboratory area; if the release or spill has the potential to impact a larger area, activate the building's fire alarm and follow evacuation procedures.
- Use safety showers and/or eye rinses if you or your participants comes into physical contact with a hazardous materials spill.

For more information about this subject please contact the [Environmental Health and Safety](#) at (814) 865-6391.

Specific Information for My Program

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REPORTING SUSPECTED CHILD ABUSE

If you are making a report as a mandated reporter pursuant to Pennsylvania law or as a University employee, independent contractor, or volunteer (or both), follow these steps:

- a. If a child is in immediate danger, contact police at 911 to obtain immediate protection for the child.
- b. **Immediately** make an oral report to the Pennsylvania Department of Human services via ChildLine (1-800-932-0313) ([23 Pa. C.S. § 6313\(a\) \(1\)](#)) or an electronic report using the Child Welfare Portal at www.compass.state.pa.us/cwis. *Solely informing a supervisor that you suspect abuse is NOT sufficient under this Policy or the law.*
- c. **Immediately**, but in no event later than 48 hours after calling ChildLine (as described in #2 above), prepare and submit a written report utilizing [Form CY47](#), which may be submitted electronically, to the [County Children and Youth Agency](#) where the suspected abuse occurred ([23 Pa. C.S. §6313\(a\)\(2\)](#)). If you make an electronic report using the Child Welfare Portal (as described in #2 above), you are not required to submit a Form CY47 to the County Children and Youth Agency.
- d. Whenever an employee, volunteer or independent contractor makes a report, that person shall also make an internal report to the University's designated agents for purposes of [Policy AD 72](#) and this policy and [Pennsylvania Child Protective Services Law](#), pursuant to ([23 Pa. C.S. §6311\(c\)](#)) by immediately sending an email to AD72@psu.edu, attaching the completed Form CY47 (if required, as described in #3 above). In response to the email, the person making the report will be contacted by University Police Services, Penn State's Office of Ethics & Compliance, and/or Penn State's Risk Management Office. All University employees, volunteers, and independent contractors are required to assist the University, to the extent deemed necessary by the University, in gathering factual information related to the report.
- e. Forward any subsequent communication from the Department of Human Services relating to the report to AD72@psu.edu.
- f. To the extent provided by law, Penn State will preserve the confidentiality of all child abuse and neglect reports and records to protect the privacy rights of the person making the report. ([23 Pa. C.S. §6340](#)).



PSU ALERT

A member of the youth program staff should always be monitoring the PSUAlert system at their campus location (if applicable) for any immediate or impending emergencies and campus security threats.

[PSUAlert](#) is Penn State's emergency notification system for students, faculty and staff. The system will be used to alert members of Penn State's campus communities of emergencies, campus closings and other urgent information. Using this portal, students, faculty and staff can choose to receive PSUAlert messages by text message, voice message and e-mail. The system will never be used to send advertising or spam messages.

Name of designated program staff member: _____

Specific Information for My Program

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HEALTH SAFETY PLAN

The Youth Program health safety plan is designed to provide information on how to assist with different programming aspects such as design, training, and response to promote the positive health of our staff and participants. This health safety plan includes a [pandemic \(COVID-19\) mitigation and response plan](#) to be implemented during the youth program (if applicable), in response to federal, state, local, and institutional (Penn State) policies and guidelines.

If there is a child attending a youth program who carries an anaphylaxis and epinephrine auto-injector, there must be a trained program staff member in the immediate vicinity (an area in which an individual is physically present and can see, hear, direct, and assess the activities of the child) of the youth participants at all times.

- This [American Red Cross training](#) is specifically designed for the EpiPen Anaphylaxis and Epinephrine Auto-Injector. It does not provide details for a generic or the Auvi-Q Anaphylaxis and Epinephrine Auto-Injector. If a child is using a generic or the Auvi-Q brand, further instruction will need to be provided by the parent/guardian along with further review of the product's patient information/instruction information.
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Specific Information for My Program