



## Chapter 12- Commuter Crew: Incident Management

### **INCIDENT MANAGEMENT AND COMMUNICATION**

Despite your best efforts to instill safety consciousness in your Crew and to anticipate and prevent accidents, there may come a time when events go against you and you will need to manage an injury or illness. This section focuses on both managing serious injuries and medical emergencies that require professional medical treatment and/or evacuation, and how and when to communicate your situation to SCA.

### **CRISIS LEADERSHIP**

When faced with a debilitating or perhaps life threatening injury or illness, you are responsible for both caring for the hurt participant and leading the rest of the Crew. Take charge of the situation in a firm, calm way. Let both the injured person and the rest of your Crew see that you are in control of the situation and not being controlled by it.

One of our greatest challenges in this business of outdoor programming however, is that it is often difficult to put up "the wall of professionalism" that separates us from the human drama, trauma and sometime tragedy of the situation to which we are responding. The reason this happens, of course, is that rather than coming to the aid of patients we have never met, the patient will likely be a member of our group of wilderness travelers, and perhaps even a colleague or long time friend. And, we may in fact, like many outdoor leaders, be responsible for a decision that led to the original incident.

In the midst of the tremendous stress of such a situation, remember to care for yourself as well. Once the injured person is stabilized, calm and (relatively) comfortable, you may want to step away for a moment to give yourself space to plan what you will do next.

### **Aggravating Factors**

Bad weather, fatigue and uncertainty can further aggravate already stressful emergency situations. Evaluate the impact of existing conditions on your first aid treatment and evacuation plans. Prepare your Crew to deal with the situation you find yourselves in. Such factors might include:

- \* Fatigue
- \* Darkness
- \* Bad weather
- \* Absence of a written emergency response plan
- \* Unclear communications
- \* Unclear lines of authority
- \* Unstable group dynamics or peer pressure
- \* Radio malfunction
- \* Unknown terrain
- \* Unavailability of "permission to treat" forms

### **On site Incident Manager**

The On-site Incident Manager is generally the most senior person in the field, stabilizes the situation, and implements the Emergency Response Plan (ERP). This person is the on-site facilitator of communication and coordination among all personnel involved with management and documentation of the incident. The tasks of On-site Incident Manger include:

- Stabilizing the situation. In cases of injury, administer first aid
- Calling SCA's ERS system to notify SCA of the incident
- Implementing SCA's Emergency Response Plan (ERP)
- Establishing On-site emergency roles as necessary
- Preparing a written report of emergency details (who, what, when, where, how, etc.)
- When necessary, obtaining written accounts of incident from all witnesses (members, staff and others if appropriate)
- In the event of a fatality, do not move the body. Wait for legal authorities to arrive and conduct an investigation

### **Managing the Immediate Scene**

Safety is your number one priority. But you must stop and assess the scene before you assess the patient(s). Before you touch your patient, ask yourself four questions: What happened? Are you safe? Is the rest of your group safe? Is the injured/ill person in a safe environment? Think before you act. As soon as patient care begins, your ability to assess the larger scene for safety and mechanism of injury is greatly reduced by your specific focus on the patient.

Despite both your training and experience, managing a critical scene is very stressful and can be overwhelming. Imagine how you would feel if you were group leader of young adults and your route choice proved to be unsafe and led to the injury of two of your students. Unlike rescue personnel who maintain a level of "distance" from an anonymous patient, outdoor leaders typically know and are responsible for their patients. Another critical factor in this scenario is the possibility that, in some instances, the leaders may have played a role in causing the initial incident. It would be easy to become totally overwhelmed at such a moment.

The leader must be able to control these emotions in order to focus on the important issues of the moment - assuring scene safety, medical care of the patient, instituting the emergency response plan, and providing for the needs of the uninjured group members. Distracting emotions and concerns need to be moved into the "To Be Dealt With Later" file. These might include-though not limited to-pity or fear, thoughts about the long-term outcome of the illness or injury, guilt and feelings of personal responsibility, and the potential for professional and legal consequences. Although you must deal with these issues at some point after this critical stage, for now you need to concentrate on more immediate needs. By recognizing that these concerns will loom up in the midst of your

initial response and anticipating them as absolutely normal and appropriate, you will find it easier to focus your energies on the task at hand.

## **ADMINISTERING FIRST AID**

Your immediate concern after an accident occurs, or as an illness is developing is to administer first aid. After assuring that the accident site is safe and secure, attend to breathing, bleeding and consciousness first. Your training will kick in quickly as you assess the situation once immediate concerns are handled. Remember that prevention of shock, hypothermia and heat stroke may be pressing concerns as well.

Once you have stabilized the patient and are confident that you can ward off shock, do not leave him unattended. If it will be a long wait for evacuation, assign a rotating schedule to the crew to sit with him - through the night if necessary. This will allow you some quiet time or even some sleep. If the patient's condition worsens, the attendant should call you.

If the patient needs shelter and cannot (or should not) be moved, cut the floor out of a tent and erect it over him. Use one of the wilderness medicine manuals in your first aid kit to refer to for diagnosing and treating illnesses and injuries.

### **Administering Prescription Drugs**

Do not give prescription drugs to anyone, nor permit anyone on your Crew to take another participants' prescribed medications. Drugs can alter symptoms and behavior in undesirable ways. While you may be tempted to give painkillers such as codeine to someone in extreme pain, remember that pain is an important diagnostic symptom that may be critical in patient assessment. Additionally, there is always a risk of a severe reaction to an unfamiliar drug. If there is a situation going on that is making you consider administration of drugs, it is time to evacuate!

### **Systemic Anaphylactic Reactions and Epinephrine Administration Protocol**

For SCA's step-by-step Epinephrine Administration directions, refer to the FOS, Appendix 5.

### **Managing the Group as Well as the Patient**

When you are devoting much of your attention to managing an accident site or providing first aid to an injured participant, the other Crew Members may be uncertain as to what they should be doing. Do not neglect your responsibility to lead them during this time of anxiety and worry. They are concerned for the injured person and probably uncertain what to do.

Involve your Crew in helping you administer first aid and evacuate the injured person as much as is possible and safe. They will want to feel included and useful. If you have discussed safety and your emergency response plan as you should have, they will be mentally prepared to pitch in. If nothing else, at least direct them to sit down or to accomplish an easy task. This will give them something to concentrate on until you can interact with them and assign them more meaningful tasks.

If anyone on site becomes a nuisance rather than helpful, direct him to perform another task unrelated to the first aid/evacuation. If you suspect he may be suffering from emotional shock, have him work with a partner who can keep an eye on him. Witnesses of serious, gory accidents can easily go into shock without being noticed. Managing stress in the patient, yourself and the rest of the Crew may be the hardest and most important thing you do to ensure a smooth evacuation. Keep at it.

## **EMERGENCY CONTACT PROCEDURES**

SCA maintains a communication system that is referred to as either the Emergency Response System or the 24-Hour Contact system. In reality it is both – we just have a hard time getting Crew Leaders to call us sometimes because the term “emergency” seems too dramatic at times. Simply, it is an automated system utilizing a **toll free telephone number (800 - 976 - 6449 or 800 -YOSOGGY)** that rings directly into SCA’s New Hampshire office during business hours, and after hours, is rerouted to individual staff members serving as on-call Duty Officers. The intent of the system is to provide support to Crew Leaders, Agency Coordinators, participants and parents of participants so that they can contact SCA as needed, at any time.

First we will explain how to use this system, going through six possible steps. Then, we will explain our expectations of you and your obligations to us for using the system. So here we go – you have a situation requiring contacting SCA right away...

### **Part I. Your Agency Coordinator**

Remember to contact your Agency Coordinator, if you have not already done so, to alert him/her of the situation.

### **Part II. Contact SCA As Soon As Possible**

Contact SCA at the Regional Office to alert us of the situation. Do not ever fail to call, or delay calling, because of the hour or because “I didn’t want to bother a staff member.” It is critical for staff to be aware of any emergency, to know how it is being handled and to be able to lend SCA support in whatever way is appropriate.

#### ***During Normal Business Hours***

During normal office hours, 8:30 a.m. - 5 p.m. (Eastern Daylight Time), Monday through Friday, your call will be connected directly to your Regional Office. Explain that you are a HSP Crew Leader managing a situation requiring staff assistance, and need to speak with someone immediately. In this case proceed to Part III. *“Once You Have Reached a Staff Member.”*

#### ***After Hours, Holidays and Weekends***

If it is after 5:00 p.m. (Eastern Daylight Time), on a weekend or a holiday, you may not be able to reach your Regional Office SCA office but will instead get an SCA staff member who is serving on call as a Duty Officer. **24-Hour Response number is - 800-967-6449** SCA staff members are on call 24 hours a day during the field season. Regardless of whether the Duty Officer is someone you know, this staff member has been trained to serve as this critical link in the SCA Emergency Response System, and will provide you immediate support.

Call the 24-hour contact telephone number, **800-967-6449**, and you will be connected with SCA staff via a consistent phone number. Once connected, you will be ushered through three stages by voice prompts). In Stage 1, the caller will initially hear a main greeting followed by several options. After hours 5:00 pm (Eastern Daylight Time), you will be choosing option **2**. During Stage 2, you will be asked to enter another extension. After you enter this extension, the technology will then forward the call to the corresponding Duty Officer. The caller will be connected either to the staff member or to his or her personal voicemail.

### **Part III. Once You Reach an SCA Staff Member**

Once you reach an SCA staff member, be prepared to briefly describe the situation. It may not be a big emergency, and you may just need to talk to us for some reason, which is fine. But if it is a serious situation, like a medical emergency, be organized and have all pertinent information on hand. This includes:

- who the patient is
- what has happened
- what the present condition of the patient is
- where the patient is
- what the next step of treatment will be
- what you plan to do once he/she is released from the hospital
- what the status of the rest of the Crew is
- when and how you will next communicate with SCA

For other issues, including behavioral situations be prepared to offer information like: the current situation, type of help requested from SCA, next steps to be taken in the situation, and when and how you will next communicate with SCA. The Duty Officer will be writing all of this down, and may ask you to repeat things for clarity. She or he will also remind you of the need for documenting some types of situations.

### **Part IV. If You Can't Reach the Duty Officer**

This scenario occasionally happens. First, try calling **800-967-6449** again. If you can't reach the Duty Officer, begin calling the numbers on the Emergency Information wallet card. Remember that the Seattle and Oakland field office stays open three hours later than the New Hampshire, or DC offices. Again, this situation is unlikely, but happens occasionally.

### **Part V. Parental Contact**

SCA will contact the parents of the injured or ill participant in most cases. We will ALWAYS make the first contact if:

- A participant is lost or has disappeared
- The injury is life threatening
- There has been a fatality
- The situation remains unclear in any way
- The Crew Leader does not want to or cannot make the call

In the case that a participant has disclosed that they have been physically or sexually abused, it is critical that you not contact the parent or guardian, and rely on SCA to make contact with the appropriate authorities.

In some situations SCA may authorize you to call the parents yourself. There may be situations that it is better for you to call because you can answer questions in detail. This reassures parents that their child is indeed safe and in good hands. However, do not do this until you have discussed this with an SCA staff person.

### **When to Activate the 24 Hour Contact System**

We cannot emphasize enough how important it is that you strictly adhere to the criteria SCA has developed that requires you to activate the 24-hour contact system. Crew Leaders on occasion think that the situation is under control, or not worthy of the extra effort on either their own part, or on the Duty Officer's part. Experience, however, has taught us that this effort is necessary. In general:

1. When in doubt, use it!
2. It is not just for emergencies—it is for use in many emergency and non-emergency situations.
3. It's not for travel snafus—except as last resort.

Follow the contact procedures detailed above in the event of any of the following circumstances:

- A fatality.
- Unexpected loss of contact of over **one hour** with a Participant or Crew Leader, including failure to show up at designated meeting point.
- Environmental conditions threatening the health, welfare, or safety of the Crew (forest fires, weather, etc.).
- Any ongoing search and rescue activity affecting the Crew.
- Any visit to a hospital or clinic. Any visit to a medical professional of any kind (doctor, nurse, physician's assistant, EMT, etc.).
- Early departure of a Participant or Crew Leader for any reason.
- Failure of a Participant or Crew Leader to arrive at the designated meeting place at the beginning of a program.
- Serious differences of style or opinion between co-leaders which impact the program.
- Any conflict with the agency that impacts the program to the point of ineffectiveness, or significantly threatens the morale of the Participants.
- Destruction and/or loss of equipment (including vehicles) which is critical to the safety or success of the program or group.
- Any vehicle accident.
- Involvement of the SCA group in an incident that does not involve SCA, but in which SCA aids or participates in rendering assistance.
- Any substantive contact a Crew Leader makes to a Participant's parents or guardian regarding medical or behavioral concerns

- Disclosure by a participant of physical or sexual abuse.
- Any situation under suitable control, but under scrutiny of the media.
- Contact to Parent or Guardian regarding medical or behavioral concerns
- Any near miss
- Incident involving worker's compensation
- Dismissal of a Member
- Duty Officer/Staff does not feel qualified to manage the situation
- Admission to a hospital or clinic
- Situation involving law enforcement
- Evacuation for an SCA Member or staff
- Parent questions SCA authority or competency
- Dismissal or departure of SCA staff
- Political situation occurring at the host agency
- Life threatening conditions or potentially permanent disability to SCA member or staff
- Incident with significant media attention
- Missing person for over 24 hours

We insist that you follow through with this communication, but of course we also expect you to use your best judgment in the timeliness of the communication. Any situation listed above that brings you to town (or whatever counts as "civilization" in your area) should lead to a phone call at that time. Some situations, particularly in remote settings, may obviously require patience on our part.

## **AT THE HOSPITAL OR CLINIC**

### **Obtaining Medical Treatment**

Once you are at the emergency room, you have a different challenge ahead of you: negotiating the bureaucracy of the medical mine field. If time permits, SCA prefers to contact the participant's parents first to gain authorization for treatment. If there isn't time or if the parents cannot be contacted immediately, proceed with getting treatment. Present the permission to treat waiver that you have been carrying in your first aid kit to authorize treatment.

Also give the doctor the participant's medical certificate (medical history). Be prepared to give the admitting nurse insurance information, the participant's family policy number or SCA's accident coverage policy number.

### **Managing Insurance**

Use the following guidelines to submit the proper insurance information to the hospital or clinic. This information is pertinent for both participants and crew leaders.

### **Bills Under \$25.00**

If a bill is under \$25.00, pay for it out of your budget and be sure to get a receipt.

### **Bills When the Patient Has Insurance**

If the bill is over \$25.00 utilize the participant's personal or family insurance policy. The billing administrator at the medical facility will need the patient's insurance company name and policy number. These are found on the first page of their SCA medical certificate. The participant or Crew Leader needs to get a copy of the hospital's form describing what services were rendered to take home for personal records.

Patients covered by personal insurance policies should rely on their own policy, rather than SCA's. If the patient has personal insurance coverage **do not use SCA supplementary accident coverage.**

### **Bills for Accident Related Injuries When Patient Lacks Insurance**

SCA maintains an accident insurance policy that is be used only if no other insurance is available. Illness is not covered. Policy information is:

**AIG  
Accident Medical Expense Policy  
Policy # GTP 910953**

If the patient is a participant and has no health coverage, you can use SCA's policy to pay for treatment of accident related injuries (crew leaders will most likely use worker's comp). Give the hospital clerk a copy of the blank AIG claim form. The physician should fill out the space for the physician's statement on the back of the form. Fill in the rest of the information, using the completed sample form as a guide. Make a copy of the completed form with the physician's signature. Keep the copy in your files and send the original to SCA in Charlestown, attn: PSG Administrative Manager. SCA will note the claim and submit it to the appropriate provider.

At the risk of being redundant, we will remind you that this is accident insurance only. It **does not** cover sickness or health maintenance visits to a physician. And this insurance is only to be used if the patient does not have insurance – it is not permissible to either substitute this insurance for the patient's, or to use this insurance to cover costs not covered by the patient's insurance (deductible payments, for instance). SCA is **not responsible** for outstanding balances. This coverage expires 52 weeks after the accident occurs.

The address is:

AIG Claim Services  
A & H Claims Dept.  
PO Box 15701  
Wilmington, DE 19850-5701  
1-800-551-0824/301-661-4176

### **Bills for Illness Treatment When the Patient Lacks Insurance**

If your visit is for an emergency illness rather than an accident, you cannot use SCA's insurance coverage. (Past exceptions, though inconsistent, have included treatment for giardia).

### ***For Participants***

Paying for this type of treatment is entirely the family's responsibility. In these cases, it becomes even more important that SCA contact the parents to notify them of your plan to seek treatment for which they will be financially responsible. Hopefully, they will authorize that treatment. Once they do authorize treatment, all negotiation for payment should occur between the parents and the medical facility. Try not to get in the middle of things.

If the family refuses to authorize treatment for non-life threatening illnesses which you feel is necessary, contact SCA as per the ERS 24-hr Contact Line.

In the case of life-threatening or potentially life-threatening illnesses, get treatment regardless of the formalities of notifying parents or obtaining authorization (They have already signed an authorization form). SCA will negotiate with the family later about billing.

### ***For Crew leaders***

All staff members of SCA are covered by **SCA's Worker's Compensation Coverage**. The coverage is available at no cost to you. It provides medical treatment for injuries or illnesses resulting from legitimate work activities. As your employer, we will determine how the claim should be filed. **You are responsible for reporting the incident to your supervisor and relaying the specifics.** Be sure to contact your SCA supervisor within 24 hours of seeking treatment. Based on the insurance company's policy, failure to notify within 24 hours of treatment could jeopardize your ability to receive employer coverage. Consequently, if coverage is not granted, you are personally responsible for all medical costs associated with the injury or illness.

Coverage is also not provided if you sustained an injury or illness while participating in an off-duty function, social, or athletic activity that was not part of your work-related duties.

Even if you sustain an injury that does not need medical treatment, the incident must be reported.

SCA wants to emphasize that Crew Leaders should not let process interfere with making sound decisions about seeking medical attention. If the injury is severe, proceed to the nearest medical facility immediately. Do not let process cause an increased risk and jeopardize one's health. In such a circumstance, contact your supervisor after receiving the initial treatment.

### **Crew Leader Health Insurance**

Even though SCA's staff is covered regarding work related injuries and illnesses through worker's compensation coverage, we encourage all Crew Leaders to have personal health insurance while working for SCA. By being covered through personal health insurance, you have protection for non-work related illnesses and injuries. If you do not currently have personal health insurance coverage, SCA has found a very competitive short-term health plan through Star HRG/Fundamental Care (<http://www.starhrg.com/fundamentalcare/>). In addition to standard medical coverage for accidents and illnesses, it also covers prescription medications, dental work and vision care; as well as, a personal property protection plan. For more information, see Appendix "D".

### **Final Word on Paperwork and Insurance**

All of the above procedures are important for the sane management of our program, **BUT**, SCA strongly advises crew leaders not to let paperwork and insurance issues interfere with making sound decisions about seeking medical help. If delaying treatment places the patient at increased risk, proceed with treatment immediately. **Do not** place anyone in jeopardy to adhere to the formalities of SCA's contact system or to figure out the details of insurance and billing.

### **MANAGING THE MEDIA**

There is always the rare, but possible, chance that the emergency situation you are managing may attract the attention of the media. It is imperative that you focus your full attention on managing the situation and/or people for whom you are responsible, regardless of media inquiries. The fact of the matter is in the majority of cases your SCA Regional Coordinator or public information officer will interface with reporters.

If you have contact with the media concerning an accident or fatality, be patient and polite. Do your utmost to contact SCA first, and follow these guidelines:

**1. Do not participate in interviews or subject yourself to detailed questioning. Never give out the names of patients, victims or Crew Members.** Use the following script:

*"My name is (NAME) and I am a Crew Leader with the Student Conservation Association. I can confirm that we were involved in an incident at (Place and Time). At this time my only concern is with the health and safety of my Crew and can't get involved with any activities that will divert my focus from this responsibility. I hope that you will respect that. SCA will provide you with a statement through our designated Press Spokesperson as soon as details become available."*

2. If necessary, clarify with the media that your responsibility is to the affected individual(s) and your Crew, not to get involved with the press or in any other activity that will take your attention away from your responsibilities. SCA will provide a press statement through SCA's designated Press Spokesperson (currently Kevin Hamilton, Vice President of Public Relations and Communication) with all pertinent information as soon as possible. Try not to appear uncooperative or as if you are hiding information, but be firm in your insistence in following SCA protocol.

3. Through SCA's Duty Officer protocols, the Duty Officer managing the situation will bring to bear the full support of the organization, including the attention of the Crisis Response Team, Program Director, Director of Risk Management, President, and if necessary, Board of Directors and legal counsel.

Handing over responsibility for dealing with the media to the Media Spokesperson will take the media pressure off you. You will be preoccupied with the care of the affected individual(s) and/or the rest of your Crew.

4. Stay in regular contact with SCA to help SCA monitor reporting trends or to provide information for follow up releases.

Please follow the protocols outlined above carefully, despite any temptation to think that as long as the facts are communicated correctly, there should be no problem. We all value openness and honesty in our profession, and try to be as straightforward as we can in our interactions with others. However, remember well that your primary concern is the physical and emotional well being of the affected individual(s), your Crew, yourself, *and* SCA. Under emergency conditions, the media are not your primary concern and should media communications become a priority, others at SCA will be responsible for communicating with and through them.

## **CONCLUSION**

SCA has a remarkable safety record, but that doesn't mean that challenging situations do not occur every year in the field. Think ahead, be prepared for the contingencies you have identified, and use your best judgment in evaluating and responding to whatever situation you face. You will persevere, as have so many SCA Crew Leaders before you. You will have the support of the entire SCA organization, the full support of your agency, and of your Crew.