

4-H S.A.F.E.T.Y. Emergency Plan



This plan should consider

- Potential risks and procedures to handle them.
- Minor incidents/first aid kit: Who will treat or determine the treatment procedure?
- Access to emergency medical treatment: Telephone on site, phone numbers to call, transportation, directions to nearest medical facility.
- Two-deep leadership: At least two adults on hand, both knowing the plan and procedures.
- Natural catastrophe procedure: Fire, tornado, lightning, etc.

Example

Discipline: Archery

Potential Risks and Procedures Planned

Before any range activity takes place, inspect the range and any equipment used. If the range and/or any equipment is found to be inadequate, the practice or event may need to be rescheduled until the potential risk has been removed.

Brief all agents and volunteers on the emergency plan and procedures to follow.

Minor incident that requires first aid:

Dr. Paula Threadgill and Brad Staton will administer first aid.

Cobie Rutherford and Courtney Headley will maintain participants on the range.

Sylvia Clark will make sure an incident form is filled out and provided to the Extension agent.

Emergency Contacts and Telephone Numbers

Emergency service (contact first):

4-H staff:

Associate director: Dr. Paula Threadgill, 662-325-3350 (office), 662-312-0615 (cell)

4-H S.A.F.E.T.Y. state coordinator: Dr. Paula Threadgill, 662-325-3350 (office), 662-312-0615 (cell)

Regional Extension coordinator:

Local law enforcement:

Natural Catastrophe Procedures

Fire: Sylvia Clark and Cobie Rutherford will be responsible for contacting the fire department.

Dr. Paula Threadgill and Courtney Headley will be responsible for making sure that the participants and remaining volunteers are in a safe area.

Tornado: Courtney Headley and Brad Staton will lead all 4-H members and volunteers to the tornado safe place located at the inner room of the range house. Sylvia Clark and Dr. Paula Threadgill will monitor local weather via cell phone to determine when the danger has passed.

Lightning: Cobie Rutherford and Dr. Paula Threadgill will make sure that the range is cleared and all 4-H members and volunteers are located in the inner room of the range house. Sylvia Clark and Courtney Headley will monitor the weather via cell phone. **ALL** activities will cease for 30 minutes from when the last lightning flash occurred.

Emergency Checklist

Following is a checklist of procedures to follow for 4-H S.A.F.E.T.Y. activities.

First Aid

Emergency phone numbers posted:

| | | |
|----------------------|-----|----|
| Fire department | Yes | No |
| Doctor | Yes | No |
| Hospital | Yes | No |
| Emergency responders | Yes | No |

| | | |
|--|-----|----|
| Designated person to call emergency responders in case of accident | Yes | No |
| Employees/volunteers trained in first aid procedures | Yes | No |
| Employees/volunteers trained in CPR procedures | Yes | No |
| First aid supplies maintained | Yes | No |
| First aid supplies and procedures checked on a regular basis | Yes | No |
| All secondary injuries reported to parents/guardians | Yes | No |
| Signed 4-H health forms at site and in traveling binder | Yes | No |

Medical Facilities

| | | |
|---|-----|----|
| Physician or clinic designated for referral of injuries | Yes | No |
| Emergency responders notified of event/meetings | Yes | No |

Safety Review

Key operational and product hazards identified:

| | | |
|-----------------|-----|----|
| Before accident | Yes | No |
| After accident | Yes | No |

| | | |
|--|-----|----|
| Only program-approved equipment purchased and used | Yes | No |
| Safety and security review of new facilities and operations | Yes | No |
| Procedure for compliance with government regulatory requirements | Yes | No |

Lightning Emergencies

Written plan for emergency action and recovery:

| | | |
|----------------------|-----|----|
| Fire and explosion | Yes | No |
| Tornado and flood | Yes | No |
| Evacuation procedure | Yes | No |
| Recovery plan | Yes | No |

Provisions

| | | |
|--|-----|----|
| Copies of vital records, health forms, and consent forms | Yes | No |
| Temporary equipment | Yes | No |
| Guidelines for handling 4-H funds followed | Yes | No |

Provisions (continued)

| | | |
|---|-----|----|
| Personnel trained to report suspicious persons | Yes | No |
| Exterior access down-range barricaded off or locked | Yes | No |

Transportation

| | | |
|--|-----|----|
| County driving policy followed | Yes | No |
| Written driving rules circulated | Yes | No |
| A plan to ensure youth are picked up by proper person(s) | Yes | No |

Accident Review

| | | |
|------------------------------------|-----|----|
| Organization reviews all accidents | Yes | No |
|------------------------------------|-----|----|

Child Protection and Required Forms

| | | |
|--|-----|----|
| All adults helping with program have been approved by the county Extension office | Yes | No |
| All participants have a medical form filled out and signed by parent/guardian | Yes | No |
| All participants have a parental consent form filled out and signed by parent/guardian | Yes | No |

Supervision

| | | |
|---|-----|----|
| Establish in writing what levels of supervision are required during a 4-H S.A.F.E.T.Y. event | Yes | No |
| All adults helping with activity have been trained according to WV 4-H Shooting Sports Policy | Yes | No |

Records

| | | |
|--|-----|----|
| Up-to-date records of training activities kept | Yes | No |
| All equipment and sites have been inspected by a qualified individual and a log kept | Yes | No |
| Equipment fits shooters | Yes | No |

Warnings

The following signs are posted at trainings and activities:

| | | |
|-----------------------------------|-----|----|
| Range rules | Yes | No |
| Range commands | Yes | No |
| Do not enter signs on all entries | Yes | No |
| Other signs as needed | Yes | No |

| | | |
|---|-----|----|
| Students are instructed and understand the inherent risks of shooting sports activities | Yes | No |
| All participants required to wear safety equipment appropriate to activity | Yes | No |

Adequate and Safe Equipment

| | | |
|--|-----|----|
| Proper for the program | Yes | No |
| Fits participants | Yes | No |
| Mechanically safe | Yes | No |
| Inspected and certified by a qualified individual before each activity | Yes | No |
| Equipment log maintained for all equipment | Yes | No |
| Backstops/targets in good working condition | Yes | No |

Adequate and Safe Equipment (continued)

| | | |
|--|-----|----|
| Equipment stored on site in a locked room with key access available only to certified instructors or their appointed designees | Yes | No |
| Stored at instructors' place of residence | Yes | No |

Inspection of Premises

| | | |
|--|-----|----|
| Lighting is adequate, including stairways | Yes | No |
| Emergency lighting needed | Yes | No |
| Overloaded electrical circuits | Yes | No |
| Use of extension cords forbidden | Yes | No |
| Handrails on stairs in good repair | Yes | No |
| Loose treads on stairways | Yes | No |
| Loose carpets or tiles on floors | Yes | No |
| Adequate space between gas and electric equipment and combustibles | Yes | No |
| Combustibles stored under stairs or in concealed spaces | Yes | No |
| Smoking forbidden or restricted | Yes | No |
| Trash removed after each session | Yes | No |
| Fire extinguishers located throughout premises, including kitchen | Yes | No |
| Maintained in good condition | Yes | No |
| Personnel trained in proper usage | Yes | No |
| Personnel trained in fire procedures | Yes | No |
| Restrooms kept safe and sanitary | Yes | No |
| Range swept (cleaned) and returned to arrival condition | Yes | No |

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