This is a Fillable Word form. Add or remove details relevant to your location. The text boxes will expand as you type. If you would like to print the form and complete it by hand, please use the PDF form, which has larger text boxes.

# Instructions:

* Have on hand at all activities
* Share this plan with all supervisors before meetings or the activity
* When any situation mentioned in the SG.4 occurs, an Incident Report (INS.01) is completed.
* For Pathfinder and Ranger activities with only one Guider present, always review the SG.4 with your unit, and inform them of where a copy will be throughout the activity.

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| Unit(s): | Today’s Date (mm/dd/yy): |
| Unit meeting/Activity/event/camp: Outdoor Experience YCMA Camp Henry | Date(s) of activity (mm/dd/yy): |
| At the activity, attach to your emergency response information: | |
| ¨ A list of participants with emergency contacts ¨ Schedule of activities or itinerary | |

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| Resource | | Non-emergency numbers | Specific instructions for communicating:  We are a group of       (number of people.)  Our 911 civic address is: ​​1118 Point Pelee Road, in the National Park, signs for Camp Henry​  \*Always let emergency services hang up first. |
| EMS ambulance | 911 | EMS: ​​(519) 637-3098​​ |
| Fire | Fire: (519) 326-6291 |
| Police | Police: (519) 326-2544 |
| Commissioner or ACL: | | |
| Home Contact Person: | | |
| GGC Provincial emergency contact: 416-926-2350 | | |
| Facility/Site Contact: Camp Director (519) 322-1970 | | |
| Poison Control: ​1-800-268-9017 (Ontario Poison Centre) | | |
| Public Health Unit: Windsor-Essex County Health Unit  : ​Dr. Shanker Nesathurai  1005 Ouellette Avenue  Windsor, ON  N9A 4J8  ​​Phone No.: 519-258-2146; after hour: 519-973-4510 | | |
| Suicide Crisis Line: 988 | | |
| Child Protective Services: | | |
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**Instructions for completing this form**

* All sections on the first page of this form must be completed.
* All sections in “**red**” text below must be completed, including completing the “Unit/activity specific needs (required)” box.
* All the information in the “Response Steps (edit for your unit and location)” boxes may be edited to best suit your activity or unit.
* Text boxes will expand to fit more text.

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| Missing Person | Response Steps (edit for your unit and location) |
| Lead Guider:  Alternate  Guider:  Health forms and rosters are located:  Risk management strategies:   * Implement a buddy system at the start of the activity * (insert name) will do a buddy call every       minutes. | Person is noticed missing   * Stop the activity and take attendance * Ask for the last place and time anyone has seen the missing person   Search   * All girls stay together. If possible, have one adult stay with them. * Other adults search all recently visited locations. * Use clear, calm voices to call the person’s name. Make it clear they are not in trouble.   First search spaces familiar to the missing person. List areas at your activity location:   * Washrooms   Search high risk locations:   * Roads, sidewalks * Utility and electrical closets * Nearby water: pools, ponds, streams, culverts   **Report** (after all locations have been searched or 15 mins passed)  For missing girl:   * Call caregivers, emergency contact or pick-up person to let them know person is missing. * Ask if person was picked up without informing Guider * For missing adult: * Call emergency contact to let them know person is missing. * Ask if they have heard from the person.   **Call Emergency Services** (after 20 mins since person was noticed missing)  For missing girl:   * After caregiver has been notified, girl remains missing, and 20 minutes have passed since the start of the search, call emergency services to notify them of a missing girl. * Use the girl’s H.1 to tell emergency services if there are any medical or behavioural concerns * Keep searching until Emergency Services arrive. * Ask other units, community groups, or bystanders to be aware of any suspicious activity, or if they noticed any unaccompanied youth around.   For missing adult:   * Keep searching until Emergency Services arrive. * Ask other units, community groups, or bystanders to be aware of any suspicious activity, or if they noticed any unaccompanied youth around. * Once the situation is stable enough, contact the Provincial Emergency Contact to inform them of the incident.   At the discretion of the Responsible Guider (or Provincial Council delegate), the activity may continue if there are sufficient Supervisors to stay in ratio. In this case all caregivers must be informed of the incident at pick-up (of via email/phone if girl leaves meeting on their own). |
| Unit/activity specific needs (required) | |

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| Evacuation | Response Steps (edit for your unit and location) |
| Lead Guider:  Alternate Guider:  Description of gathering location (muster point) at this activity:  People who may need extra support while evacuating:  Risk management strategies:   * We will run a practice evacuation at the start of the activity, so all girls know where to meet. | In all situations, contact caregivers to pick-up girls if the activity cannot safely continue.  Structure Fire:   * Girls will be instructed to move to gathering location (muster point) * Guider will take attendance * Call 911 if they have not yet been notified of the fire   Flooding:   * Guider will move all girls to higher ground * Guider will take attendance * Inform building/facility of flood   Gas leak:   * Girls will be instructed to move to gathering location (muster point) * Guider will take attendance * Call the fire department to report potential gas leak, and contact your building/facility contact to inform them * Do not re-enter the building until given the all-clear from authorities   Forest Fire:   * Girls will be instructed to move to gathering location (muster point) * Guider will take attendance * Call 911 if they have not yet been notified   Geographically specific evacuations (add/delete/edit as relevant to your location)  Tornado:   * Guider will move all girls to the lowest place in the building, ideally the basement * Guider will take attendance * All members stay in the basement until given the all-clear from authorities or the storm has passed   Tsunami:   * All members will move as quickly as possible to the highest possible location: * Guider will take attendance * Remain at that location until emergency personnel have advised it is safe to move/return   Earthquake:  Use Duck, Cover, Hold within the immediate area underneath solid protection (tables in shelters/cabins, beds) or in small groups hug tree trunks until shaking has stopped for several minutes |
| Unit/activity specific needs (required) | |

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| Unwanted Visitor | Response Steps (edit for your unit and location) |
| Lead Guider:  Alternate Guider:  The secure room at our location is:  Likely animals to encounter at this location:  Risk management strategies:   * No food will be allowed in tents | Human:   * If the Guider feels comfortable, approach the person, away from the girls if possible, and ask them to leave the area * Once they have left, lock the door behind them * If the Guider immediately does not feel comfortable, remove the girls from the situation, move to the secure room, and contact authorities * If there is no lock, barricade doors, and remain quiet   Animal:   * Guider will remove all girls from the general area. * For animals that pose no threat, try to remove the animal. * Guider will then contact the property to inform them and ask them to remove it if it has not yet been removed. * If the animal poses a threat to the unit, contact animal control.   If there is no area to safely continue with the activity, contact caregivers to pick up girls. |
| Unit/activity specific needs (required) | |

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| Medical Emergency | Response Steps (edit for your unit and location) |
| First Aider(s):      Guider responsible for group management:  The first aid kit location:  Known medical concerns to be aware of:  Risk management strategies:   * Health forms are reviewed, and caregivers are asked to update them regularly. | * Supervisor who has the highest level of first aid will attend to the person. * The second Supervisor will call 911. If there is no second Supervisor, a girl member will be directed to call 911. * If there is a third Supervisor, or a Junior Leader, they will move the rest of the group away from the scene. * One adult or Junior Leader will go to the entrance to direct EMS to the location of the incident. * If there are enough Supervisors, or the patient is stable enough, one Guider secures the health form for the victim, and contacts caregiver, or other emergency contact. * The health form should be given to paramedics and sent with the girl unless paramedics say otherwise.   \* A Supervisor may accompany the person with EMS if it does not compromise the safety of the group and at least one First Aider remains with the group.   * Supervisor will confirm with the paramedics which hospital the person will be transported to. * Guiders will contact the caregiver(s) to inform them of incident and provide the hospital name and location. If a Supervisor accompanied the person to the hospital, and they have a cell phone, provide the cell phone number to the caregiver (with permission). * Once the situation is stable enough, contact the Provincial Emergency Contact to inform them of the incident.   At the discretion of the Responsible Guider (or Provincial Council delegate), the activity may continue if there are sufficient Supervisors to stay in ratio. In this case all caregivers must be informed of the incident at pick-up (of via email/phone if girl leaves meeting on their own). |
| Unit/activity specific needs (required) | |

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| Girl not picked up | Response Steps (edit for your unit and location) |
| Lead Guider:  Alternate Guider:  Risk management strategies:   * At drop-off confirm pick-up time and location | If a girl member has not been picked up       minutes after scheduled pick-up time:   * Contact primary caregiver. If no answer, leave a message with a return phone number. * Continue through all phone numbers listed on the H.1, and all phone numbers listed on the roster. * If possible, also send text messages, and emails to all known contacts. * Ask the girl if they know of any other phone numbers and try those. * If the girl has not been picked up after       (time), and no contact with any listed person can be made, Guiders should use the non-emergency police line to contact authorities. This is a last resort.   If caregiver is reachable, but will be delayed, ask for permission from the guardian for the girl member to go home with another girl member. |
| Unit/activity specific needs (required) | |

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| Communicable Illness | Response Steps (edit for your unit and location) |
| Lead Guider:  Alternate Guider:  Risk management strategies:   * All members are reminded to stay home if unwell * The first aid kit contains hand sanitizer and PPE. | If a girl begins to exhibit symptoms of a communicable illness:   * Caregivers will be immediately contacted to pick up. * Girl will be asked to keep their distance, wash their hands, and wait for pick-up.   If an adult begins to exhibit symptoms of a communicable illness:   * If possible have them leave immediately. * If ratio cannot be maintained, and the Guider feels well enough to stay, they will keep distanced and masked (if possible) and begin to contact caregivers for pick-up.   Guider will leave once ratio can be maintained. |
| Unit/activity specific needs (required) | |

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| Behavioural Concerns | Response Steps (edit for your unit and location) |
| Lead Guider:  Alternate Guider:  Members with support strategies already in place: | Mental Health:   * Guider will speak with the girl and determine severity. If the girl is not in imminent danger, Guider will notify caregivers * If it is a crisis situation, Guider will call the Suicide Crisis Line   Behavioural:   * Guider consults other Supervisors to determine if the girl needs to be picked up, or can remain at the current activity with modifications or support * Guider will inform caregivers, and work with them on a strategy for future activities   If the code of conduct has been broken, Guider will seek further support from their AC/DC or ACL. |
| Unit/activity specific needs (required) | |

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| Other: | Response Steps (edit for your unit and location) |
| Lead Guider:  Alternate Guider:  Risk management strategies: |  |

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| Other: | Response Steps (edit for your unit and location) |
| Lead Guider:  Alternate Guider:  Risk management strategies: |  |

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| Other: | Response Steps (edit for your unit and location) |
| Lead Guider:  Alternate Guider:  Risk management strategies: |  |

## Serious Incident Management

A **serious incident**is defined as an incident that may require urgent response or outside support and may or may not impact the ability of GGC to operate. There are two types of serious incidents 1) an **emergency**and 2) a **crisis**.

An **emergency** is a serious incident that falls within the scope of the organization’s resources to respond to. It does not threaten GGC’s ability to operate. **Emergencies** can involve any of the following:

* A situation which requires assistance from authorities (fire, police, ambulance, etc.)
* Participants who are emotionally and/or psychologically distressed
* Behaviour that severely impacts other people
* Serious illness or injury (threat to life of limb)

A **crisis** is an event that is, or has the potential to be, a turning point in the organization. A crisis may overwhelm the organization’s available staff and resources and impact its ability to operate.

Examples of crisis may include:

* A fatality during a GGC activity or at a GGC-owned or operated site
* A multiple injury or illness incident during GGC activity or at GGC-owned or operated site
* Any incident which would have future negligence and/or criminal repercussions
* Any significant vehicle incident
* A missing girl or adult (who is not located after preliminary search as outlined in Safe Guide)
* An active shooter
* A natural disaster such as a flood, forest fire, earthquake, ice storm, etc.

## Communications Plan Guidelines

A Communications Plan is the written set of instructions to follow for contacting emergency agencies, GGC authorities and parents/caregivers in the event of a serious incident and is incorporated into your Emergency and Crisis Response Plan (SG.4). The plan covers a number of functions that need to occur to smoothly manage serious incident communications.

## Communication during an Emergency

For most emergency situations, the communications pattern in an emergency would look something like this:

1. The Responsible Guider or Substitute Group Leader contacts:
   1. EMS and/or other local authorities, when necessary
   2. Group members (to provide reassurance)
   3. Home Contact Person (if applicable to your activity)
2. Home Contact Person (where applicable) or Responsible Guider makes initial contact with caregiver(s)/parent(s)/guardian(s) to provide status report and next steps.
3. Notify the Provincial Commissioner or Provincial Council Emergency Contact. Check your provincial office or website for the emergency contact number. Or ask your District Commissioner/ACL to help you reach them.
4. Provide the Provincial Commissioner or Provincial Council Emergency Contact with details of the incident. Use the script with the Emergency and Crisis Response Plan (SG.4) as a guide. She will inform and follow up with the appropriate national contacts.
5. After dealing with immediate needs, Responsible Guider or Substitute Group Leader may contact caregiver(s)/parent(s)/guardian(s) personally to discuss further details, answer questions and problem solve where applicable.
6. Do not talk to the media.
7. Notify all participants that they must not use cell phones or send electronic messages to friends and family.
8. The appropriate person to contact the parent(s)/guardian(s) and others as necessary will depend on specific circumstances and will be determined at the national level.

Any media inquiries received by GGC members must be referred immediately to the national office. An appropriate response to the media would be:

“I’m sorry, our policy is for all media inquiries to go through the national office. Please contact them and the appropriate person will respond to you as soon as they are available. The phone number is (416) 487-5281.”