

## Emergency Procedures

### Field Staff Response at Scene

1. Manage the situation in the field with human health, safety and well-being as the top priority. Work to ensure

that scene is safe for all uninjured parties.

a. Assess and stabilize the situation. Provide pre-hospital emergency care according to the accepted procedures for the level of training you have.

b. Comfort and reassure the patient and others present.

c. Assess the patient and begin a written record on the Hiked accident/injury/incident form, or similar documentation.

Develop a plan. If planning for rescue and evacuation, make a backup plan as well. Do not assume immediate outside assistance.

d. If the patient is over 18 and refuses care that is apparently needed, have the patient sign a release

acknowledging their refusal of care.

e. Minors cannot legally refuse treatment.

2. If outside assistance is necessary, call 000. The dispatcher will connect with the relevant emergency medical response.

a. Determine the closest (in time) emergency vehicle or phone location and mark the route to this point on a map.

b. Make a plan for next contact once initial contact is made.

3. If unable to call from your location, send at least two "runners" to initiate outside assistance. The "runners" should take the following:

- Emergency report (may include copy of patient care form; names of all persons with patient; condition

of group, time, temperature, precipitation, and wind upon departure; map marked with patient's location; and other pertinent information regarding location and state of patient's condition).

- Pertinent information from patient's medical form (if applicable) including emergency contact information.

- Necessary equipment, food, water, maps and other items to maintain health and well-being of the "runner" team.

4. Documentation is important. The accident/injury/incident report begins with and are based on what is

written on the scene. Start taking notes immediately on the Hiked Incident Form. If it is necessary to send

for help, take a copy of the first aid treatment and pertinent information from the patient's medical form so that

responders know what to expect.

### Evacuations

1. The mode and urgency of the evacuation should be appropriate for the injury, illness or problem.

Field staff

must use their judgment to determine the seriousness of each situation, however, the following conditions

supersede instructor judgment and require an evacuation from the field:

- a. Head injury or blow to the head resulting in loss of consciousness or altered mental status
- b. Any injury or illness related loss of consciousness
- c. Seizure
- d. Suspected spinal injury
- e. Use of epinephrine
- f. Near drowning
- g. Lightning strike

2. Evacuation of participants may be considered for medical or behavioral reasons. When considering an

evacuation, the following items should be performed/analyzed in an attempt to match the evacuation method

and expediency with the nature and severity of the problem:

- a. Work to ensure the participant's condition is stabilized as much as possible.
- b. The well being of the rest of the group should be a priority.
- c. The type of evacuation should be determined by:
  - Patient's condition – Can they walk out or do they need transport?
  - Group location.
  - Availability of outside help if required. (The safety of in-coming rescuers must be considered).
  - Group age, group condition, resources and equipment.
  - Terrain and weather.

3. Some evacuation options include:

- a. Participant walks out escorted by a self-sufficient evacuation team.
- b. Hiked staff/leader(s) are sent into the field to meet the group and evacuate the participant.
- c. Patient is carried out by group or by a rescue team.

4. If a participant is 18 years of age or older and chooses to leave a trip or program, it is their right to do so.

However, efforts should be made to address issues that are contributing to the participants desire to leave. If

these efforts fail, participants should be encouraged to remain with the group until reaching the most ideal

evacuation point.

5. In the event that an adult participant chooses to self evacuate from the group and the instructors have (a) made

all attempts to convince them to stay with the group and (b) determined that it is not in the best interest of all of

the participants to evacuate the entire group, field staff should attempt to obtain written refusal of treatment and

desire to leave the trip, signed by the patient and a witness.