Ithaca College OAL Immersion Semester Program

SAFETY AND RISK MANAGEMENT PLAN

Ithaca College
Office of Risk Management
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Part One

Risk Assessment/Hazard Analysis:

- OAL ISP facilitators must conduct a risk assessment and hazard analysis for all portions of the OAL ISP using appropriate forms and lines of communication.
- This risk assessment identifies hazards and associated inherent risks and measures for managing staff and participant exposure to these risks.
- Risk assessment occurs 1) prior to the program using various resources such as guidebooks, personal knowledge or input from the staff, and 2) during the activity when faced with real or potential hazards and obstacles (e.g., inspecting and cleaning a rock buttress or loose rocks prior to conducting a top rope or rappel activity or scouting a whitewater rapid from shore before running it).
- Prior to an outing's start, OAL ISP facilitators must inform participants of the nature and goals of the program, its requirements regarding physical conditioning and behavior, and the possible consequences of not meeting these requirements.
- Participants must recognize and acknowledge the inherent risks associated with participation.
- Each participant must recognize that they are always responsible for their own well-being and the well being of the group they belong to.
- All participants are required to complete a Medical History Form with a physician prior to participation.
- All persons participating in the OAL ISP must sign the Policies and Information form, recognizing the required conduct of participants.
- All persons participating in OAL ISP activities and courses must sign the Acknowledgement of Risk form, recognizing possible risks involved.
- OAL ISP facilitators must receive all forms prior to departure from campus. If an individual fails to complete all forms, he/she will not be permitted to participate and subject to the refund policy of the course fee.
- Participants under age 18 must have a parents or guardian sign the Medical History Form as well as the Acknowledgement of Risk Form.

Alcohol/Drug Policy:

- The OAL ISP has a policy of no alcohol or drug use that is enforced during all of its field based activities and courses. Alcohol and drugs are also prohibited in vehicles and on premises furnished by the college.
- Both cigarettes and chewing tobacco fall under this category and are prohibited following the above standards.
- This policy applies to all participants, employees and volunteers.

Medical History:

- All facilitators and participants of OAL ISP Activities must go through an appropriate exchange of medical information prior to a program's beginning.
- Facilitator and participant health information is reviewed by appropriate and applicable personnel prior to a course and the information is properly managed and stored.
- Facilitators must fill self-screen and sign a Medical History For.
- Participants must fill out and sign a Medical History Form with a physician.
- Once this form is complete the originals are sent to the Hammond Health Center to be added to the students medical records.
- Field copies must be destroyed at the end of each semester.

Part Two

Safety Management Plan:

* Before each portion, OAL ISP facilitators must file and receive approval for their LOP (Local Operating Procedures) from the department chair. The variability of emergency situations may dictate the order of response; remember no two situations are the same. It takes the judgment/decision making abilities of the facilitator to ensure the appropriate measures are taken.

- Assess the situation.
- The person with the highest level of first aid training should begin to provide first aid.
- Immediately see the Incident Report in the first aid kit and use it to record patient condition.
- Decide whether the incident is a Level I, II, III, IV emergency.
- Designate a staff member or participant to write down everything that transpires (times, locations, names) in a detailed manner.

Incident Levels

Level I – (Evacuation Required if Applicable)

Death
Severe Injury
Lost participant
Major environmental situation
Any incident resulting in possible neck or spine injury

Level II – (Evacuation Required if Applicable)

Moderate injuries that require a physician
Unstable Broken bones
Severe laceration
Moderate to severe cold injury
Any other moderate to severe medical condition
Moderate environnemental situation

Level III – (Evacuation Required if Applicable)

Stable Broken Bones
Reducible dislocations

Level IV

Minor medical situation; minor lacerations, controllable cold injury, sprains
Minor mental health situation

Evacuation Protocols

If evacuation is necessary, and can be executed in a safe manner (for all parties involved), and no outside assistance is required:

- package patient appropriately
- use extreme care in transporting patient
- return to the nearest trailhead
- Instigate emergency contact protocols listed below.

If evacuation is necessary, and can be executed with no outside help, but you desire an emergency vehicle at the trailhead:

- leave the person with the highest level of first aid training with the patient
- send a minimum of two "runners" ahead of the evacuation party with the emergency contact protocols listed below and the patient information.
- "runners" will initiate the emergency contact protocols listed below.

If evacuation is necessary, but EMS assistance is required:

- Remove patient from possible further injury.
- Stabilize patient in as comfortable a manner as possible.
- Regularly monitor vitals.
- leave a staff member with the highest level of first aid training with the patient.
- decide what type of assistance/evacuation is necessary (trail carry, horse back, snowmobile, vertical evacuation, 4wd vehicle, helicopter)
- send a minimum of two "runners" ahead of the evacuation party with the emergency contact protocols listed below.
- "runners" will initiate the emergency contact protocols listed below.

If you cannot get in communication with the appropriate emergency contacts listed in the emergency contact protocols immediately, and someone is being transported to the hospital:

- notify the contact person indicated on their Medical History form.
- Inform them of the facts of the situation and let them know what action has been taken.
- Do not discuss the incident in detail with them until after you have reached the emergency contacts listed in the emergency contact protocols.
- Continue to try to reach the emergency contacts listed in the emergency contact protocols.
- Closely monitor patient - continue with required treatment until replaced by a more qualified individual.

Lost Client

- Designate base area.
- Interview people with pertinent info & record on missing person report.
- Determine Point Last Seen (PLS).
- Organize clients for search with a predetermined meeting time back at base area.
- Organize a hasty search in areas of high probability.

- During initial search one staff needs to record times & events.
- Organize grid search.
- If person is not found after a grid search send for help.
- Flag & record on map any clues that are found.
- Do frequent head counts.
- Send out runners to initiate emergency contact protocols.

Death

- Remove clients from site.
- Do not disturb site.
- Record and describe.
- Send out runners to initiate emergency contact protocols.

* Once the emergency has been determined and initial response to the situation has started, the following are recommended steps of action:

Look After Group

- If possible get participants involved by delegating responsibilities.
- Preoccupy clients by:
  - Cooking food/preparing hot drinks.
  - Prepare equipment for camp or evacuation.
  - Build a stretcher.
  - Scout/break trail.
  - Prepare landing site.

Develop a Plan

- What are you going to do now?
- Consider the following:
  - Severity of injury.
  - Can the victim walk/ski/paddle on their own?
  - Distance to nearest road.

Communications and Media Relations Principles

In a crisis, Ithaca College must respond immediately and be open and candid in disseminating accurate and complete information to the public. The communications portion of the emergency response plan presumes that it is in the College's interest to take a pre-emptive approach to public relations in a crisis and that our preferred strategy will be one of forthcoming disclosure of as much confirmed information as possible. The goal is to minimize speculation, inaccurate reporting, and negative publicity. By acting in this manner, the institution has more influence on what the media reports and acts to end the public relations aspect of a crisis as quickly as possible.

Communication with the Campus Community

When a crisis initially occurs, basic information will be provided to the dispatcher at the Office of Public Safety and the Information Desk in the Campus Center by the CERT so that these operations can most effectively respond to incoming phone calls and inquiries.

The following strategies can/will be utilized in a crisis to communicate with the campus community:

- For faculty and staff, voice mail can be utilized to send out basic information regarding a crisis.
- If the campus network is available for use, an emergency alert message could be sent to all faculty, staff, and students via e-mail.
- If voice and data capabilities are not available, the Emerson Suites will be used as a central on-campus location where offices and individuals could go to receive information about the emergency. Printed information will be made available at this location for distribution on-campus.
- All Public Safety patrol vehicles have loudspeaker capability. Patrol vehicles can be used to announce messages on campus at various locations to alert the community to the emergency and what steps should be taken.

Strategies for Working with the Media

1. Working quickly and proactively is imperative. Journalists tend to report the first information they get. If information is slow in coming it invites speculative coverage.
2. The media should be given as much information as possible. When information is withheld, we run the risk of inaccurate reporting, negative editorials, and damaging future media relations.
3. While communication following an incident is reactive by nature, the goal of media relations officers is to turn the situation into a proactive communications opportunity. Typically positive messages can follow negative actions. For example, disruption of a lecture being given by a controversial speaker is an opportunity to discuss the College's commitment to providing a forum for expression of all ideas.

Office of Media Relations Responsibilities

1. Media Relations will assist in developing strategy and appropriate messages, in preparing "talking points" and fact sheets, and in providing text for fliers/posters, e-mail distributions, and postings to the Ithaca College website. Media Relations will prepare and distribute all news releases to on-campus and off-campus media.
2. The Director of Media Relations (or designee) will serve by default as the College's official spokesperson to whom media questions will be referred. Where major incidents are concerned, or where especially sensitive issues are involved, an appropriate informed high-level administrator (vice president, associate/assistant vice president, dean, e.g.) will be designated as official spokesperson throughout the particular crisis-reporting period. This individual must be available and accessible to the media relations office and/or news media at all times during the crisis. Responsibilities to media may include participating in press conferences and being interviewed in person or by telephone.

Office of Media Relations Emergency Response Checklist

1. Immediately respond to the emergency and the needs of the news media.
2. Consult with pertinent administrators and the CERT to determine the level of response needed.
3. Work with law enforcement and emergency services (if involved) and College personnel to develop facts. Draft talking points, fact sheets, flier/poster text, e-mail, website posting, emergency closing hot line/information desk recordings, and news releases as appropriate.

4. Distribute news releases to media.
5. Be available to the media until the crisis is over and media interest abates.
6. Delegate information gathering and distribution responsibilities to other College officials as appropriate.

Response Levels

The Media Relations Office will respond according to the level of crisis using the following rankings:

1. Crisis media response
2. Timely media response
3. Routine or non-media response

Response level 1 will always be in effect when emergency level 1 (disaster) or 2 (major emergency) are in effect. Response level 2 will be in effect in most cases for emergency level 3 (minor emergency). By definition, response level 3 would not be used in any case in which the Emergency Response Plan is activated.

Crisis Media Response

These incidents are certain to have a high media interest and an expectation for immediate reporting, along with a concomitant impact on the College's public image. Immediate notification must be made to the Media relations Office and immediate action taken by it, 24 hours a day, 365 days a year.

Every reasonable effort should be made to release an alert to the news media within an hour, or less, giving bare minimum details of the time, place and nature of the event with an assurance that the alert will be followed as quickly as possible with a more detailed report. In the highest level of crisis operations, immediate communications may be limited to on-campus and local media, as well as to wire services, but will be expanded as quickly as possible. Follow-up news releases will be made as needed and as quickly as essential details can be compiled. Depending on the nature of the event and the media's interest, continued follow-up reporting will be done as information becomes available and as official statements can be prepared. For major events, this stage of crisis response may continue for days or even weeks. Technical support may be requested from elsewhere on campus to prepare and process communications to the on-campus and off-campus communities. Crisis communications will take precedence over other activities as needed, until the crisis is over or the urgency moves to a lower level.

Timely Media Response

These incidents can generally be handled on a next-business-day basis. Good faith efforts will be made to meet media deadlines, if the media inquires, and to report in a timely manner as defined by journalistic standards. News releases will be processed and disseminated according to regular policy.

Routine or Non-Media Response

These incidents pose no need for crisis communications, either by their nature or magnitude, and therefore will not involve activation of the Emergency Response Plan. The matter will be handled by the media relations office, which will use its news judgment on whether reporting to the media is needed. News releases will be processed and disseminated according to regular policy.

Part Three

RLS Emergency Contact Protocols

If incident is a Level I activate EMS first.

- EMS - 911/Sheriff/State Patrol/Ranger/Ski Patrol. This contact information is listed on the Safety Management form(s) for each course.

- Contact Ithaca College Campus Safety: (607) 274 3333 to activate CERT

After EMS has been contacted or if incident is a Level II or III proceed to contact:

1. Course Instructor: Work: (607) 274 7350, Home: (607) 319 4532, Cell: (607) 379 2929
   If Course Instructor. is unavailable proceed to #2

2. RLS Department Chair: Work: (607) 274 1736, Home: (607) 564 1079, Cell: (607) 280 4226
   If the Chair is unavailable proceed to #3

3. HSHP Dean: Work: (607) 274 3237, Home: (607) 532 4100, Cell: (607) 339 7217
   Dean of the School of Health Sciences and Human Performance

4. Provost of Academic Affairs: (607) 274 3113

5. Office of Risk Management: (607) 274 3285

* If incident is controllable in the field without immediate evacuation, initiate the following emergency contact protocols (above) upon return to trailhead.

* To facilitate communication between the field and the emergency contact it may be useful. The Satellite phone number is: 8-8-164-148-8667. The phone must be turned on for the phone to receive incoming calls. There is no voice mail.

Secondary Contacts

The emergency contact will continue the emergency contact protocols by informing the following of the situation;

- Medical Advisor: Work: (607) 274 3177, School Year Cell: 607.229.3392
  Summer Cell: 607.280.7325
  Hammond Health Center Physicians Assistant

- Associate Director of Ithaca College Media Relations: Work: (607) 274 1440, Cell: (607) 279 3168

* Notify Participant's emergency contact: listed on the participants Medical History Form.
* It may also be necessary to notify staff and participant emergency contacts if they are going to be returning early/late from activity due to the incident.

Fatalities

- The primary responsibility of the OAL ISP facilitators is to assist with the mental, emotional, and physical wellbeing of other participants.
- Do not disturb the scene and wait for legal authorization (usually the county sheriff) and photographs before moving the body.
- Someone should stay with the body at all times. If this is not possible due to safety, the exact location of the body should be carefully recorded. This may be extremely difficult and will require cooperation between the participants and course facilitators.

Ithaca College Emergency Response Plan

Ithaca College is committed to supporting the welfare of its students, faculty, staff, and visitors. Preparing a campus crisis/emergency response plan and allocating resources to respond to possible emergencies is one way in which the College offers this support. The plan is fashioned in accordance with appropriate laws, regulations and policies that govern crisis/emergency preparedness and reflects the best and most current thinking in this area.

The Emergency Response Plan is designed to maximize human survival and preservation of property, minimize danger, restore normal operations of the College, and assure responsive communications with the community, surrounding neighborhoods, the Town of Ithaca, and the City of Ithaca. The plan is set in operation whenever a natural or induced emergency affecting the College reaches proportions that cannot be handled by established measures. A crisis may be sudden and unforeseen, or there may be varying periods of warning. This plan is intended to be sufficiently flexible to accommodate contingencies of all types, magnitudes, and duration.

The plan provides for aiding the local community when appropriate, though the prime responsibility of the plan is to the College community (Ithaca College main campus and branch operations such as the London Center) for which it is designed. The intent is for the plan to be viewed as a tool to accomplish the above stated purpose with a minimum of confusion and wasted effort.

Core Emergency Response Team (CERT)

The Core Emergency Response Team (CERT) is responsible for coordinating the College's Emergency Response Plan. The CERT members' duties and responsibilities relate closely to their normal authority and functions. In the event of a crisis, however, coordination and organization of all operations at the College shall

be directed by the CERT. The CERT members implement the strategy and planning of the response. They communicate with field personnel, issue instructions to particular units, and monitor progress in carrying out the instructions.
The responsibilities of the CERT include, but are not limited to:

- Activate the Emergency Operations Center, as required.
- Identify the emergency and determine its impact. Decide the necessary level of response required to manage the emergency.
- Use the established Ithaca College Emergency Response Plan and department response operations as a guide to deal with the situation.
- Facilitate a multi-unit response.
- Exercise control over emergency operations and provide guidance on matters of policy and decision-making authority.
- Authorize the evacuation and/or closing of College facilities, as required.
- Coordinate the release of all official information and instructions to the public.

In addition to their responsibilities in an emergency, the CERT members are responsible for insuring that the College is prepared and in the best possible position to respond to an emergency when it occurs. Additional duties with CERT members include:

1. Insuring that departments for which they are responsible have developed departmental plans to respond to various emergencies. Departmental plans will be coordinated and amended as needed. A copy of each departmental plan, including updates, will be forwarded to the Director of Public Safety, and to the Vice President for Student Affairs and Campus Life. Department plans will be general in nature and include the assignment of general duties and responsibilities to employees, perceived to be required for each type of emergency.

2. Insuring that staffs are familiar with the overall emergency response plan and the specific requirements of departmental plans.

3. Maintaining adequate emergency resources and equipment particular to departmental plan requirements.

4. Maintaining a call list of departmental employees designated as "essential personnel." This call list will be updated as needed and a copy (including updates) forwarded to the Department of Public Safety.

5. Ensuring the preservation of essential records, or other materials deemed essential.

In the event of a crisis, the Vice President or his/her designee will declare the need for the members of the CERT to convene, and will contact all members of the CERT. Whether the CERT is activated depends upon the type of emergency situation, its potential for escalation, its geographical extent, and other factors. Additional personnel will be asked to join the CERT as deemed appropriate to the situation. Each member of the core team will have a designated backup as noted below:

CERT Membership

- Director of Public Safety (Associate Director)
- Director, Media Relations (Executive Director of Marketing Communications)
- Vice President for Student Affairs and Campus Life (Associate Vice President for Student Affairs and Campus Life)
- Associate Vice President for Student Affairs and Campus Life (Vice President for Student Affairs and Campus Life)
- Executive Assistant to the President (Vice President and College Counsel)
- Vice President and College Counsel (Director of Affirmative Action)
- Vice President for Finance and Administration (Depending on the Emergency: Director of Human Resources; Director, Physical Plant; Director, Office of Information Technology)
- Provost and Vice President for Academic Affairs (Associate Provost)

CERT Procedures

Notification/Communication With CERT and Emergency Operation Center

In the event of an emergency situation, members of the CERT will be notified by the VPSACL. In his/her absence, the Vice President for Finance and Administration will convene the group to assess the situation. The Vice President for Student Affairs and Campus Life will notify the CERT about the gathering point for the group, or Emergency Operations Center (EOC). The EOC will be equipped with telephones, printer, fax machine, flip chart and/or a white board, markers, pens, pencils, television with cable hookup, radio or walkie talkies, and extra batteries**.** CERT members should bring available lap top computers with them to the EOC. Supplies (as listed above) will be transported to the designated location by the appropriate resource person if needed. In the event that security is required for the command center, Public Safety will provide this service.

On-Site Command Post

In an emergency, Ithaca College personnel, and local agency representatives (i.e. fire department), will typically be at the site of the emergency to respond accordingly. In these situations, an "on-site Command Post" will be established by Public Safety. Normally, the Associate Director of Public Safety (or designee) will serve as the Coordinator of this Command Post. On-site personnel should provide the Coordinator with regular updates and coordinate the College's on-site response through this individual. The CERT will be in regular contact with the on-site Coordinator to gather relevant and important information and pass on decisions and information to on-site personnel.

Information Gathering

Below are listed five general categories of emergency incidents and some sources of information for each. The department that would take the lead in the investigation/information gathering is also shown. The Director of the given area that has the lead for the incident would be added to the CERT. In addition, that Director will designate a representative to serve as the on-site manager (should the Director choose to manage the situation on-site, he/she will assign someone else to be the area's representative on the CERT).

Part Four

Wilderness Medical Field Protocols

Conventional First Aid and EMT curricula are designed for an urban environment, and assume the availability of 911 communications and rapid ambulance transport to a hospital. Outdoor professionals have found the conventional medical protocols do not address the specialized wilderness context of delayed rescue transport in remote areas, prolonged exposure to severe environments, and the limited availability of medical equipment.

These protocols have been developed for use by appropriately trained individuals that regularly work in remote environments. They are based on the curriculum recommendations for Wilderness First Responder certification made by the Wilderness Medical Society.

Authorization

Because the specialized nature of these protocols the OAL ISP staff operate under the guidance of the Medical Advisor.

The following conditions must hold true in order to maintain authorization for the use of these protocols in the program's emergency response plans:

- The employee is on the job for Ithaca College or if a student they must currently be enrolled.
- The transportation time to a hospital exceeds two hours except in the case of an anaphylactic reaction in which no minimum transport time is required.
- The employee holds an unexpired Wilderness First Responder (WFR) and CPR, certification and the employee follows the specific procedures and techniques taught in that course.

Medical Advisor Duties and Responsibilities

This serves to describe the duties and responsibilities of the Medical Advisor for the Outdoor Adventure Leadership Immersion Semester Program (OAL ISP).

The OAL ISP Medical Advisor provides guidance and advises OAL ISP regarding student and staff medical issues related to participation on OAL ISP courses. The OAL ISP instructor makes final decisions regarding student participation, medical treatment and evacuation.

The OAL ISP Medical Advisor:

- Supports development of OAL ISP field medical treatment and evacuation protocols used by OAL ISP instructors during OAL ISP programs. Reviews protocols annually and evaluates their effectiveness.
- Provides advice as needed as to the disposition of ill or injured students or field staff during OAL ISP courses.
- Serves as a resource regarding medical screening of students for OAL ISP courses.
- Provides post-incident review. Routinely reviews field medical practices to ensure consistency with OAL ISP protocols.

PROTOCOL 1: ANAPHYLAXIS

Anaphylaxis is an allergic reaction that has life-endangering effects on the circulatory and respiratory systems. Anaphylaxis can result from an exposure to a foreign protein injected into the body by stinging and biting insects, snakes, and sea creatures as well as from the ingestion of food, chemicals, and medications. Early recognition and prompt treatment, particularly in a wilderness setting, is essential to preserve life. The onset of symptoms usually follows quickly after an exposure, often within minutes. The signs and symptoms reflect the resulting consequences of generalized vascular dilation, fluid leakage and lower airway constriction. Biphasic or recurrent reactions can occur within 24 hours of the original episode.

In addition to shortness of breath, weakness and dizziness, patients also frequently complain of generalized itching (particularly in the armpits and groin area). Physical findings include rapid heart rate, low blood pressure, and other evidence of shock, upper airway obstruction (stridor) and lower airway obstructions (wheezes) with labored breathing, generalized skin redness, urticaria (hives), and swelling of the mouth and face.

Epinephrine should only be administered to patients having symptoms suggestive of acute anaphylaxis, an allergic reaction with systemic components.

1. Maintaining an open airway, put patient in a position of comfort. Initiate either positive pressure ventilations (PPV) or cardiopulmonary resuscitation (CPR) as indicated by clinical signs.

2. Inject 0.01 mg/kilogram (up to 0.3 mg) of 1:1000 solution of epinephrine* intramuscularly into the lateral aspect of the thigh or deltoid.

3. Repeat injections as soon as every 5 minutes if needed. More than 3 injections are rarely necessary.
4. Administer 25 – 50 mg of diphenhydramine by mouth every 4-6 hours if the patient is awake and can swallow.

5. Consider prednisone 40 – 60 mg / day (or equivalent dose of an oral corticosteroid).

6. Because a biphasic reaction can occur within the subsequent 24 hours, all patients experiencing ananaphylactic reaction should be evacuated to definitive care. Biphasic reactions should be treated in the same manner as the initial reaction, using epinephrine in the same dosage.

7. Arrange for transport to hospital.

8. Consider an advanced life support intercept (ALS) if possible.

9. The patient should remain out of the field for at least 24 hours and may not return without the examining healthcare professional's approval.

* - There is 1mg of epinephrine in 1 mL of epinephrine 1/1000; there are 0.3 mg in 0.3 mL of 1/1000. Preloaded commercially available autoinjectors deliver either 0.3 mg (standard adult dose) or 0.15 mg (standard pediatric dose).

- If the person weighs less than 66 lbs (30 kg), the doses are: epinephrine is 0.01 mg/kg; diphenhydramine is 1mg/kg; and prednisone is 1 - 2mg/kg.

- When using lbs, multiply the weight times 0.45 to get the weight/mass in kilograms.

- Note to prescribing practitioner: Epinephrine is available in preloaded autoinjectors (e.g., Epi-Pens®, Twinject®) as well as ampules and vials. The organization may need a prescription from you to obtain prednisone, injectable epinephrine and syringes. Over- the- counter diphenhydramine should always be carried in addition to injectable epinephrine.

PROTOCOL 2: WOUND MANAGEMENT

In the management of all wounds, bleeding must be controlled by using whatever means are necessary. Well aimed direct pressure is the preferred means and is almost always successful. Control of severe bleeding is a higher priority than wound cleaning. Once bleeding has been controlled:

OPEN WOUNDS

1. Cleaning a wound will involve a combination of the following procedures in an order that seems appropriate:
   a. Remove foreign particulate material as completely as possible.
   b. Wash the surrounding skin with soap and water.
   c. Irrigate the wound with at least 100 ml (ideally 1000 ml) of the cleanest water available. A final washshould be made with water of drinking quality.

2. High-risk wounds (e.g., some particulate material remaining, deep punctures, devitalized tissue within and/or surrounding the wounds, bites, open fractures, injuries involving damage to underlying structures) should be irrigated with large amounts of water under pressure. Ideally, pressure devices could include a 30 or 60cc with an 18-gauge catheter. If the wound cannot be completely cleansed because of residual foreign material or because of insufficient water, rinse the wound out with 1% povidone-iodine solution.

3. Cover the wound with a sterile bandage and splint or otherwise immobilize high-risk wounds if possible. Do not close with sutures or adhesive closures (butterflies).

4. Change the bandage and clean the wound regularly.

5. If an infection develops (e.g., red, tender, swollen, drainage of pus), apply warm compresses, allow

drainage and irrigate open wounds. Infected wounds should be splinted or otherwise immobilized if possible.

6. Assess need for tetanus and rabies prophylaxis. High-risk wounds require tetanus prophylaxis every five years, all others every ten.

7. If the wound was the result of an animal bite, assess the risk of rabies exposure. The probability of rabies exposure from animal bites varies by geographic location. Check with state or local health agency for recommendations. Generally, a period of several days between the bite and immunization is considered safe. Antibiotic prophylaxis may also be indicated.

SHALLOW WOUNDS (ABRASIONS AND MINOR BURNS)

1. Cleanse the wound with drinking quality water or a 1% povidone-iodine solution.

2. Apply an antibacterial ointment or cream and cover with a sterile, non-adherent bandage. Immobilize wound area if possible.

3. Inspect the wound and change the bandage regularly.

IMPALED OBJECTS

Remove all impaled objects unless doing so would cause further harm. Exceptions include impaled objects in
the globe of the eye or when removal would result in severe pain or bleeding. Remove objects that interfere with safe transport or will cause more damage if left in place. After removal, treat as an open wound (see above).

PROTOCOL 3: CARDIOPULMONARY RESUSCITATION (CPR)

This protocol applies only to normothermic patients (core temperature > 90° F, 32° C) in cardiopulmonary arrest. CPR is initiated in unresponsive patients in cardiopulmonary arrest evidenced by pulselessness. To be effective, CPR must be started promptly. Even then, its benefits are limited.

1. Assess and treat according to standard ILCOR CPR guidelines.

2. If cardiopulmonary arrest persists continuously for over 30 minutes of sustained CPR, all treatment maybe stopped.

3. If the patient recovers, support critical system function and arrange for transport to hospital. Consider ALS intercept if possible.

There are some circumstances where CPR should not be started. These include:

1. Any pulseless person who has been submersed in water for more than one hour and not connected to a

source of air (e.g., SCUBA).

2. Any pulseless person with an obvious lethal injury (e.g., decapitation, exsanguination). This would include trauma from a penetrating object (e.g., ice ax to the chest or brain).

PROTOCOL 4: SPINE INJURIES

Spinal assessment criteria allow rescuers to determine the need and justification for spine stabilization in the presence of an uncertain or positive mechanism of injury. This evaluation focuses on patient reliability, spinal column stability and neurologic function. Adequate time must be allowed for the evaluation. A clear assessment means that there is no significant spine injury and no need for spine stabilization.

1. Assess the mechanism. If a positive or uncertain mechanism exists, protect the spine by whatever method is feasible and available. This could include (but is not limited to) manual stabilization in the in-line position.

2. Do a thorough evaluation including a history and physical examination. To rule out a significant spine injury the patient must meet all of the following criteria:
   a. Patient must be reliable. The patient must be cooperative, sober, and alert, and must be free of other distracting injuries significant enough to mask the pain and tenderness of the spine injury.
   b. Patient must be free of spine pain and tenderness.
   c. Patient must have normal motor/sensory function in all four extremities:
      - Finger abduction/adduction or wrist extension (check both hands)
      - Foot plantar flexion/extension or great toe dorsiflexion (check both feet)
      - No complaint of numbness and sensation intact to sharp and dull stimuli in all four extremities
      - If reduced function in one particular extremity can be attributed with certainty to a specific extremity injury (e.g., unstable wrist injury), that deficit alone will not preclude ruling out a spine injury.

3. If a significant spine injury cannot be ruled out, the patient should be stabilized in a safe and comfortable position on a board, litter or other appropriate carrying device. Arrange for transport to hospital.

4. There are situations in wilderness and technical rescue where the risk of spine stabilization exceeds the presumed benefit. In these circumstances spinal stabilization may be deferred or modified until risk can be mitigated. In unstable scenes or with unstable patients the remote possibility of exacerbating a spine injury may not justify the additional risk associated with stabilization.

PROTOCOL 5: JOINT DISLOCATIONS

This protocol specifically applies to reducing dislocations of the shoulder, patella, and digits resulting from an indirect force; all other potential dislocations should be treated as one would treat any other potentially unstable joint injury (i.e. splint in a position that maintains stability and neurovascular function while facilitating

transport). A history confirming an indirect injury to the affected joint and an examination with findings consistent with a dislocation must be obtained prior to attempting a reduction.

SHOULDER

1. Check and document distal neurovascular function including sensation over the deltoid region of the affected side.

2. With the patient supine and while still sitting adjacent to the dislocated shoulder, apply gentle traction to the arm to overcome muscle spasm. Gradually abduct and externally rotate the arm until it is at a 90 degree angle to the patient's body. This is most easily achieved by keeping the elbow in the 90 degrees of flexion throughout the maneuver. Hold the arm in this position ("baseball throwing position") and maintain traction until the dislocation has been reduced. Discontinue the procedure if pain significantly increases and/or if physical resistance is encountered.

3. Alternative methods of reduction include simple hanging traction and scapular manipulation. In addition, these two can be combined with the patient either lying facedown or sitting upright.
   a. Hanging traction: Have the patient lie facedown with the affected arm hanging unsupported. Secure approximately 3 – 5 kilograms to the patient's hand and allow the weight and gravity to fatigue the muscles until the shoulder is reduced.
   b. Scapular manipulation (This procedure may require 2 rescuers) – Have the patient either lie facedown (as above) or sit upright. Apply traction to the affected arm and bring it forward to shoulder level. While maintaining traction, stabilize the upper portion of the scapula with one hand and rotate the lower tip medially with the other hand.

4. Once either the dislocation is reduced or the rescuer decides to discontinue reduction attempts, adduct the humerus so that the elbow is alongside the body. Use a sling without a swathe for comfort, allowing for some degree of external rotation if possible.

5. Reassess and document distal neurovascular status.

6. Arrange for transport to hospital.

PATELLA

1. Check and document distal neurovascular function.

2. Gently straighten the patient's knee and flex the hip. If the patella has not spontaneously reduced once the knee is fully extended, gently guide the displaced patella medially back into its normal anatomic position. Discontinue the procedure if pain significantly increases and/or if physical resistance is encountered.

3. Splint the knee in a neutral position (10-15 degrees of flexion). Stabilize the patella by taping or bracing

it in place.

4. Reassess and document distal neurovascular status.

5. Arrange for transport to hospital. Patients may walk out if pain is tolerable.

DIGITS (FINGERS AND TOES, INCLUDING THUMB)

1. Check and document distal neurovascular function.

2. Apply axial traction distal and counter-traction proximal to the dislocated joint until the dislocation has been reduced. Discontinue the procedure if pain significantly increases and/or if physical resistance is encountered.

3. Splint in the anatomical position.

4. Reassess and document distal neurovascular status.

5. Arrange for transport to hospital.

PROTOCOL 6: SEVERE ASTHMA

Asthma is a chronic inflammatory disease of the airways that results in frequent hospital admissions. Fatalities occur each year. Every patient with asthma is at risk for a severe, acute exacerbation that requires aggressive management. Early recognition and prompt treatment, particularly in the wilderness setting may be essential to preserve life.

BLS ASSESSMENT AND TREATMENT FOR SEVERE ASTHMA

Patients with asthma who have progressed to respiratory failure present with a deterioration in mental state (e.g., anxious, confused, combative, drowsy) in combination with any of the following:

- Shortness of breath(>30/min) that may be accompanied with wheezing
- Tachycardia (>100)
- Inability to speak in sentences
- Sweaty
- Unable to lie down

If a patient is not responding to or is unable to properly use his/her MDI (metered dose inhaler), proceed to the following:

1. Have the patient assume a position of comfort

2. Start supplemental oxygen if available: 4-6L/min by nasal cannula or 10-15 L/min with a NRM (nonrebreather mask).

3. Inject 0.01 mg/kilogram (up to 0.3 mg) of 1:1000 solution of epinephrine* intramuscularly into the lateral aspect of the thigh or deltoid.

4. Repeat injections as soon as every 5 minutes if needed. More than 3 injections are rarely necessary.

5. Administer prednisone at 40 - 60 mg (or equivalent dose of an oral corticosteroid).

6. Initiate PPV if breathing becomes ineffective (e.g., gasping or shallow respirations). Maintain a rate of 10-12 breaths per minute.

7. Once able to do so, have the patient self-administer 6-10 puffs from the MDI. This may be repeated every 20 minutes for a total of three doses.

8. Arrange for transport to hospital.

9. Consider an advanced life support intercept (ALS), if possible.

ALS ASSESSMENT AND TREATMENT FOR SEVERE ASTHMA

If patients progress to respiratory failure and develop any combination of the following:

- Gasping or shallow respirations
- Verbally 2esponsive or less

1. Initiate advanced airway management. Maintain a rate of 10-15 bpm.
   a. Poor lung compliance may be present (as evidenced by difficulty getting air in). Providing increased inspiratory flow/pressure may be necessary to ventilate the patient. Allow adequate time for exhalation.
   b. The increased ventilatory pressures can lead to barotrauma e.g., simple or tension pneumothorax. Monitor carefully. If the following signs and symptoms occur; new absence of lung sounds, and clinical deterioration e.g.., decreased perfusion, decreased O2 saturation, decreased mental status, initiate a chest decompression.

2. Continue beta-agonist inhaler agents through the ET tube if possible.

3. Administer 125mg methylprednisone IV (1 – 2 mg/kg for pediatrics) every 6 hours.

4. Continue with the administration of epinephrine as noted above.

5. Contributing factors such as cold temperatures, stress, and exercise should be controlled as much as possible.

Part Five

Incident Reporting

Accurate incident analysis, documentation, and tracking are required to proactively manage risk and avoid future incidents; all of which increase the safety and quality of an organization's programs. Incident analysis is a complex process that is taken seriously by the college.

There are six report forms used in this process:

LOP Form (1page/2 sides)
Incident Report (1 page/2 sides)
Activity & Site Report (1 page/2 sides)
Witness Report (1 page/1 side)
External Communication Log (1 page/2 sides)
Post Incident Report (2 page/3 sides)

For reporting purposes an incident must meet at least on of the following requirements:

- be unplanned and interrupt the normal flow of the course
- require close follow-up care by staff in the field
- require close follow-up care by professionals
- require administration of prescription medications
- require evacuation from the field
- result in a near miss (see below)

A near miss incident is a "close call"—a potentially dangerous situation where safety was compromised without significant injury. It is an unplanned and unforeseen event. This rules out situations, such as routine top rope falls, failure to roll a kayak for a beginning student, or a fall on the trail with no injury. *It does include the following events:*

- any leader fall, excluding anticipated or routine leader falls on sport routes, or slips of a few feet or less;
- any situation where someone becomes lost or disoriented, either while traveling or around camp;
- any rock fall, falling object, or rolling rock event that would result in significant injury, in the event of a hit, and in which the rock or object lands within 5 meters of a person;
- any close or aggressive encounter with a bear, lion, wolf, rattlesnake, large ungulate, or person;
- an anchor or rope system that does not operate as planned; this includes improper belay technique, improper clip-ins, or incorrect harness buckles or tie-ins;
- an unplanned or unanticipated swim while river crossing; simple stumbles, caught without incident, by the crossing party are excluded;
- anyone caught in an avalanche, or any avalanche near miss.

Process

The Incident Report acts as a summary and cover form for the incident folder; information is added as it is

gathered. Low severity incidents may not require additional reports. Field Incident Reports, an Activity & Site Report, Witness Reports, Site photos, a SOAP note, and a Call Log are added to the folder as required. The Post Incident Report is completed by the program director.

Notes:

- Print all field report on write in the rain paper.
- Print two page report forms back-to-back (double sided).
- Use the 24 hour clock to designate time in all reports.
- Type all hand written reports upon completion to the gathering phase.

Incident Report Filing

Number:

Assign a case number to the incident and place that number in the space provided on EACH report form. Use the number of incident followed by a hyphen and the letter L, M, or S (indicating the severity), a second hyphen, and the current semester and year. EXAMPLE: 2-M-S07 means the second Moderate incident in 2007.

Severity:

Severity may be assessed for any type of incident: injury, illness, motivational/behavioral, or near miss.

Low = the incident is successfully resolved or treated in the field. If low and resulted in a minor injury not requiring an evacuation, indicate the type of injury: e.g.: wounds, strains/sprains, cold response, dehydration, heat exhaustion, electrolyte sickness, sunburn, etc. No further reports are necessary if the person involved in the incident was NOT evacuated. This will allow tracking of minor incidents that might otherwise slip under the reporting radar.

Moderate = removal from field is required for successful treatment or student safety and the person returns to program

Moderate = removal from field required for successful treatment or student safety and person DOES NOT return to the program

Severe = the person suffered an injury or illness that requires prolonged professional treatment

Severe = the person suffered an injury or illness that resulted in permanent disability or death

Levels of Evacuation

The following definitions for levels of evacuation are correlated to the risk to the rescuers during the evacuation. In general, rescuers should ONLY be willing to accept manageable risk based on their skill and the foreseeable problems. Unfortunately, not all problems are foreseeable and the amount of risk any given rescuer is willing to accept tends to rise as the patient's consequences rise. While it is impossible to legislate judgment, there should be some guidelines about what risk is acceptable during an evacuation and what is not. Every effort should be made to accurately diagnose the patient's current and anticipated problems since an incorrect diagnosis leads to a willingness to accept more risk during an evacuation. None-the-less when in doubt, rescuers must base their decisions on the "worst case" situation both in diagnosing the patient and evaluating the risk

associated with the evacuation; experience and judgment play a key role.

Level 1 = *Risk to Rescuers:* potential loss of life or serious injury/illness sustained as a result of the evacuation may be acceptable if the chances for success are high. *Patient:* The patient's injuries/illness are immediately life threatening and the patient will likely die without rapid hospital intervention (e.g.: increased ICP, volume shock, severe respiratory distress, mild respiratory distress in a near drowning patient, advanced disease, moderate to severe hypothermia, HAPE/HACE etc.)

Level 2 = *Risk to Rescuers:* Injuries/illness sustained as a result of the evacuation that leave no permanent injury may be acceptable if the chances for success are high. *Patient:* The patient's injuries/illness is potentially life threatening or will result in a permanently disability; the patient may develop a life-threatening problem that requires hospital intervention (e.g.: concussion with some but not all S/Sx of increased ICP, local infection, spine & cord injuries, near drowning etc.)

Level 3 = *Risk to Rescuers:* No injury/illness sustained as a result of the evacuation is acceptable. *Patient:* The patient's injuries/illness is NOT life threatening, has little or no potential to become life threatening, *and* may be successfully treated in the field with no permanent disability*; however,* the patient is unable to continue/resume normal activity within a reasonable length of time and/or requires advanced assessment. (e.g.: concussion with NO S/Sx of increased ICP, uncomplicated unstable injuries, shoulder dislocation, etc.)

Type of Evacuation

Self = person was able evacuate themselves with little or no assistance
Assisted = person require assistance during most or all of the evacuation
Carry = person is too weak or injured to walk , is NOT spine injured, and requires carrying
Litter = person was so ill or injured that they were unable to be evacuated using a carry

Part Six

Ithaca College Motor Vehicle Insurance and Accident Procedure

In case of breakdowns or accidents on the road, Immersion Semester facilitators and drivers are responsible for exercising good judgment to ensure the safety of yourself and your passengers first and then the safety of the vehicle. Ithaca College vehicles are insured under the College's automobile liability insurance policy. **All damage (including minor damage), theft, and/or bodily injuries need to be reported immediately. If driver and/or passengers are injured, seek medical treatment.** Please follow the procedures below:

Off-Campus Accident:

- Applies to the Ithaca College driver at fault or the third-party driver (other driver) at fault and Involves a college-owned vehicle or rental vehicle, i.e., Hertz vehicle, and/or

- Involves a college-owned vehicle or rental vehicle that comes in contact with a third-party vehicle (vehicle that is operated by non-Ithaca College individual), and/or

- Involves a college-owned or rented vehicle that comes in contact with a structure, i.e. guardrail, concrete post, pedestrian, building, etc.

1. Immediately report the accident to the local police in the area you are located, have the police respond to the scene to complete a police accident report (never leave scene of accident), obtain a copy of the report or ask for instructions on how to obtain a copy of the report. Please be sure you have this information to report to both Risk Management and Public Safety. If you are unable to obtain a police report, record as much information as possible about the other party involved in the accident (use the laminated guidelines that are kept in the glove box of the College-owned vehicle; if you are operating a non-owned College vehicle, please print Page 4 prior to traveling and carry it with you). Information gathered must include the other party's name; license identification number and state of license; vehicle license plate number; make, model and year of vehicle; and their insurance co. name and insurance co. code (located on their insurance card that should be kept in their vehicle); how accident occurred; detail of damage, and witnesses (names, addresses, phone numbers). Make no statement concerning guilt or fault, and never agree to make payments for the accident.

2. Immediately report the accident to Risk Management at 607.274.3285.

3. Immediately report the accident to Public Safety at 607.274.3333. Safety will take details via phone. Then, please make arrangements to have Safety take a report upon your return to campus. Both the police report and public safety report contain written and verbal statements that are needed for the automobile insurance claim conducted by Risk Management and the College's insurance company.

4. Immediately inform your supervisor.

On-Campus Accident Involving College-Owned Vehicle or Rental Vehicle that is Operated for College-Sanctioned Business: Follow procedures #2 through #4 above. A Public Safety officer will report to the scene of accident, take verbal/written statements, etc.

Departments that have Designated Vehicles (College-owned vehicle that is permanently assigned to a particular department – this only affects a few departments on campus)

1. Only the department's employees and students, if approved College drivers, are allowed to operate the vehicle(s). The department is not allowed to share the vehicle with another on-campus department. If this occurs, the vehicle may be removed from the department.

2. All individuals in the department must follow the procedures above if an accident/damage occurs.

3. The department should have a procedure in place to regularly inspect the vehicles after each use. If vehicle damage is discovered, procedures #2 through #4 above must be followed. It is unacceptable for a department to wait until multiple accidents/damages occur to one particular vehicle before reporting it to Public Safety and Risk Management.

* If driver is impaired the most capable faculty/ staff/ student must carry out instructions.

Other considerations for College Vehicles:

* Accidents, damages (including incidental or minor ones such as small dents) and/or traffic citations (tickets) must be reported in person to Facilities immediately upon return to the campus, followed with the reporting to Public Safety.

*At night and on weekends, accidents should be reported to Public Safety, followed by a report to Facilities at the start of the next working day.

Part Seven

OAL Risk Management Committee (ORMC)

Charge:

The OAL Risk Management Committee is a consortium of Ithaca College professionals who are working towards better clarification, understanding and management of risks for wilderness-based experiences.

Objectives:

1. Meet annually to address the work of the committee.
2. Evaluate and refine OAL ISP policies and procedures in regards to management of risk.
3. Review near miss and incident reports annually and adjust programmatic delivery if deemed appropriate.
4. Act as field consultants to the OAL ISP facilitators during times of need such as medical issues and emergency logistics.

Members

Chris Pelchat	Instructor and Coordinator of the Outdoor Adventure Leadership Immersion Semester Program (OAL ISP)
Dr. John Weber	Assistant Professor and Chair of the Recreation and Leisure Studies Department
Dr. Steve Scionolfi	Dean of Health Sciences and Human Performance
Terri Stewart	Director of Public Safety
Kris Slaght	Risk Management
Gerard Dunphy	Hammond Health Center, Physician Assistant & OAL ISP Medical Advisor
Nancy Pringle	Vice President and General Counsel

Part Eight

AEE/Wilderness Risk Management Committee (WRMC)

Ithaca College Immersion Semester Program has an affiliation with the AEE/Wilderness Risk Management Committee in order to maximize tracking and analysis of field related incidents. Doing so will help the OAL ISP's risk management committee identify trends, and make appropriate modifications in order to prevent future incidents. Further, by contributing data to the WRMC Incident Reporting Project, Immersion Semester advances the adventure programming industry. All data submitted to the WRMC is done so in confidence and without disclosing the name of the organization within which the incident occurred. This is done so to protect the interests of OAL ISP and the integrity of the program. These are only to be submitted after approval from the Risk Management office at Ithaca College.

Submitting Information

- Two reporting forms must be submitted together annually:
  - *Incident report form*: used to track information for Immersion Semester's use and to submit incident data to the committee. Available at: http://www.aee.org/skin1/pages/US/pdf/WRMC_PDF/WRMC_Report_Form_landscape.pdf

  - *Program day report*: used to calculate rates of incidents. Available at: http://www.aee.org/skin1/pages/US/pdf/WRMC_PDF/WRMC_Prog_Day-_Report.pdf

- Collect and organize all data according to calendar year (January 1st through December 31st.
- Both form must be sent to: Incident Data Reporting Project Association for Experiential Education 3775 Iris Avenue, Suite 4 Boulder, CO 80301 303-440-8844 x16 303-440-9581 (fax)

OAL IMMERSION SEMESTER PROGRAM POLICIES AND INFORMATION

The OAL Immersion Semester Program (ISP) is a program of the Department of Recreation and Leisure Studies (RLS). Please consider the following and contact the Program Coordinator or Course Instructor with questions and comments.

Administration and Logistics

- Ithaca College policies, procedures, and student handbook expectations of conduct will be followed.
- Tuition, fees, and refunds are to be handled according to the Ithaca College's policies and procedures.
- Students accepted into the OAL ISP will make payments to Ithaca College during the end of fall semester in the form of a course fee attached to one of the courses registered for in the Immersion Semester Program.
- The fee will typically not be more than that charged for room and board by Ithaca College.
- Tuition for the hours of credit must be paid to the College. Tuition is not included in the ISP Fee.
- The fee must be paid to the college immediately upon receipt of the bill.
- If written cancellation is received 45 days or more before the end of the semester prior fees are not charged or refunded in full. If written cancellation is received during the last 45 days before the start of the end of the semester prior, one half of the total fees will be refunded. No refunds are made for "no-shows".
- The OAL ISP is separated into two blocks to accommodate an injury or illness that may occur. In the event of an injury or illness a student will be able to drop the second block of the semester resulting in a refund of that tuition. The student's portion of the course fee that remains, minus any money paid towards reservations or travel back to IC on their behalf, will also be refunded.
- You must be enrolled as a full-time student (15-18 undergraduate hours) to be an expedition member.
- All participants must have personal medical insurance that is adequate to cover expenses in case of illness, injury, or hospitalization. Each participant must arrange for obtaining his/her own medical insurance. Make sure you know the arrangements that are available as a full-time IC student. Search and rescue insurance is provided as part of the course fee for the OAL ISP for each participant. The scope of GEOS SAR benefits includes payment, by GEOS, of up to $100,000 in any one year, limited to $50,000 any one incident, for the provision of necessary additional Search and Rescue resources. (Visit: http://www.geosalliance.com/sar/ for more info.)
- Included in the participant packet are personal clothing, equipment and gear lists typically necessary for the OAL ISP. You will have to provide your own clothing and some of your own equipment. Group gear rental fees, special rental items, food, transportation fees, and permit fees are included in the expedition fee.
- The Immersion Semester Program is for students 18 years and older without serious behavioral, psychological or emotional problems. Traveling, working, studying, and living with 10 – 12 others 24/7 for three months is rigorous and demanding. One should consider their ability to cope, thrive, resolve conflict, and maintain positive attitudes in circumstances where there is little personal time or space.
- An eligibility requirement for becoming an ISP student requires a judicial review. By signing this form you authorize the Office of Judicial Affairs at Ithaca College to release information regarding my judicial record to the Department of Recreation and Leisure Studies.
- Immersion semester may contain the opportunity to acquire a host of various certifications, participation does not guarantee certification. The following tend to be an advantage for those seeking certification: a previous base of outdoor skills and experience; serious attitude toward the curriculum; high motivation; prepared to teach lessons; appreciation and/or acceptance of the process of journaling, evaluation, and group dynamics; and physical fitness.
- A wilderness course in a group setting has innate risks. Though courses are planned and risk is managed to the best degree possible, not all factors are controllable. Among other things, individuals may experience exposure to unexpected travel problems, cultural clashes, Federal searches, extreme weather, high altitude, steep cliffs, allergens, deep water, wildlife, sea creatures, loss of food and potable water, separation from the instructors, etc. Individuals may experience minor to major injuries, loss of limb or life, interpersonal and intrapersonal stresses, damaged or lost personal possessions, etc. This is shared to express that one's safety is not a guarantee and the nature of a wilderness course is unpredictable. Please talk to the OAL ISP facilitator about concerns you may have prior to commitment.
- Though the Immersion program requires only average strength, you will be traveling through rough terrain with heavy packs (at times potentially more than half of your body weight depending upon course length, location, specialized skills/travel). We will

keep them as light as possible. You will also be involved in various modes of travel in a variety of terrains and conditions. One should be as physically fit as possible. You will be required to get a medical examination by a physician that certifies you as medically fit to participate in the expedition.

- The OAL ISP is conducted in the wild outdoors away from doctors and ambulances. No prescription or nonprescription medication is allowed without notifying course instructors. Tobacco products, alcohol, and illegal drugs are not to be used at any time while on the course, period. See Ithaca College student conduct policy statement.
- If you have knee, shoulder, wrist or back problems, have serious allergies, or are on medication for an illness you must discuss your condition with the program coordinator and/or course instructor prior to enrolling.

Course Tone, Expectations and Challenges

- Teaching is on a college level and participants should be motivated for a highly educational program. Journaling, group processing, and extensive evaluation are utilized.
- Curriculum points will start at the basic level and progress from there. This is for several reasons (1) prevent errors in assuming level of student knowledge, and (2) create a common base for all members to build on and advance.
- Though this program is educational, it also encourages enjoyment, fun, companionship, reasonable comfort, and good food as integral to any successful course.
- This program is not designed to be a high-risk adventure for the sake of adventure, nor designed to be therapeutic in nature. They are educational trips primarily; however, adventure is an integral component.
- Risk management and enjoyment are stressed. The goal of any OAL ISP is to teach leadership, technical skills, judgment, and decision-making; and to enable participants to plan and execute a safe and enjoyable expedition for a group with minimum environmental impact.
- One of the principle outcomes you can expect from the course is a better understanding of yourself as a person. You will be expected to critically analyze your strengths and weaknesses. You will also be evaluated by your peers and by your instructors. You will be expected to participate in all course activities to the best of your ability. You will find that the OAL ISP is unlike courses taught in the classroom. Emphasis is placed on learning experientially. You will need to be self-motivated, adaptable, focused, and self disciplined. Please be prepared for it.
- The course may provide a variety of challenges physical, emotional, social, spiritual. The setting often times can be intense, uncomfortable, and unexpected. Private time may be at a minimum. There are many factors encountered on a course that cannot be predicted. Please be aware of this nature of a wilderness course.
- Because there is a lot of material to cover, and time for student practice and demonstration of skills and knowledge is necessary, it is important and expected that students appreciate the need for timeliness, responsibility, and communication.
- The OAL ISP strives to have no prejudice of any kind on its programs. IC does not discriminate on the basis of race, color, religion, creed, sexual orientation, national origin, age, or disability in the administration of its admission or employment policies. Reasonable accommodation is made for special needs (dietary, fears, physical, psychological or emotional conditions) but the nature of the program could preclude accommodation for some conditions. Request for accommodations must be made in accordance to college policy. (http://www.ithaca.edu/attorney/policies/vol7/Volume_7-70103.htm#70103). Potential applicants should consider their special needs and the nature of the program before applying. If questions arise contact the OAL ISP facilitator.
- The Immersion program strives to maintain a learning environment free from harassment so that maximum learning may take place. If you feel that you have been treated inappropriately by an OAL ISP facilitator or another participant please follow Ithaca College's written policies concerning harassment available from the IC website.

I have read, understand, accept and agree to abide by the rules, policies and guidelines set forth in the IC student handbook and OAL ISP policy statement. I understand that the relationship between IC/OAL ISP and I will be governed by the substantive laws of the State of New York and any suit, mediation or arbitration of any dispute with IC must be filed exclusively in the State of New York. I understand that I am not accepted on my course until all enrollment forms have been received and approved by the OAL ISP facilitator. I give IC/OAL ISP permission to share my contact information with other OAL ISP students or graduates and/or with strategic partners in which OAL ISP graduates may be interested. I also give IC/OAL ISP permission to use my name, contact information and picture in promotional materials and press releases.

_____ _____

Name Date

Print, and sign this Course Policies and Information Statement, then include it with your Immersion Semester Program application.

ITHACA COLLEGE

Recreation & Leisure Studies

953 Danby Rd., Hill Center 9, Ithaca, NY 14850

Phone: 607.274.3335 **Fax:** 607.274.1943

ITHACA

AGREEMENT OF ITHACA COLLEGE CONDUCT CODE

I,_____, certify that I have read and understand the requirements of the Ithaca College Student Conduct Code (http://www.ithaca.edu/attorney/policies/vol7/Volume_7-70102.htm#TopofPage). I agree to conduct myself in a manner consistent with the Ithaca College Student Conduct Code and Ithaca College policies while participating in programs sponsored by Ithaca College. The Ithaca College Student Conduct Code is found in the Ithaca College Policies Manual, Volume 7.

I will engage in behaviors that are responsible and mature. Intoxication, use of illegal substances, and disruptive, abusive, or inappropriate behavior may result in breaking of Ithaca College Student Conduct Code policies and may result in dismissal from the Ithaca College activity. The breaking of these conduct policies may also have an affect on my status as a student or staff member at Ithaca College. If I am asked to leave or am detained, I understand that I am responsible for any expenses incurred by the inappropriate behavior and also forfeit the cost of the activity.

INFORMED ACKNOWLEDGEMENT OF HAZARDS AND RISKS

I hereby acknowledge and certify the following is a legally binding Acknowledgement of Hazards and Risks. I am aware that I may be exposed to hazards and risks by participating in Ithaca College activities. I understand that I should not participate unless I am physically and emotionally able. I certify that I do not have any undisclosed medical, physical or emotional impairments, conditions or concerns, which may inhibit my participation in such activities.

I also understand that I must inform faculty or other individuals who are in charge of this activity of any relevant physical/psychological condition which may affect or limit my ability to participate.

I acknowledge that I am responsible for insurance coverage in the event that I am injured and I acknowledge that Ithaca College does not provide any medical and/or hospital insurance of any kind that will cover me while participating in these activities. I further acknowledge that Ithaca College strongly recommends that I personally obtain insurance coverage in case of any injury or damage sustained or caused resulting from participation in Ithaca College activities.

Ithaca College provides opportunities to participate in educational outdoor adventure activities. Ithaca College has taken reasonable steps to provide appropriate equipment and skilled staff to effectively manage the risks associated with these activities. I acknowledge the importance of understanding the risks and hazards associated with the activities in which I participate.

Activity risks and hazards are the following:

- Programs offered by Ithaca College include but are not limited to: group games and initiatives, low challenge course activities, backpacking, camping, hiking (including stream and river crossings), lake and white water canoeing, kayaking (lake, sea & river), winter backpacking, snowshoeing, cross country skiing, Back-country skiing & snowboarding, whitewater rafting, bouldering and belayed rock climbing.
- These activities occur in the outdoors and are subject to numerous risks, environmental and otherwise, that may be beyond the staff or leaders' abilities to effectively manage or foresee.
- The activities experienced during the OAL ISP may be dangerous and participation may result in property loss,

personal injury, and in extreme cases, even death.

- Medical facilities may be hours or days away. Communication and transportation may be difficult and medical care and evacuations may be delayed.
- Equipment provided by Ithaca College may fail or malfunction despite reasonable maintenance and use.
- Risk and hazards are associated with transportation to and from activity sites. Ithaca College leaders participate in a formal program designed to educate staff and volunteer student leaders in the handling differences of passenger vans and personal vehicles. Despite this education, accidents involving transportation can and may occur.
- Ithaca College will, from time to time and for certain activities, use the services of independent contractors. Participants will be required to abide by rules of the Independent Contractor. Ithaca College cannot and will not be responsible for the conduct or quality of performance of these independent contractors.
- Some risks and hazards associated with these activities include but are not limited to:
  Environmental hazards: wind, lightning, rain, snow, avalanche, sleet, fast moving water, cold water, strong currents and tides, insects, snakes, and other animals including predators and large animals, flash floods, falling and rolling debris, and unpredictable weather and forces of nature beyond the staff, or leader's control.
- Some possible illnesses and injuries include but are not limited to:
  Medical: diarrhea, vomiting, altitude sickness, dehydration, and allergic reactions.
  Physical injuries: hypothermia, heatstroke, frostbite, insect bites and stings, sunburn, broken bones, sprains, dislocations, burns, bruises, tripping, falling, lacerations/cuts, close personal contact with other participants, cold water immersion and possible drowning, loss of consciousness and death.
- The OAL ISP facilitators are professors with backgrounds in, but are not professional guides or outfitters.
- I have read and understand the description of activities and their risks and hazards listed above and in the Ithaca College program guide. I have had an opportunity to ask questions about those activities and risks.

Understanding the activities and their risks, I choose to participate and I assume all risks and hazards of such participation whether described above, in the catalogue course material, or elsewhere, and whether they are known or unknown, inherent to the activities.

I understand this acknowledgement of risks will be applied to any controversy between the participant and Ithaca College and such controversy will be governed by the laws of the State of New York.

I certify that I have carefully read and understand the contents of this Acknowledgement of Risks. I further certify that I am age 18 or over, or if not, that my parent or legal guardian makes these promises on my behalf, and that I participate in this Ithaca College activity, having been fully informed of the potential risks.

Participant's Signature Date	Parent/Guardian's Signature Date
Participant's Printed Name	Parent/Guardian's Printed Name
Participant's Address	Parent/Guardian's Address

Ithaca College OAL Immersion Semester Program Information for the Medical Professional

The OAL Immersion Semester Program contains courses that are wilderness expeditions, varying in length from eight days to three weeks in length. The expeditions operate in remote areas where evacuation to modern medical facilities may take days.

Weather conditions can be extreme with temperatures ranging from -40°F to +100°F. Prolonged storms, high winds, intense sunlight, and sudden immersions in cold water and/or high seas are possible.

Physical demands on the applicant may include carrying a backpack weighing 55-85 pounds over uneven terrain such as snow, rocks, boulders, fallen logs, or slippery surfaces as well as ascending and descending steep mountain slopes. The elevation during the semester will range from sea level to as much as 15,000 feet. Physical demands of sea kayaking or river portions require paddling heavily loaded kayaks or rafts and lifting and carrying boats over uneven terrain.

While participating in the OAL Immersion Semester Program, students will sleep outdoors, experience long physically demanding days, set up their own camp and prepare their own meals. Each student is expected to take good care of him or herself.

All wilderness water will be disinfected with iodine, chlorine, or chlorine dioxide or by boiling. Not all of these methods are effective against cryptosporidium. Immunocompromised people may wish to obtain an appropriate water filter for the semester.

The OAL Immersion Semester Program is not a rehabilitation program. It is not the place to quit smoking, drinking or drugs, or to work through behavioral or psychological problems.

Prior physical conditioning and an enthusiastic mental attitude are a necessity. Students find this program to be extremely demanding both physically and emotionally.

Due to the remote nature of the OAL ISP the student must understand the use of any prescription medications they may be taking in detail. Written specific instructions are necessary. All students who are required by their personal physician, psychiatrist or healthcare provider to take prescription medications on a regular basis must be able to do so on their own and without additional supervision. Students will also need a four-month supply as we will not have access to a facility to refill prescriptions.

The OAL ISP requires a tetanus immunization within 10 years of the start of the semester. The blood type of the participant is also required for our Search and Rescue insurance policy.

In the interest of the personal safety of both the applicant and the other expedition members, please consider the questions carefully when completing the medical history form and provide as much detail as possible. Nothing written on this form potentially disqualifies student's enrollment. If we have questions about the student's capacity to successfully complete the course we will call the student to discuss it.

The applicant is not accepted into the OAL Immersion Semester Program until the medical history form has been reviewed and approved by appropriate Ithaca College personnel.

Your detailed comments will expedite our review of this form.

ITHACA

Immersion Semester Participant Medical History Form

Office Use Only

Instructor Notes	
Follow-up	Approval

INSTRUCTIONS: All the questions on this form are important. The answers are needed in order to assess your level of participation in the program. Please have your physician answer every question in each section in detail. Incomplete forms will slow down the screening process, and may cause you to miss out on your Ithaca College program.

PART I General Information

APPLICANT

Name _____

Gender ☐ Male ☐ Female Ht. ____ Wt. ____ Blood Type _____

Age ___ DOB ___/___/___ DL# or SID _____

Address _____ Apt. _____

City/State/Zip _____

Daytime Phone # ( ) _____

Evening Phone # ( ) _____

FAX # ( ) _____

Email Address _____

Do you speak/understand English? Yes ☐ No ☐

PARENT/GUARDIAN

Name _____

Daytime Phone # ( ) _____

Evening Phone # ( ) _____

Email Address _____

EMERGENCY CONTACT (other than parent/guardian)

Name _____

Daytime Phone # ( ) _____

Evening Phone # ( ) _____

Email Address _____

FAMILY PHYSICIAN

Name _____ Phone # ( ) _____ Fax # ( ) _____

INSURANCE INFORMATION

Each participant is responsible for any medical expenses and should be covered by his/her own sickness and accident insurance. Please answer the following questions for our insurance records: (*Please attach a photocopy of both front and back of your insurance card)*

Insurance Company Name _____ Policy/Certificate # _____

Prescription Plan # _____ Phone # ( ) _____

PART II Medical Information

A. Allergies (Including allergies to medicines, foods, insect bites/stings) NONE ☐ or…

Allergy	Reaction	Medication Required (if any)

B. Current Medications (Including psychiatric and over-the-counter) NONE ☐ or…

Medication	Taken For: (Symptom/Condition)	Dosage	Date Started	Current Side Effects

Ithaca College recommends that participants have a tetanus immunization (within 10 years)

PART III Cardiac Screening Evaluation

A stress ECG is required if the applicant is:	Cardiac Risk Factors:
1. Over 35 years old and has 2 cardiac risk factors. 2. Over 50 years old and has 1 cardiac risk factor. 3. Over 50 years old and leads a sedentary lifestyle. 4. Any age with a known heart condition. Please provide a written note from your doctor stating the date of the stress ECG and the results.	• High blood pressure • Diabetes • Current or prior cardiovascular disease • High blood cholesterol • Family history of heart disease (individual with a heart attack at > 55) • Smoking

The stress ECG requirement may be waived for applicants who are over 50 years of age with no cardiac risk factors and who is in good physical condition. **Their physician must provide a note that the applicant has a) no cardiac risk factors and b) excellent cardiac health.**

PART IV Health Profile & Physical Exam (Do you currently have or have you had any of the items below)

#	Please √ one—If yes, describe below	Y	N	#	Please √ one—If yes, describe below	Y	N
1	Seizures			11	Vegetarian or Vegan dietary needs (circle which one)		
2	Hospitalization / Emergency Room / Urgent Care visit within the past 1 year			12	Neck / Back / Shoulder / Knee / Ankle / Shoulder or other joint problem or surgeries		
3	Respiratory problems and/or Asthma (If yes, please bring inhaler)			13	Currently Pregnant		
4	Unexplained chest pain/pressure, shortness of breath, rapid heartbeat, sweats, or exertional dizziness or faint spells			14	Other cardiac conditions, e.g. heart murmur or other rhythm abnormality		
5	Gastrointestinal Problems			15	Diabetes		
6	Hypertension			16	Bleeding and/or blood disorder		
7	Hepatitis or other liver disease			17	Neurologic problems and/or Epilepsy		
8	Treatment or medication for menstrual cramps			18	Urinary or reproductive tract disorder		
9	History of Frostbite or Acute Mountain Sickness			19	History of heat stroke or heat related illness		
10	Treatment or counseling with a mental health professional.			20	Other: please list below		

Examiners specific comments on any of the items that were marked yes above (attach additional sheets if needed):

_____

_____

_____

_____

Physical Exam - findings and comments (attach additional sheets if needed):

_____

_____

_____

_____

PART V Fitness Evaluation (Needed as important assessment tool)

Please list the activities you do on a daily or weekly basis which show your current fitness level. Be sure to include activities such as walking a pet, mowing a lawn—-or after school activities such as playing basketball, skateboarding, skiing, etc.

Activity	Frequency	Approximate Time/Distance	Leisure	Moderate	Intense

PART VI Physicians Signature Required

Examiners Name _____ Phone # ( ) _____

Address _____

_____ _____

Physicians Signature **Title** **Date**

By my signature, I attest that the information in this form is correct and the person named on page on the form is medically cleared to participate on the Ithaca College Program described on the attached information sheet along with the background information provided by the applicant and my physical examination oh him/her.

PART VII Participant Signature Required

I authorize Ithaca College to release information regarding my participation in programs conducted by RLS to the above stated emergency contact(s) and fellow participants as necessary. This information includes, but is limited to: Duration of event/trip, Medical Information, Legal Information. This consent is a waiver of my rights under the Federal Educational Records Privacy Act. Permission is given for any emergency anesthesia, operation, hospitalization or other treatment that may become necessary. You should know that over the years, many students with a variety of medical/psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants.

_____ _____

Applicant Signature **Date**

ITHACA

L.O.P. & Trip Itinerary Form

Prepared By	Chris Pelchat	Date Prepared	12/20/2000

Reviewed By	RLS Chair		Sent To	Legal Counsel		Campus Safety		Course Instructor	

*check blank box after complete

PART I Program Information

Course Number & Name			
Course Description			
Program Facilitators			
Dates of Course			

PART II Site Information

Directions to Site							
Total Driving Distance							
GPS Coordinate @ Site	Start		Finish				
GPS Coordinates @ Evac Sites	Site 1		Site 2		Site 3		
Facilities Available							
Site Considerations							
Permits & Regulations							
Maps & References							

PART III Participant Information

# of Participants		Risk Waivers Complete	
Med Histories Complete		Physicals Complete	

PART IV Emergency Contacts

LAND MANGEMENT	HOSPITAL
Agency _____	Agency _____
Address _____	Address _____
Contact _____	Contact _____
Phone # ( ) _____	Phone # ( ) _____
LOCAL LAW ENFORCEMENT	**RESCUE SERVICES**
Agency _____	Agency _____
Address _____	Address _____
Contact _____	Contact _____
Phone # ( ) _____	Phone # ( ) _____

Directions to Hospital	

PART V Tentative Travel Itinerary

Date	End Location	Elevation +/-	Mileage	GPS Coordinate

Field Incident Report

Case Number_____

Name: _____ Date: ____/____/____

Part I: General Information

Program: _____ Course: _____

Course Area: _____ Incident Site/location: _____

Course Length in Days: _____ Day of Incident: _____ Date of Incident: ____/____/____ Time:_____

Course Instructors: 1._____ 2. _____ 3. _____

Were Instructors Present at Time of Incident? ☐ Yes ☐ No. If Yes, list name(s):

1. _____ 2. _____ 3. _____

Name of Person Involved in Incident: _____ Age: _____

Participant Characteristics:
- ☐ Male
- ☐ Female
- ☐ Instructor
- ☐ Student

Type of Incident:
- ☐ Injury
- ☐ Illness
- ☐ Behavioral/Motivational
- ☐ Near Miss

Incident Severity:
- ☐ Low
- ☐ Moderate
- ☐ Severe

If low describe: _____

Property Damage? ☐ Yes ☐ No If yes: ☐ Vehicle ☐ Equipment ☐ Other: _____ Value: _____

Type of Site Management at the time of the Incident:
- ☐ Stationary
- ☐ Moving
- ☐ Transition/Safe Zone
- ☐ NA

Terrain Type:
- ☐ River
- ☐ Lake
- ☐ Ocean
- ☐ Forest
- ☐ Mountain
- ☐ Cliff
- ☐ Glacier
- ☐ Snow/Ice
- ☐ Desert

Surface Condition:
- ☐ Wet
- ☐ Dry
- ☐ Snow
- ☐ Ice
- ☐ Trail
- ☐ Rock
- ☐ Uneven
- ☐ Flat
- ☐ Sloped

Part II: Evacuation

Was an evacuation required? ☐ Yes ☐ No If yes: Evacuation Date: ____/____/____ Level: ☐ 1 ☐ 2 ☐ 3

What Type:
- ☐ Self
- ☐ Assisted
- ☐ Carry
- ☐ Litter

Transport Type:
- ☐ Vehicle
- ☐ Boat
- ☐ Helicopter
- ☐ Other _____

Was an electronic communication device used? ☐ Yes ☐ No

If yes, type? ☐ Sat Phone ☐ Cell Phone ☐ SPOT Device

Did it perform adequately and timely enough? ☐ Yes ☐ No

If no, reason? ☐ Battery ☐ Damaged ☐ Range ☐ Other

Was patient seen at a Medical Facility? ☐ Yes ☐ No If yes, where:_____

Outpatient Admitted Physician's name: _____ Phone: (_____) _____

Return to course? ☐ No ☐ Yes If yes: Date: ____/____/____ Dates & # of Days Lost _____

Part III: Attachments

☐ Field Incident Report(s) Number:_____ ☐ Activity & Site Report ☐ SOAP Note

☐ Witness Report(s) Number:_____ ☐ External Communication Log ☐ LOP Form

☐ Site Photo(s) Number _____ ☐ Other: _____

Part IV: Written Report

Describe what happened during and after the incident in as much detail as possible:

Signature: _____ Date: ____/____/____

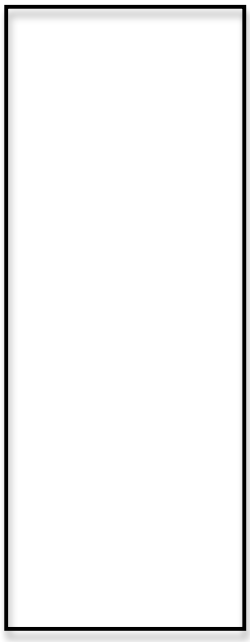
Activity & Site Report

Case Number_____

Name: _____ Date: ____/____/____

Part I: Activity Progression

Diagram the activity progression on the day of the incident in the rectangle on the left-hand side of the page; label and briefly describe each activity block; note the approximate start and end times. Use the right-hand side of the page for notes. Designate the location of the incident within the progression with a line, time, and brief description. Label stationary (SS) and moving (MS) sites. Indicate instructor positioning during all moving sites and at time of incident.



Part II: Incident Site Map

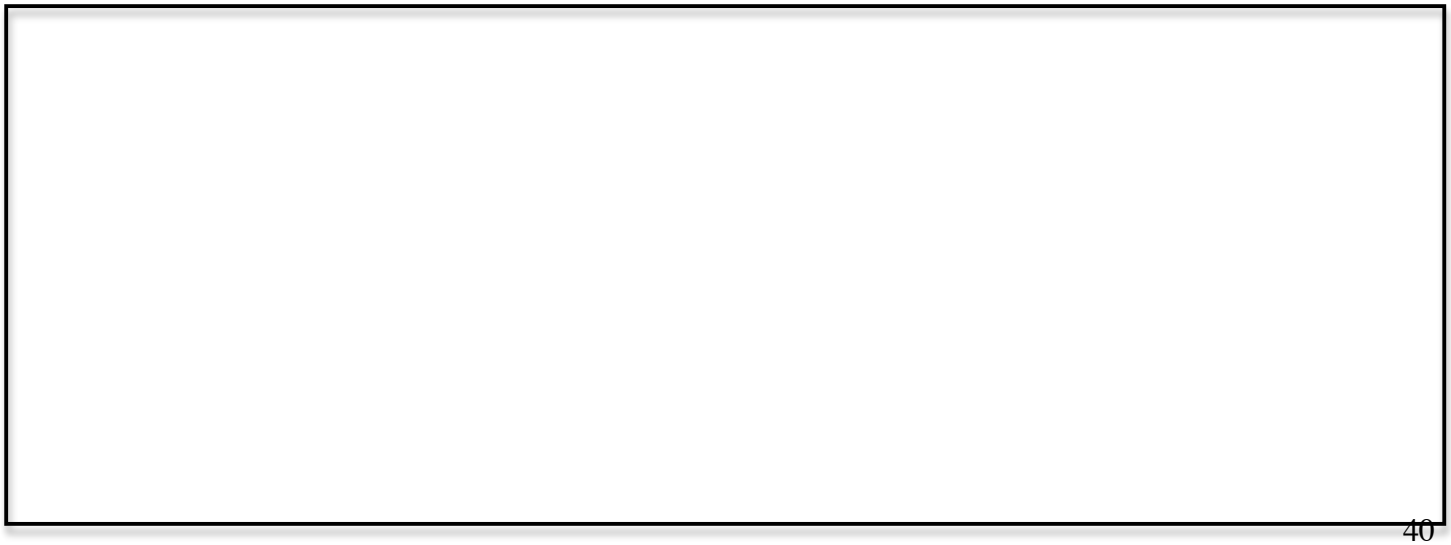
List title, author, and edition of any Guide Books used at the time of the incident:

Title: _____ Author _____ Edition: _____

Indicate the type of map and the appropriate river mile, trail mile, or map coordinates at the time of the incident:

Map: _____ Location: _____

Draw a map of the incident site. Label all hazards, safe zones, staff positions, and student positions at the time of the incident; name each person. Use arrows to indicate movement.



Part III: Site Management Plan

Describe the desired outcomes of the activity and the site management plan at the time of the incident in as much detail as possible; refer to the site map as necessary.

Desired Outcomes:

Site Management Plan:

Comments:

Recommendations:

Signature: _____ Date: ____/____/____

Witness Report # _____ Case Number_____

Name: _____ Date: ____/____/____

Describe what happened during and after the incident in as much detail as possible:

Signature: _____ Date: ____/____/___

Post-Incident Report

Case Number_____

Name: _____ Date: ____/____/____

Review in detail the design and management involved in the incident and check all that apply and discuss in comments section at end of report.

Site Management at the time of the incident:

- ☐ Stationary
- ☐ Moving
- ☐ Transition/Safe Zone

Design Issues

- ☐ Course was itinerary driven causing increased time pressure and increased risk of poor decisions
- ☐ Poor daily activity progression
- ☐ "Tools" were not introduced in a progressive manner prior to the incident
- ☐ Staff prioritized potential educational outcomes over safety
- ☐ Inaccurate assessment and use of students
- ☐ Inaccurate assessment and use of resources
- ☐ Inaccurate assessment and/or use of equipment; equipment failure.
- ☐ Inaccurate assessment of site & hazards
- ☐ Inappropriate activity design
- ☐ DID NOT teach basic rescue & medical skills prior to incident

Inadequate Framing

- ☐ New skills & site related movement were not clearly covered prior to the start of the activity.
- ☐ STOP & START signals and procedures were unclear when the incident occurred.
- ☐ The boundaries & safe zones were unclear when the incident occurred.

Site Management Issues

- ☐ Ineffective instructor and or student positions.
- ☐ Missed a transition point from moving to stationary site management.
- ☐ Poor communication/feedback among staff and/or participants during the activity.
- ☐ The incident occurred when a stationary site become an unplanned moving site.
- ☐ Students were not properly trained/prepared for a successful intervention and/or rescue.

Illness

Illness was a result of:

- ☐ Poor camp hygiene
- ☐ Poor personal hygiene
- ☐ Inadequate nutrition
- ☐ Insect vector

Behavioral/Motivational

- ☐ Was law enforcement involved? ..... Yes No
  - o If yes, was the person involved charged? ..... Yes No
- ☐ Was the person involved in the incident undergoing treatment or counseling prior to the course? . Yes No

- If yes, was this information available to the instructors prior to the start of the course? ..... Yes No

☐ Was the person involved in the incident prescribed meditations by their physician? ..... Yes No

- If yes, was this information available to the instructors prior to the start of the course? ..... Yes No
- If yes, where they current with their medications at the time of the incident? ..... Yes No
- If no, briefly explain:

_____

_____

_____

_____

Administrative Design Issues

☐ Inappropriate course area and/or activity site choices
☐ Inappropriately designed outcomes and/or progression
☐ Inflexible logistical & route time lines
☐ Inaccurate risk assessment

Admissions Issues

☐ Inadequate equipment: choice maintenance replacement failure
☐ Inadequate admission requirements for program
☐ Course description/medical form does not adequately address health requirements for the program's activities, physical exertion, & environment
☐ Inadequate written material: SOP LOP Course Area Guides EAP

Administrative Transportation Issues

☐ Overloaded vehicles
☐ Improper gear storage
☐ Inadequate trailer systems (lights, brakes, etc.)
☐ Inadequate vehicle: maintenance condition replacement maintenance log
☐ Time pressure
☐ Night transport

Incident Response

Was the incident response by field staff appropriate and effective? ..... Yes No

If no, was it due to:

☐ Inadequate Rescue Skills
☐ Inadequate Medical Skills
☐ Inadequate Communication
☐ Inadequate EAP
☐ Inadequate External Support Other_____

Post Report Actions

☐ Incident reported to the Wilderness Risk Managers Committee Incident Reporting Project
☐ Internal Review Requested by Risk Management Team
☐ External Review if Appropriate

Comments

Recommendations

Actions Taken

Signature: _____ Date: ____/____/____

External Communication Log Case Number_____

RLS Emergency Contact Protocols

If incident is a Level I activate EMS first.

- EMS - 911/Sheriff/State Patrol/Ranger/Ski Patrol. This contact information is listed on the Safety Management form(s) for each course.
- Contact Ithaca College Campus Safety: (607) 274 3333 to activate CERT

After EMS has been contacted or if incident is a Level II or III proceed to contact:

1. Course Instructor: Work: (607) 274 7350 Home: (607) 319 4532 Cell: (607) 379 2929
    a. If Chris P. is unavailable proceed to #2
2. Department Chair: Work: (607) 274 1736 Home: (607) 564 1079 Cell: (607) 280 4226
    a. If the Chair is unavailable proceed to #3
3. HSHP Dean: Work: (607) 274 3237 Home: (607) 532 4100 Cell: (607) 339 7217
    a. Dean of the School of Health Sciences and Human Performance
4. Provost of Academic Affairs: (607) 274 3113
5. Office of Risk Management: (607) 274 3285

***** To facilitate communication between the field and the emergency contact it may be useful. The Satellite phone number is: 8-8-164-148-8667. The phone must be turned on for the phone to receive incoming calls. There is no voice mail.

Secondary Contacts

The emergency contact will continue the emergency contact protocols by informing the following of the situation;

- Medical Advisor: Work: (607) 274 3177 School Year: 607.229.3392 Summer: 607.280.7325
  Hammond Health Center Physicians Assistant
- Associate Director of Ithaca College Media Relations: Work: (607) 274 1440 Cell: (607) 279 3168

Time Called	Person Called	Action Taken

Time Called	Person Called	Action Taken