

INTERGROWTH®2019

ONSITE CRISIS & INFORMATION PLAN

Event Name: InterGrowth 2019

Location: Hilton Bonnet Creek & Waldorf Astoria Orlando

Onsite Dates: Friday, May 3, 2019 – Thursday, May 9, 2019

Estimated Attendance: 2,000 participants

InterGrowth 2019 Staff

Name	Title	Cell Phone
Alston, Claire	Manager, Chapters & Membership	
Belcaster, Moya	Sr. Manager, Finance & Accounting	
Buenik, Shannon	Sr. Director, Strategic Planning & Governance	
Butler, Kelly	Sr. Manager, Conferences and Events	
Cooper, Laura	Sr. Director, Finance	
Costes, Cleric	Manager, Chapter & Membership Services	
Craven, Karen	Vice President, Communications	
Dorsey, Ariel	Sr. Director, Conferences and Events	
Ehrhart, Cassie	Manager, Education & Programs	
Erazo, Iris	Manager, Accounts Payable	
Fishman, Kaitlyn	Director, Strategic Partnerships	
Friske, Jason	Director, Chapter Operations	
Glick, Ben	Associate, Marketing & Communications	
Lubluban, Brian	Director, Creative & Branding	
Marsico, Ben	Manager, Legislative & Regulatory Affairs	
McAvoy, Michelle	Manager, Creative & Branding	
Melendes, Christine	Vice President, Strategic Events & Partnerships	
Meredith, Joy	Sales Representative, MMG Magazine	
Merrick, Hollie	Partnership Team	
Mulligan, Katie	Editor-in-Chief, MMG	
O'Loughlin, John	Chief Operating Officer & CFO	
Thompson, Nicole	Senior Manager, Marketing & Communications	
Whittet, Leslie	Vice President, Chapter Operations	
Wolvin, Maria	Vice President and Senior Counsel, Public Policy	

Internal Communication Plan

In case of an emergency, the following steps will take place:

1. ACG Core Contact Team will meet to assess the situation.
2. A message will be sent by Christine Melendes to the entire ACG Staff via **WhatsApp** (download WhatsApp before leaving for conference) informing the group of the situation. The message will have details about the emergency and should not be replied to unless you have useful information about the situation.
3. A follow-up message will be sent via WhatsApp with specific instructions for each team member affected by the emergency.
4. Once you have received your specific instructions, continue to communicate with Christine and Ariel.

***All ACG Staff must download the WhatsApp program prior to April 30, 2019 for testing.**

***All ACG Staff with smartphones should save this document to a file folder for quick reference.**

ONSITE EMERGENCY PROCEDURES

Important Numbers (also see Emergency Procedures section of this document)		
HOTEL SECURITY EMERGENCY		Hilton Security at extension 22 on a house phone.
Local Police	911	
Local Fire	911	
Local Ambulance:	911	
Insurance Company: Mesiraw		Please see John if you have any insurance questions/needs

The safety of staff, leadership, attendees, speakers, sponsors and exhibitors is a top concern while we are onsite. The role of the InterGrowth staff is to ensure the facility is doing their job, provide support when and if we can, and communicate with the InterGrowth attendees.

Staff Response

At the hotel, all staff should report to Brevard Meeting Room, Lower Level. From there jobs will be determined. If we need to evacuate the building, behind the building, at the Parking Garage. If emergency crews determine the area is not safe, please listen to their instructions and do as instructed.

REMINDER: If we need to evacuate the building, staff should meet behind the building, at the Parking Garage. If emergency crews determine the area is not safe, please listen to their instructions and do as instructed.

Hotel Security

From any house phone dial (22) for emergencies.

Onsite Emergency Procedures

Physicians –Physicians will make hotel visits for guest convenience. Contact Christine Melendes first.

East Coast Medical Network

Phone: 1-855-326-5252

Nearest Emergency Room/Hospital:

Florida Hospital Celebration Health

400 Celebration Pl, Kissimmee, FL 34747
approximately 7 miles from the Hilton Orlando Bonnet Creek

First to react - If you become aware of a life-threatening or potentially life-threatening situation, contact the hotel security office by picking up a house phone. If you are unable to locate an in-house phone, do not hesitate to call 911.

Have the following information available when you enact the emergency response plan:

- Type of emergency
- Number of people involved
- Location of emergency

After making your first call, you must notify Christine Melendes. Please see the InterGrowth Phone Tree (included in this document) for further instructions.

If you become aware of a serious or potentially serious situation that is not life threatening, please contact Christine Melendes. Discussions with the facility and/or law enforcement will be initiated to determine the appropriate response.

Staying Safe Onsite

As with any destination, it is recommended that convention attendees practice common sense and do not wander into deserted, non-tourist areas of the city.

Health – The work and hours you will be keeping during your time at InterGrowth will require you to take good care of your body. Please drink lots of water, eat regularly and get enough sleep. Limit alcohol consumption. Be sure to bring sunscreen, as some events take place outdoors.

Terrorism

Members of the public should always remain alert to the danger of terrorism and report any suspicious activity to the police. If you need to contact emergency services, call 911. If your information does not relate to an imminent threat, please contact security at the hotel.

Be prepared to move if your cover moves.

Active Shooter Protocol

Quickly determine the most reasonable way to protect your own life. Remember that attendees are likely to follow the lead of employees and onsite event managers during an active shooter situation.

1. RUN - If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

2. HIDE - If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the active shooter is nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

3. FIGHT As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

Bomb Threat Protocol: If there appears to be a suspicious item, follow these procedures:

- Remain calm.
- Do **NOT** touch, tamper with, or move the package, bag, or item.
- Notify authorities immediately:
 - Call 911 or your local law enforcement if no facility supervisor is available.
 - Explain why it appears suspicious.

- Follow instructions. Facility supervisors and/or law enforcement will assess the situation and provide guidance regarding shelter-in-place or evacuation.
- If no guidance is provided and you feel you are in immediate danger, calmly evacuate the area. Distance and protective cover are the best ways to reduce injury from a bomb.

Be aware. There could be other threats or suspicious items.

Safety and Security

Crime

When in public areas:

- Always be mindful of your belongings. Thieves look for opportunities in busy places with distractions such as crowds, gaming areas or retail areas.
- Be aware of your surroundings when using your cell phone in public; don't give thieves the chance to run up and steal your phone right out of your hand!
- Don't wear expensive jewelry as you're walking out and about.
- Carry shoulder bags or other handbags under your arm, not by the handle. Do not hang your purse over the back of a chair. Men should carry their wallets in their front pocket.
- Know where you're going. Get a map, use an app, plan your route ahead of time.
- Do not accept or drink beverages from a street vendor. Many of these vendors are not legally licensed/permitted to handle food or drink for public consumption.
- Ignore panhandlers.

While Staying at a Hotel:

- Do not leave valuables, including your workbag/purse/computer/etc. in the staff office overnight.
- Place all valuables in your hotel room safe; or with the hotel front desk (be sure to keep an inventory of what was deposited).
- Never prop open your door for any reason, this allows thieves easy access to you and your belongings.
- Never open your hotel room door unless you know who is there. If you didn't expect hotel services, call to verify they should be at your door. Don't invite strangers to your room.
- Hang the "Do Not Disturb" sign on the outside doorknob and leave a light or TV on while away.
- Be aware of unsolicited food/business flyers left at your hotel door. Immediately notify hotel security if you receive any of these items at or inside your room.
- Hotel management will never ask for a credit card number or personal information over the phone after you've checked in. Never give any credit card number or personal information over the phone.
- If you see something suspicious, immediately call hotel security.
- Inquire at the front desk about safe places to eat, shop, walk, jog, etc.
- Know where the fire escapes, elevators and emergency exits are.
- Report any lost or stolen items to hotel management and to the police.
- Confirm the Wi-Fi you're connecting to is the hotel's.

Hotel Emergencies

In case of an emergency in the hotel that requires you to evacuate the building, the public-address system will announce what steps you need to take. Please keep the following in mind when preparing to evacuate your room:

1. Take your key with you.
2. Test your door for heat and smoke before exiting by feeling it with the back of your hand.
3. Never grab the door handle in the event of fire or smoke.
4. If the hallway is clear, exit by using the nearest stairwell. Take the stairs to the 1st floor.
5. Never use the elevators in case of an evacuation.

If the door is warm or the hallway impassable:

1. Place wet towels at the base of the door
2. Call 911
3. Call hotel desk and give them your name, room number, and the nature of the emergency
4. Turn off your air conditioner or heater to keep smoke from entering the room
5. Stay low and avoid inhaling smoke
6. DO NOT open windows to room

Stay calm until the Fire Department personnel arrive on the scene to assist in the evacuation process

MEDICAL EMERGENCIES

A basic first aid kit can be found in the staff office for any needs of the staff – blisters, headache, minor cuts. If you have a larger medical emergency, or are with an attendee who has a medical issue, please follow the below protocols.

Trained, licensed personnel should always provide medical assistance. In the event that medical personnel are not available or it will take some time for them to get to the scene, consult with 911 or other medical personnel via the phone before any action is taken. If no medical personnel are available, use the following First Aid Response Primer as a guide. Designate an InterGrowth Staff member to find a trained, off-duty medical person that may be an attendee or a guest at the hotel. The following first aid procedures should only be used when trained medical personnel are not available.

Allergic Reaction

A severe allergic reaction (anaphylaxis) can produce shock and life-threatening respiratory distress. It can occur within seconds or minutes in sensitive individuals exposed to a specific allergy-causing substance. Almost any allergy-causing substance can cause the response, including insect venom, pollen, latex, certain foods and drugs. Some people have anaphylactic reactions of unknown cause.

If you are extremely sensitive, you might break out in hives and your eyes or lips may swell severely. The inside of your throat may swell as well, possibly progressing to difficulty breathing and shock. Dizziness, mental confusion, abdominal cramping, nausea or vomiting may also accompany a severe allergic reaction.

If you have had an anaphylactic reaction in the past, carry medications with you as an antidote. Epinephrine is the most commonly used drug for severe allergic reactions. The effects of the medication are only temporary, though. Seek further medical attention immediately.

If you observe an allergic reaction with signs of anaphylaxis:

1. Seek emergency medical assistance immediately.

2. Check to see if the person is carrying special medication to inhale, swallow or inject to counter the effects of the allergic attack.
3. Perform cardiopulmonary resuscitation if the person is not breathing or has no pulse.

Heart Attack

A heart attack occurs when the arteries supplying your heart with blood and oxygen become blocked. This loss of blood is what injures your heart muscle. A heart attack generally causes chest pain for more than 15 minutes, but it can also be silent and have no symptoms at all.

About half of heart attack victims have warning symptoms hours, days or weeks in advance. The earliest predictor of an attack may be recurrent chest pain that's triggered by exertion and relieved by rest.

The American Heart Association lists these warning signs of a heart attack. Be aware that you may not have all of them, and that symptoms may come and go. Symptoms include:

- Uncomfortable pressure, fullness or squeezing pain in the center of your chest, lasting more than a few minutes
- Pain spreading to your shoulders, neck or arms
- Light-headedness, fainting, sweating, nausea or shortness of breath

If you suspect a heart attack or even indigestion, act immediately:

- Call 911. The operator contacts the emergency medical services (EMS) system. In areas without 911 service, call the emergency medical response system. It's usually better to call these emergency numbers first. Calling your doctor may add unnecessary time. When you call, describe symptoms such as severe shortness of breath or chest pain. This ensures a priority dispatch of EMS responders (paramedics) trained in basic and advanced cardiac life support. Most EMS units carry portable defibrillators. Restoring normal heart rhythm by delivering electrical shocks to the heart is critical to early treatment and survival. Many police and fire rescue units also carry defibrillators and may respond before an ambulance does.
- Begin CPR. If the person you are calling about is unconscious, an emergency dispatcher may advise you to begin mouth-to-mouth rescue breathing and chest compression (cardiopulmonary resuscitation, or CPR). Even if you're not trained, a dispatcher can instruct you in CPR until help arrives.
- Decide on the fastest method of transportation. A dispatcher automatically notifies the closest well-equipped EMS unit. Ideally, EMS responders should reach you within 4 to 5 minutes. If you live in a rural or large metropolitan area, however, you may get someone to the hospital faster by driving him or her yourself. If you think you're having a heart attack, ask someone to drive you. Never drive yourself.
- Go to the nearest emergency cardiac care facility. Identify in advance the nearest center staffed 24 hours a day with physicians trained to provide emergency cardiac care.
- Chew aspirin. Aspirin inhibits blood clotting, which helps maintain blood flow through a narrowed artery. When taken during a heart attack, aspirin can decrease death rates by about 25 percent. If you think you are having a heart attack, take one regular-strength aspirin and chew it to speed absorption.

Broken Bone

After injury or trauma, dial 911 or call for emergency medical assistance if:

- The person is unresponsive, isn't breathing and isn't moving. Begin cardiopulmonary resuscitation (CPR).
- There is heavy bleeding.
- Even gentle pressure or movement causes pain.
- The limb or joint appears deformed or the bone has pierced the skin.
- The part of the injured arm or leg farthest from the heart, such as a toe or finger, is numb or bluish at the tip.

Take these precautions immediately while waiting for medical help:

1. Stop the bleeding. If there is bleeding, press directly on the wound with a sterile bandage, a clean cloth or a piece of clothing. Try to elevate the injured area above the heart to reduce bleeding and swelling. Apply pressure until the bleeding stops.
2. Immobilize the area. Keep the joints above and below the fracture immobilized, but do not try to set the bone. A splint stabilizes the damaged parts and prevents unwanted movement, which could aggravate tissue damage. Proper splinting may reduce pain. The less movement of the affected area, the better.
3. To design a splint, use a rigid material such as wood, plastic or metal. The splint should be longer than the bone it is splinting and extend below and above the injury. Pad the splint with gauze wherever possible. Pads make the splint more comfortable and help keep the bones straight.
4. Fasten the splint to the limb with gauze or strips of cloth or string. Start wrapping from the extremity and work toward the body. Splint the limb firmly to prevent motion but not tight enough to stop blood flow.
5. To splint the lower portion of an arm (forearm): Tie rolled magazines or newspapers around the forearm. Wrap a sling over the shoulder and a band around the sling to help keep the elbow still.
6. To splint the lower portion of a leg (shinbone): Place the entire leg between two splints. If no splints are available, use the healthy leg as a splint to impede movement of the broken one. If the thighbone is broken, immobilize the hip joint by gently moving the person onto a rigid surface such as a tabletop or door.
7. Apply cold. If ice is available, wrap the ice in cloth and apply it to the splinted limb.
8. Treat for shock. If the person becomes faint or is breathing in short breaths, he or she may be in shock. Lay the person down with the head slightly lower than the trunk and elevate the legs.

Burns

To distinguish a minor burn from a serious burn, determine the degree and extent of damage to body tissues. These three classifications will help you determine emergency care:

First-degree

The least serious burns are those in which only the outer layer of skin (epidermis) is burned. The skin is usually red, with swelling and pain sometimes present. The outer layer of skin has not been burned through, though. Treat a first-degree burn as a minor burn unless it involves substantial portions of the hands, feet, face, groin, buttocks or a major joint.

Second-degree

When the first layer of skin has been burned through and the second layer of skin (dermis) is burned, the injury is termed second-degree. Blisters develop and the skin takes on an intensely reddened, splotchy appearance. Second-degree burns produce severe pain and swelling. If the burn is no larger than 2 to 3 inches in diameter, treat it as a minor burn. If the burned area is larger or if the burn is on the hands, feet, face, groin, buttocks or a major joint, get medical help immediately.

For minor burns, including second-degree burns limited to an area no larger than 2 to 3 inches in diameter, take the following action:

- Cool the burn. Hold the burned area under cold running water for 15 minutes. If this is impractical, immerse the burn in cold water or cool it with cold compresses. Cooling the burn reduces swelling by carrying heat away from the skin.
- Consider a lotion. Once a burn is completely cooled, a lotion, such as one containing aloe vera, or a moisturizer prevents drying and makes you feel more comfortable.
- Cover the burn with a sterile gauze bandage. Don't use fluffy cotton, which may irritate the skin. Wrap the gauze loosely to avoid putting pressure on burned skin. Bandaging keeps air off the affected area, reduces pain and protects blistered skin.
- Take an over-the-counter pain reliever. These include aspirin, ibuprofen (Advil), naproxen or acetaminophen (Tylenol). Minor burns will usually heal in about 1 to 2 weeks without further treatment. They may heal with pigment changes, meaning the healed area may be a different color than the surrounding skin. Watch for signs of infection such as increased pain, redness, fever, swelling or oozing. Infection will cause poor healing and further damage. If infection develops, get medical help immediately. Avoid re-injuring or tanning if the burns are less than a year old — doing so may cause more extensive pigmentation changes.

Caution

- Do not use ice. Putting ice directly on a burn can cause frostbite, further damaging your skin.
- Do not break blisters. Fluid-filled blisters protect against infection. If blisters break, wash the area with mild soap and water, then apply an antibiotic ointment and a gauze bandage. Clean and change dressings daily.

Third-degree

The most serious burns are painless and involve all layers of the skin. Fat, muscle and even bone may be affected. Areas may be charred black or appear dry and white. The person may experience difficulty inhaling and exhaling. Carbon monoxide poisoning or other toxic effects may occur if smoke inhalation accompanies the burn.

For major burns, dial 911 or call for emergency medical assistance. Until an emergency unit arrives, follow these steps:

- Don't remove burnt clothing. Do make sure the victim is no longer in contact with smoldering materials or exposed to significant smoke or heat.
- Make sure the burn victim is breathing. If breathing has stopped or you suspect the person's airway is blocked, try to clear the airway or do CPR.
- Cover the area of the burn with a cool, moist sterile bandage or clean cloth.

Puncture Wound

A puncture wound does not usually result in excessive bleeding. Often there's little bleeding, and the wound seems to close almost instantly. Treatment is still necessary. A puncture wound — such as stepping on a nail or being stuck with a tack — carries the risk of infection. The object that caused the wound may carry spores of tetanus or other bacteria, especially if the object had been exposed to soil. Puncture wounds resulting from human or animal bites, including those of domestic dogs and cats, may be especially prone to infection. If the bite was deep enough to draw blood, seek medical attention. Otherwise, follow these steps:

- Stop the bleeding. Minor cuts and scrapes usually stop bleeding on their own. If they don't, apply gentle pressure with a clean cloth or bandage. If bleeding persists — if the blood spurts or continues to flow after several minutes of pressure — seek emergency assistance.
- Clean the wound. Rinse the wound with clear water. Don't use soap - it can irritate the wound. If dirt or debris remains in the wound after washing, use tweezers cleaned with alcohol to remove the particles. If debris remains embedded in the wound, see your doctor. Don't attempt to remove the debris by yourself. Thorough wound cleaning also reduces the risk of tetanus. To clean the area around the wound, use soap and a washcloth. You can also use hydrogen peroxide, iodine or an iodine-containing cleanser, but these substances are irritating to living cells. Do not apply them directly to the wound itself.
- Apply antibiotic. After you clean the wound, apply a thin layer of an antibiotic cream or ointment such as Neosporin or Polysporin to help keep the surface moist. The products don't make the wound heal faster, but they can discourage infection and allow your body's healing factors to close the wound more efficiently. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.
- Cover the wound. Exposure to air speeds healing, but bandages can help keep the wound clean and keep harmful bacteria out. Cover blisters that are draining until a scab forms.
- Change the dressing at least daily or whenever it becomes wet or dirty. If you are allergic to the adhesive used in most bandages, switch to adhesive-free dressings or sterile gauze and hypoallergenic paper tape, which does not cause allergic reactions. These supplies are generally available at pharmacies.
- Watch for signs of infection. See your doctor if the wound doesn't heal or if you notice any redness, drainage, warmth or swelling. If the puncture is deep, contaminated or the result of an animal or human bite, see your doctor. He or she will evaluate the wound, clean it and close it. If you have not had a tetanus shot within the last five (5) years, your doctor may recommend a booster. In this case you should have the booster within 48 hours of the injury. If an animal — especially a stray dog or cat or a wild animal — inflicted the wound, you might have contracted rabies. Such incidents should be reported to the county public health department, as required by law in many cities and states.

Poisoning

Look for these signs if you suspect poisoning:

- Burns or redness around the mouth and lips, which can result from drinking certain poisons.
- Breath that smells like chemicals, perhaps gasoline or paint thinner.
- Burns, stains and odors on the person, his or her clothing or on furniture, floor, rugs or other objects in the surrounding area.
- Vomiting, difficulty breathing, sleepiness, confusion or other unexpected symptoms.

Many conditions mimic the symptoms of poisoning, including seizures, alcohol intoxication, stroke and insulin reaction. If you can find no indication of poisoning, do not treat the person for poisoning. Dial 911 or call for emergency assistance.

In the meantime, make the person as comfortable as possible. Treat the person for shock.

If you believe someone has been poisoned:

- Follow the instructions on the product label specifying what to do if a poisoning occurs.

- If the person is alert, give him or her a glass of water or milk to drink. The liquid will slow the rate at which the body absorbs the poison. If the person is weak, lethargic, unconscious or having seizures, do not give anything by mouth.
- If you cannot identify the poison or there are no instructions on the product label, call the local poison control center.
- Don't induce vomiting unless directed by a poison control authority or your physician or unless the label on the poison tells you to.
- If told to induce vomiting, use syrup of ipecac. An alternative is to touch the back of the person's throat to initiate gagging. If you have no other alternative, have the person drink a glass of warm water containing 1 teaspoon of dried mustard or 3 teaspoons of salt. After the person has vomited, give the person a glass of water or milk.
- If the poison has spilled on the person's clothing, skin or eyes, remove the person's clothing. Flush the skin or eyes with cool or lukewarm water, for instance using a shower, for 20 minutes while you seek medical attention.
- Get immediate medical attention. If you have identified the poison, take the container with you. If you don't know what the poison is but the person has vomited, take a sample of the vomit for analysis.

Shock

Shock may result from trauma, heat, allergic reactions, severe infection, poisoning or other causes.

Symptoms may include:

- The skin is cool and clammy and may appear pale or gray.
- The pulse is weak and rapid, and breathing is slow and shallow. Blood pressure is below normal.
- The eyes lack luster and seem to stare. Sometimes the pupils are dilated.
- The person may be conscious or unconscious. If conscious, the person may feel faint or be very weak or confused. Shock sometimes causes a person to become overly excited and anxious.

If you suspect shock, even if the person seems normal after an injury:

- Have the person lie down on his or her back; elevate feet higher than the head. Keep the person from moving unnecessarily.
- Look for the signs of shock noted above.
- Keep the person warm and comfortable; cover with a blanket. Loosen tight clothing. Do not give the person anything to drink.
- If the person vomits or bleeds from the mouth, place the person on his or her side to prevent choking.
- Treat any injuries, such as bleeding or broken bones, appropriately.
- Dial 911 or call for emergency medical assistance.

Severe Bleeding

To stop severe bleeding:

- Have the injured person lie down. If possible, position the person's head slightly lower than the trunk or elevate the legs. This position reduces the risk of fainting by increasing blood flow to the brain. If possible, elevate the site of bleeding.
- Remove any obvious dirt or debris from the wound. Do not remove any objects pierced into the victim. Do not probe the wound or attempt to clean it at this point. Your principal concern is to stop the bleeding.
- Apply pressure directly on the wound with a sterile bandage, clean cloth or even a piece of clothing. If nothing else is available, use your hand.

- Maintain pressure until the bleeding stops. When it does, bind the wound tightly with adhesive tape or a bandage. If none is available, use a piece of clean clothing. If the bleeding continues and seeps through the gauze or other material you are holding on the wound, do not remove it. Instead, add more absorbent material on top of it.
- If the bleeding does not stop with direct pressure, apply pressure to the artery delivering blood to the area of the wound. In the case of a wound on the hand or lower arm, for example, squeeze the main artery in the upper arm against the bone. Keep your fingers flat. With your other hand, continue to exert pressure on the wound itself.
- Immobilize the injured body part once the bleeding has stopped. Leave the bandages in place and get the injured person to the emergency room as soon as possible.

**GENERAL LIABILITY - PUBLIC INCIDENT REPORT
(PRINT CLEARLY)**

1. _____
Name Address Phone

2. Date of Incident _____

3. Date Reported by Injured Party _____

Time of Incident _____ AM PM

4. Injured Party and/or Property Owner _____
Last Name First Name

Address _____

Phone (Home) (Work) Age
Sex

Is contact required? Yes No

5. Nature of Injury or Property Damage as stated by injured party and/or Property Owner:

6. Describe what happened as stated by injured party and/or Property Owner:

7. Describe accurate location of incident:

7a. Weather conditions: Dry Wet Rain Snow Ice

Other _____

8. Witnesses - if none, so indicate.

A. _____
Name Address Phone

Relationship _____

B. _____
Name Address Phone

Relationship _____

C. _____
Name Address

Phone

Relationship _____

9. Witnesses' statements/comments:

A. _____

B. _____

C. _____

10. Did injured request medical assistance? Yes No

If medical first aid rendered, by whom and where taken?

11. Describe what you observed - indicate who, what, where, when, how. Only describe what you saw and learned.

12. List additional information obtained as follow-up to incident.

13. Indicate attachments (if any) i.e., sketch, maps, photos, diagrams.

14. Name and signature of reporting party _____

15. Reviewed and Approved Signature _____ Date _____