

# Five Winds Backcountry Ski Club

Discover the Muskoka Wilderness

### **Emergency Response Plan**

### **Group Action Plan**

The order or need for these actions will depend on the situation. The group needs to work as a team, assigning individuals to tasks.

- Missing individual call their cell phone (see group list for phone number)
- Attend to casualty (first aid if required)
- Call for help See script on next page. One person maintains communication with Emergency Response Service (EMS)
- Determine: location: closest road access point; if group member(s) need to guide EMS to location
- Provide support collect firewood, set up shelter, look carefully in all packs for potential equipment that will help the situation.

#### **Communications**

Refer to group list provided by bus captain.

- EMERGENCY: DIAL 911
- Non-Emergency: OPP 1 888 310-1122
- Bus coordinator
- People in your group
- Other nearby group who could provide assistance
- Bus company

#### Making an Emergency Call to 911

- Stay calm
- Review what you want to say before making the call
- Take a deep breath
- Speak slowly and clearly
- Follow the script for call to EMS as much as possible

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• Don't hang up until told to



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# **Casualty Assessment**

ASK FOR HEALTH FORM: if not available ask for

Emergency			Emergency		
Contact Name		Contact Number			
VITAL SIGNS					
Time of Each Assessment		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Record Actual Time					
Level of Consciousness:					
(Alert, Verbal, Painful, Unresponsive,					
Confused, etc.)					
Describe Breathing: :					
(Rapid, Slow, Shallow, Normal, etc.)					
Describe Circulation:					
(Colour of skin, Temperature, etc.)					
Describe Skin:					
(Sensation, Clammy, Dry, etc.)					
INITIAL COMPLAINT					
HEAD TO TOE CHECK (Ask permission if patient conscious)					
<ul> <li>Palpate and</li> </ul>	Look for: Deformities	s, Open Wo	ounds, Tende	erness, Swelli	ng
Check: Circulation, Sensation, Movement in all extremities					
Head, face, neck					
Shoulders					
Abdomen, pelvis					
Lumbar region					
Neck & spine					
Arms/fingers					
Legs/toes					
If no health form available ask for:					
Allergies					
Health conditions (high blood pressure, asthma, diabetes, heart disease, etc.)					
Medications					
VERBAL REPORT TO EMS (Information to be transferred to script for call to EMS)					
I have a year old (male, female).					
Patient's chief complaint is:					
Patient states  (what patient said in their own words.)					
Patient's level of consciousness is currently:					
Patient exam reveals (results of head to toe exam, read from above)					



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## **Script for Call to EMS**

Before making the call for help, make sure you have the following information:					
This is	My name is I am with a ski group in a remote wilderness area west of Gravenhurst or off Hwy 400 near Muskoka Road # .  My cell phone number is				
Situation	Description of Problem:  Number of people injured, missing or needing help: Condition of victim(s) from Casualty Assessment on next page I have a year old (male, female).  Patient's chief complaint is: Patient states  (what patient said in their own words.)  Patient's level of consciousness is currently:				
	Patient exam reveals (results of head to toe exam, see Casualty  Assessment Form)				
Location	Lat/Long or UTM coordinates: (as applicable for wilderness situation) Latitude Longitude or UTM Easting Northing (see 5W's map)  The closest road access is:off Hwy 400 on Muskoka Road #				
	(OR) from Nine Mile Marina 1205 Nine Mile Lake Rd, Torrance, Ontario P0C 1M0 (705) 762-5303				
	We need assistance from				
Resources Requested	(EMS/ police/rescue/other).				
	List specific needs:				
Our plan	We have taken the following actions:				
	We are planning to do the following:				
EMS plan	Write down what the EMS plan is:				

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