

# Volunteer Safety Manual



**River Forest Park District**

401 Thatcher Avenue • River Forest, IL 60305 • 708-366-6660 • [rfparks.com](http://rfparks.com)

# Volunteer Safety Manual

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## **Welcome and Purpose**

Thank you for volunteering at the River Forest Park District! We are grateful to individuals like you who give their time and talents to our programs. Our successful recreational and leisure programs are a great source of pride for the Village of River Forest. The River Forest Park District is committed to providing safe recreational and leisure activities for its patrons, employees and volunteers. This manual, along with your volunteer safety orientation, is designed to assist you carry out your volunteer duties in a manner that ensures the health and safety of everyone, so our programs continue to provide everyone with an enriching and fun experience!

## **Mission Statement**

To enrich the community through acquisition, development, management, and preservation of parks and open space, while providing fun, meaningful, and safe recreation opportunities for the residents of River Forest.

## **Vision Statement**

The River Forest Park District is our residents' place for fun and community.

## **History**

The River Forest Park District was organized in the summer of 1913 for the purpose of establishing small parks and recreation grounds for the growing village. At the election held on July 31, 1913, 644 ballots were cast. Of these, 395 votes in favor of the setting up of the new Park District, and 249 voted against it. Judge John E. Owens canvassed the election and entered a decree declaring the District organized. Five commissioners were elected who then voted Robert L. Benson the first Board president.

From 1913 until 1992, the Park District served in a capacity as the main provider of outdoor recreation facilities in the community, with the Playground and Recreation Commission of the Village of River Forest primarily responsible for providing public recreational programming during that time.

On March 23, 1992, the Village of River Forest approved an ordinance providing for the merger and assumption of functions of the Playground and Recreation Commission of the Village of River Forest by the Park District. Additionally, the ordinance authorized the Park District to assume the tax levy for the "Playground and Recreation Tax", previously levied by the Village. The Park Board ratified this agreement in April of 1992. Since then, the Park District has had the sole responsibility for providing public recreation programs in the Village.

From 1992 until the present, the Park District has seen steady growth in terms of park acquisition and development projects, coupled with tremendous growth in programming opportunities for children, teens and adults.

## **Safety Responsibilities**

As a volunteer, one of your chief concerns is the safety and well being of the participants and assisting in the prevention of accidents. This can be done effectively through teaching and observing safety rules in all activities and equipment use. Here are some helpful tips:

- Know where the participants are at all times. There is no such thing as being too careful!
- Avoid physical contact with a child unless he/she is going to hurt him/herself or others.
- Be aware of your surroundings. Please report any safety concerns to the Park District immediately.
- Be aware of unusual people. If someone asks you about helping with the program, please direct that individual to the Executive Director, 366-6660 (x101).
- Do not let other children participate in program activities who are not registered.
- Set boundaries for the group. Under no circumstances should participants leave the site.
- Establish safety guidelines the first day of your program.
- Check all equipment to be sure it is in working order. Be aware of potentially dangerous situations: a broken electrical outlet, hanging branches, or overhead power lines.
- **Report all potentially hazardous situations to the Park District.**
- In the case of an emergency, provide shelter and care for your participants and yourself, then proceed to the proper authorities.
- Check gyms and buildings for posted emergency/evacuation procedures and review them with the children.

## **Dress Code**

The River Forest Park District's dress code policy ensures all volunteers present a professional image. Complying with this dress code will also make staff easy to identify. Volunteers will be given either a Park District shirt, uniform or armband

- Staff are required to wear a clean River Forest Park District staff t-shirt, in good repair, and tucked in.
- You are required to wear any identification supplied by the park district, i.e. armband.
- Only clean sport hats without a ragged bill and worn with the bill to the front will be permitted.
- Sweats and warm-ups in good repair (no holes or rips) are permitted.
- Shoes should be appropriate for all activities conducted (e.g., sandals are not appropriate for conducting soccer practice).
- No visible piercings other than small ear piercings are allowed; they must be removed while working
- Any tattoo design deemed to be inappropriate by management will not be allowed; they must be covered.
- Excessive tattoos will not be permitted

## **Conduct**

As a volunteer of the River Forest Park District, you are expected to be polite and helpful to programs participants, their parents or caregivers and your coworkers.

- Use appropriate language at all times; swearing is forbidden.
- Horseplay with participants is not permitted. Maintain friendly but professional relationships with children.
- Cell phones are encouraged to be turned on in case of an emergency

## **Compliments and Complaints**

Feedback, both positive and negative, is very important to the success of any program. Report all feedback to your supervisor. In the event of negative feedback, please follow these guidelines:

- Take any complaint seriously.
- When a parent expresses a concern, give him or her your full attention.
- Try to understand the situation from a parent or caretaker's point of view.
- If the concern is serious, take the parent or caretaker, along with another person such as the Site Supervisor, to a quiet area so you may have a private conversation.
- Ask the Site Supervisor to listen carefully to your conversation, and if possible, take notes.
- While you should always strive to do the best job possible, sometimes things happen unintentionally. An apology usually corrects the situation.
- Saying phrases such as, "I understand how you feel," or, "I would really like your suggestions on how to correct this problem," helps to diffuse anger.
- Write a detailed description of the conversation and have everyone present during the conversation sign the document, and then submit it to the Program Supervisor.
- Providing the parents with a copy of the document lets them know you took the situation seriously.
- Complete a Citizen Concern/Complaint Form (available from your Site Supervisor) in detail, and then submit it to the Program Supervisor, within 24 hours of the original conversation.
- If there is an issue that involves a participant's parent(s), guardian or another staff member and you are uncomfortable dealing with it, talk to the Program Supervisor.
- Record compliments too, because this lets us know the areas in which we are succeeding!

## **Maintaining Positive Relationships with Parents, Guardians and Caregivers**

It is beneficial to begin by greeting all parents, guardians or caregivers. Open the lines of communication early so parents will feel comfortable approaching you with concerns. Make parents aware of the "open door" policy. This will be reassuring to them. Occasionally a parent will become angry and dealing with an angry parent can be uncomfortable. Every situation is different, but all should be handled similarly. Follow these simple guidelines:

- Remain calm and remember that nothing will be accomplished if tempers flare.
- If it is necessary to vent anger, do it with the Site or Program Supervisor and **not** the parent.
- Remember that you are representing the Park District and always be polite and professional.
- In a neutral tone, explain what happened and who was involved.
- If the parent is not satisfied with your explanation, direct him or her to the Program Supervisor.
- Practice good listening skills, allowing the person to state concerns without interrupting.
- Put yourself in the parent's shoes and imagine how you would like to be treated. Watch your body language, maintain good eye contact and keep your voice in a firm, neutral tone.
- Before speaking to a parent, be sure to get all of the details, try to anticipate questions and be ready with answers.
- In the case of a discipline problem, be open, honest and form a partnership with parents and ask for their advice on discipline issues with their child.
- Above all, let parents know you understand and care about their opinions and you will do all you can do to resolve any difficulties.



## **Give a High 5!** **Safety & Behavioral Policy**

In order to ensure the quality of this program and safety of the participants and staff, each participant must be able to **Give a High 5!**

1. Participant must show respect to all participants, staff, Park District patrons, equipment and property.
2. Participant must keep hands, feet, head and other body parts to themselves - fighting, hitting, theft and destruction of property will not be tolerated.
3. Participant must use appropriate language at all times.
4. Participant must be able to follow directions with minimal intervention by staff.
5. Participant must be able to stay with their assigned group.

Resolving Problems if the **Give a High 5** guidelines are not followed:

1. Staff will first attempt to resolve the problem with the participant
2. Park District Supervisor will be consulted
3. Verbal warning (parent will be notified at pick-up)
4. Time out/activity withheld (parent will be notified at pick-up)
5. Written warning #1 (parent will be contacted to pick-up their child immediately)
6. Written warning #2 (parent will be contacted to pick-up their child immediately and the child will be removed from the program and will not be eligible to return this season.)
7. Dismissal from program

Immediate Dismissal

1. Any participant who runs away from the staff will be removed from the program for the remainder of the program. If staff cannot convince the child to return, the police will be called. The staff is not permitted to chase after children or leave the site.
2. Any participant who harms himself or another will be removed (physical and/or verbal abuse).
3. Any participant who abuses staff will be removed.

Physical Violence is not tolerated in this program. The Park District reserves the right to dismiss a participant whose behavior endangers the safety of themselves or others.

### **Code of Conduct-Parent**

Parents are expected to follow the program rules and treat the staff with respect. All program and/or staff issues, comments or concerns should be directed to the Recreation Supervisor. A child whose parents verbally abuse staff will be removed from the program. This includes sarcasm, criticism, yelling, screaming and/or negative comments directed at staff and/or other parents. The police will be called to remove any parent who appears out of control.

### **When to Contact the Police:**

- If a participant makes a direct threat of hurting himself, call the parent/guardian immediately. If a parent/guardian is not available, call the police.
- If a participant becomes overly aggressive and violent, call the police.

## **Liability/Safety**

As a volunteer, your chief concern is the safety and well being of the participants. It is the volunteer's responsibility to assist in the prevention of accidents. This can be done effectively only through teaching and observing safety rules in all activities, equipment use, and in keeping the grounds and equipment in safe and working condition. If an accident occurs due to a failure in job performance, the leader may be held responsible. To ensure this does not happen, follow these tips:

- ✓ **Daily Roll Call and Release of Participants.** A name roll call will be taken daily. In the event that a participant is not on the roster, please request the child's name and inquire as to whether or not they registered and specify the age group of the program. Let the child attend class but tell the parent that you will check with the office. In the event a child is on a roster but does not attend the class, check with the office that the child is registered in the correct class. Upon release of children, the instructor must adhere to the Park District's "check in and out" policy.
- ✓ **Know where the participants are at all times.** Take a head count every day before going outside, going on a field trip, and going inside. Know the "magic number" and count it every 30 minutes or so. The "magic number" is the number of children in the group each day. **Remember there is no such thing as being too careful!**
- ✓ Relatives or friends staying with a participant should not be allowed to attend a program. This presents a liability problem if the child were to get hurt. If the relative or friend would like to enroll in the program and the program leader approves it, they must go through the registration procedure. Never let other children participate in program activities who are not registered for the activity.
- ✓ Set boundaries for the group. If children wander off near the street, leaders will not be able to hear or reach them fast enough to help. Under no circumstances should participants leave the site. This includes playing under the bushes or just around the corner.
- ✓ Always go in groups. **Never let children go to the washroom by themselves.** Walk them to the washroom and wait just outside the outer door.
- ✓ Set up a buddy system. It is much easier to determine if someone is missing when a buddy system is in place.
- ✓ Take registration forms and a first aid kit with you for all off site trips.
- ✓ Do not allow participants to climb trees.
- ✓ Establish safety guidelines the first day of all programs. For example, children should let you know if they must use the rest room (even indoors); participants must wait for a leader before crossing the street, etc.
- ✓ Check all equipment to be sure it is in working order. Be aware of potentially dangerous situations: a broken electrical outlet, hanging branches, or overhead power lines. **Report all potentially hazardous situations to the Park District.**
- ✓ In the case of an emergency, provide shelter and care for your participants and yourself, then proceed to the proper authorities. Stay calm and in control.
- ✓ Volunteers should know all emergency procedures for each park/school. Remind children of these policies.

### **If there is an accident or injury:**

1. Determine the seriousness of the injury.
2. If it is an emergency, call 911. **If you are in doubt, call 911.**  
**It is always better to err on the side of caution!**
3. If the injury is serious but not an emergency, notify the parent or guardian and allow him or her to determine the child's treatment.
4. If a child falls and has a minor cut or bruise, inform the parent when he or she picks the child up so they can monitor for potential complications.
5. Complete an accident form promptly and give to the Program Supervisor.
6. If a child complains of a sore knee or bump and requests an ice pack, try to determine if the affected area really needs one. Sometimes, a little attention and sympathy is all that's necessary.



## **Stranger Danger**

Pedophiles and abductors frequent parks, pool areas and recreation jobs. It's hard to determine good people from bad people. If a stranger is present, approach the individual, introduce yourself and inquire as to their business. If you have any doubts before approaching them or after speaking with them, notify your Supervisor who may choose to call the police. Document any suspicious activity using an Incident Report Form.

- ✓ Look for unusual people in the area. They could be watching and waiting for an opportunity to hurt or take a child.
- ✓ If someone asks you about helping with the camp, direct them to the Director of Parks and Recreation.

## **Missing Child – “Code Adam”**

**Introduction - The “Code Adam” alert is a child safety program and set of procedures designed to recover missing children. Any kind of report (i.e., from staff member, park user, guardian, etc.) that a child is missing should trigger a “Code Adam” alert. The following are duties which agency staff should perform in the event of a missing child:**

### **Person in Charge should:**

- Assess the situation and determine whether or not the child is missing.
- If missing, announce “Code Adam” alert over PA or related communication system. If PA system is inoperable, announce alert using megaphone.
- Provide description (i.e., name, age, gender, physical traits, clothing & shoes) of missing child.
- Initiate search of facility and grounds for the child.
- Suspend regular activity.
- If child is found, reunite child with parent/guardian and announce, “Code Adam Canceled.”
- If child is not found within the first 10 minutes after initial report, (maximum of 10 minutes, will vary depending on situation and facility) notify local police by calling 911.
- Provide police with description of missing child and guardian contact information.
- Contact appropriate staff to implement crisis media management plan.
- Do not release anyone from supervision until police give permission.

### **Staff should:**

- Keep other children/users under supervision.
- Monitor all exterior doors and defined entrances to prevent missing child from leaving the facility.
- Search for missing child using predetermined search sequence.
- If child is found with someone other than parent/guardian, attempt to delay the departure of the person without putting yourself or others at risk.
- If person departs, call police/911 and give description of the person.
- Take attendance.
- Do not release anyone from supervision until “Code Adam” is cancelled and the police give permission.

### **Executive Director:**

- Coordinate response with facility manager and/or emergency authorities.
- Develop message and begin media coordination procedures.

## **Statements Of Admission**

### **Issue**

Agencies practicing good risk management techniques reduce their risks of unforeseen accidents. However, accidents can and do happen. After an accident, many questions may be asked of the agency, such as: "Who will pay for the damage?" "Who was at fault?" "What could or should the agency or employee have done to prevent the accident?" Also, employees who have just witnessed an injury to a patron may naturally feel sympathetic and will often feel and express guilt, even if the employees did nothing wrong. Employees who make statements about fault, causation, guilt, etc. will be placing the agency at risk of loss, either financially or through reputation. Moreover, employees in such stressful situations invariably provide inaccurate, incomplete, or misleading information or misrepresent the position of the agency or the law. Such comments and statements unnecessarily expose the agency to potential liability and/or unfounded public scrutiny. In order to provide the most accurate, consistent information to the public and possible media outlets, a "Statement of Admission" policy should be developed by the agency.

### **Statements of Admission**

When an accident occurs, no matter how insignificant it may seem to be, it is of the utmost importance never to admit to guilt or negligence of any kind until there is a formal investigation of the matter by your supervisors and the causes of the incident have been determined. You are required to contact the immediate Supervisor or Manager and not to render speculation on the causes of the incident. Any and all questions relating to an accident involving River Forest Park District property and/or personnel must be directed to the Executive Director or Agency Spokesperson.

### **Verbal Contact with News Media**

All questions or inquiries made by television and newspaper media should be directed to the Executive Director. Volunteers are not permitted to discuss with the media questions relating directly to their specific operation including such things as program information, general staff information, operational procedures, etc.

## **Field Trips**

### **Field Trip Checklist:**

When taking children on a field trip or a short distance from the program site, all volunteers should:

- Take a first aid kit;
- Take children's emergency forms;
- Take all necessary items such as sweatshirts, jackets and water;
- Prepare the route to be taken, and avoid major traffic intersections;
- Leave the route with the Program Supervisor.

### **Field Trip Guidelines:**

- Always know how many children are in the group (magic number);
- Keep the children within sight;
- Frequent water and bathroom stops discourage wandering;
- Always use partners or a buddy system (separating potential problems);
- In organized playgrounds, station staff so all areas can be seen;
- Make dangerous equipment off limits.

## **Accident/Incident Report**

Any time a participant or volunteer is injured - **no matter the severity** - an accident report is to be completed. All accidents should be brought to the attention of the Park District. It is the responsibility of the senior staff member to complete the report and submit it to the Safety Coordinator.

Any incident that should arise, other than an accident, should also be documented in the form. An incident is defined as a possibly harmful situation caused by the actions of an individual. Be very specific, and do not mention the incident to the general public or press. Incidents should be brought to the immediate attention of the Program Supervisor. If you are in doubt as to whether a situation warrants an Incident Report, ask the Program Supervisor. Things that may not seem significant at the time might have the potential to turn into a problem at a later date, so use your judgment, and always ask when in doubt.

1. Call the Park District Headquarters at 366-6660 and alert them to the situation immediately.
2. Inform the Program Supervisor about the situation so an "Accident/Incident Report" may be completed.

**Reports must be signed and submitted to the Safety Coordinator within 24 hours of the accident/incident.**

## **First Aid for Common Emergencies**

- For serious injuries **call the paramedics** if a qualified staff member is not present or available and then call the parents or emergency contact.
- With today's danger of AIDS and other blood borne pathogens you must be careful when exposed to the blood of anyone. Always use gloves even if the injury is small.
- After giving care, do not touch your mouth, nose eyes, any open or scabbed wound or eat or drink until you have thoroughly washed your hands.

### **Animal Bites:**

Call the police. Clean the wound with soap and water. Control any bleeding.

### **Bee Stings:**

Check to see if the stinger is still in the skin. An embedded stinger still contains venom. If you see a stinger, scrape it out with your fingernail or a stiff-edged object. Do not squeeze the stinger. Doing so could release more venom. Apply an ice pack to sting for several minutes to reduce swelling. Apply a paste of baking soda and water (if available). Keep a close eye on the child. If the child has never been stung before you will not know if he/she is allergic. Signs of an allergic reaction include weakness, hives, swelling of the eyes, face or tongue, nausea, difficulty breathing and swallowing, and unconsciousness. If a child shows any of these signs, immediately call **911**.

### **Bleeding:**

When an injury is severe, call **911**, and control the bleeding until help arrives. To help control bleeding, cover the wound with a clean gauze pad and apply direct pressure. If the blood soaks through, apply more gauze pads. Do not remove blood-soaked gauze pads, they will aid in the clotting process. Do not tape the gauze to the skin. Have person hold injured appendage above the heart.

### **Blisters:**

Be careful not to rupture the blister. Treat as a wound. Clean and apply sterile dressing with a loose bandage.

### **Bruises & Sprains:**

Apply a cold, wet towel, and ice to reduce swelling. Elevate above the heart.

### **Burns (chemical):**

A chemical can continue to burn long after its initial contact with the skin as it reacts to different skin layers. A burn must be flushed with water for at least 15 minutes. Have the person remove any jewelry or clothing covered with chemicals after a few minutes of initial flushing.

### **Burns (thermal):**

For a first and second-degree burns, hold under cold water for at least 15 minutes. Do not put anything on the burn besides water. Apply a dry, sterile dressing. For third degree burns, seek medical attention immediately. Treat victim for shock.

### **Simple Fracture:**

It is often difficult to tell whether an injury is a fracture, dislocation, sprain or strain. These injuries can all display a range of similar symptoms - pain, swelling, deformity and loss of motion. Broken bones do not always break through the skin or even show evidence of deformity. As a general rule, if you have any suspicion that a bone might be broken, assume it is and get medical help. It is important to keep the patron calm and keep the injured limb immobilized. Call the parents/emergency contact and ask them to come and pick up the patron. If the injury is serious call **911**, then the parents or emergency contact.

### **Compound:**

The wound extends from the fracture through the skin in a compound fracture. The end of the broken bone may protrude. Do not move the victim. Control any serious bleeding. C

### **Eye Injury:**

Flush the eye with water if matter is in the eye. Do not attempt to remove objects embedded in the eye. Seek medical help immediately. Apply a cold compress to a blow received to the eye. Do not apply direct pressure to any bleeding and call **911** for help.

### **Head/Neck/Back:**

**Do Not Move the Victim.** Have someone else call **911**. Any movement, even a slight jostling, can further damage nerves, resulting in paralysis. Tell the victim not to move and hold the head and neck still. Stay until medical help arrives. If a patron has received a hard blow to the head and is up and moving around right after the incident, it does not necessarily mean that he/she is fine. Symptoms may not develop for 24 hours. Notify the parents or emergency contact of the incident.

### **Heat Exhaustion:**

Move to a cooler location. Victim must relax and elevate feet. Loosen or remove clothing. Cool victim down with fan, cold packs, and wet towels. Replenish liquids slowly by giving ½ of a glass of water every 15 minutes.

### **Heat Cramps:**

Move to a cooler location. Apply firm hand pressure to muscle to relieve the cramp. Treat for heat exhaustion.

### **Poison Ivy/Oak:**

Wash skin with soap and warm water as soon as possible. After ten minutes the oils will penetrate the skin and cannot be washed off. Be sure to scrub under the fingernails with a brush to prevent spreading of the oils to other parts of the body. Calamine lotion may be applied to skin to decrease itching. 1-% hydrocortisone cream may be applied four times per day to relieve inflammation and itching. In cases of severe or extensive rash, especially around face or genitals, see a doctor.

### **Shock:**

Place victim on his/her back. Elevate feet 8-12 inches. Provide shade from the sun and loosen clothing. If person has trouble breathing, put in a semi-reclining position. If vomiting occurs, place victim on his/her side. **With a head, neck or back injury, do not move the victim. Contact paramedics immediately.**

### **Wound:**

Wash the area well with soap and water. Control any bleeding. Do not remove any object that is embedded in the wound, it will only worsen the bleeding. Cover with clean bandage.

## **Managing Bodily Fluid Spills**

The following procedures will be followed when dealing with any bodily fluid spills by any participant or employee whether or not the individual is known to have a communicable disease.

1. All bodily fluids (blood, saliva, urine, secretions from sores or open wounds, and other body wastes) expelled or emanating from an individual should be treated cautiously.
2. The use of proper barriers is very important. Wear disposable latex gloves, gowns, masks, and protective eyewear when handling items soiled with blood or other potential infectious materials.
3. Thoroughly clean blood and bodily fluids from surface. Absorbent toweling, cloth, and/or powders may be used. Never pick up contaminated glass with your hands. Use a brush and dustpan to pick up contaminated glass. Bag all contaminated materials properly.
4. Disinfect all exposed surfaces.

## **Volunteer Injury Procedure**

In the event that a volunteer is injured while performing his/her duties, this procedure should be followed:

1. If the injury is serious call 911.
2. Have another adult stay with the victim. Tell the other volunteer to take program participants away from the accident area. Reassure children.
3. If the volunteer needs to be transported to the hospital, the paramedics or his/her family must do it. They should not be transported in a Park District vehicle driven by a Park District employee unless no other transportation is available.
4. The employee may choose which hospital he/she will be taken. If the victim is not covered by an insurance policy, has no choice, or is unconscious, he/she should be taken to Westlake Community Hospital (Lake and 12th Ave, Maywood). If the incident is serious enough that the paramedics must be called, no choice will be given to the victim as to which hospital he/she will be taken to. In this case the paramedics will determine which hospital is in the best interest of the victim.
5. Refer to your site packet for participant's emergency contact, River Forest Park District employee cell phone number and park district headquarter's phone number
6. Call the Park District immediately.

**Inform the Athletic or Program Supervisor about the situation so an "Accident/Incident Report" may be completed**

### **Park District's Volunteer Medical Accident Insurance?**

Volunteers are covered for accidental injuries to themselves while within the scope of their designated duties as a volunteer. If a volunteer is injured while performing their volunteer duties the claim should first be processed through any health insurance or Medicare coverage the volunteer may have.

### **Volunteers are not covered under the Illinois Workers Compensation statutes**

The Illinois Supreme Court has ruled that persons not receiving pay for their services are not employees within the meaning of the Workers Compensation Act and are therefore not covered.

**If the volunteer does not have insurance or Medicare or their insurance does not pay all expenses, PDRMA does provide Volunteer Medical Accident Insurance, with certain limitations.**

### **Coverage is provided by the Volunteer Medical Accident Policy through PDRMA**

The policy provides \$5,000 in medical expense coverage and \$5,000 Accidental Death and Dismemberment benefits for the injuries incurred while the volunteer is performing volunteer duties. **There is no coverage for lost wages from another job. The coverage is excess over all other insurance the volunteer may have. The volunteer will be required to sign an affidavit attesting to what other insurance he/she may have and provide bills and copies of explanations of benefits before this policy will cover any outstanding bills or out of pocket expenses.**

## **Reporting a Claim**

- Fill out the Park District's Accident/Incident Report immediately.
- The claim should be reported to your supervisor or director, who will report it to PDRMA.

## **Medical Emergencies**

Every emergency is a unique situation. Because of this, there are guidelines but no set procedure to follow when an emergency occurs. These general guidelines are:

1. Work as a team and let the supervisor or person in charge delegate emergency assistance tasks.
2. Designate one qualified person to be in charge of first aid unless circumstances dictate otherwise.
3. Other staff members should supervise onlookers and program participants and keep all people out of the way of emergency vehicles and staff.
4. One person should meet the paramedics and direct them to the scene.

## **Guidelines for Managing Food Allergies at Programs**

Food allergies can be life-threatening. In any program setting: All staff, volunteers, physicians, parents, and participants themselves must work together to minimize the risk. There must also be medications and procedures in place to deal with accidental ingestion or contact.

### **FAMILY RESPONSIBILITY**

#### **Notify the park district of the participant's allergies or suspected allergies.**

Use the park district registration form and/or health form to fully describe the allergy.

Inform the supervisor of the allergy early in the process so that appropriate personnel can be hired or instructed on proper approach to the camper with food allergy.

#### **Make personal contact with the director, counselor, or the division supervisor before the participant's arrival.**

#### **Educate and review often with the participant the self management of his or her food allergy.**

Participant should know:

- Safe and unsafe foods;
- Strategies for avoiding exposure to unsafe foods;
- Symptoms of allergic reactions;
- How and when to tell an adult about a possible allergic response;
- How to read a food label
- How to use an epinephrine auto-injector (such as EpiPen®).

### **PARTICIPANT RESPONSIBILITY**

- NEVER trade food with other campers.
- Not eat anything with unknown ingredients.
- Read every label and check with a counselor (if age appropriate).
- Be proactive in the management of mild reactions, such as seeking help if a reaction is suspected
- Tell an adult if a reaction seems to be starting, even if there is no visible appearance of allergic response.
- NOT go off alone if symptoms are beginning.

### **STAFF/VOLUNTEER RESPONSIBILITY**

#### **Be informed of the availability of emergency care.**

Know: How to contact EMT/ambulance;

How much time is needed for an emergency crew to arrive;

How far it is to the nearest hospital;

If the hospital has an M.D. present at all times.

#### **Review the health records submitted by parents and physicians.**

### **Establish prevention protocols for your program.**

Make plans so that the individual with food allergies may be safely included in all activities.

Plan how a participant with food allergies will participate in meals. AVOID cross contamination or contact; may need a place to sit apart in a special allergen-free space.

- Assure that all who will be in contact with participant know of the allergy and can recognize the symptoms of allergic response.
- Maintain an appropriate sense of confidentiality and respect for individual privacy.

### **EMERGENCY RESPONSE TEAM**

This should include, but not be limited to appropriate staff.

- Team to meet with parents and participant prior to the opening activity, on or before the first day of participant's participation
- **Assure that appropriate personnel are familiar with EpiPen® usage, where medication is located, and protocol**
- Arrange a training session before the start of program. Allow participants to become familiar with the usage of epinephrine auto-injectors.
- **Medications must be stored in the correct temperature range. Many medications are rendered ineffective if left in the sunshine or inside a closed vehicle or refrigerated. Refer to the manufacturer's instructions for proper storage.**

### **FIELD TRIPS:**

Field trips located in non-urban settings must understand that rural ambulance and emergency crews may be volunteers. Therefore, additional plans and additional medications may be required.

Must have a cell phone

Be certain any emergency medications and authorizations accompany the participant and the counselor.

Be certain there is a way to contact emergency assistance.

Enforce a "no eating" policy in the vehicle.

- **Medications must be stored in the correct temperature range. Be certain travel personnel understand the importance of this. Many medications are rendered ineffective if left in the sunshine or inside a closed vehicle or refrigerated. Refer to the manufacturer's instructions for proper storage.**

**Food Allergy & Anaphylaxis Network can be contacted at:(800) 929-4040, [www.foodallergy.org](http://www.foodallergy.org)**

# Seizure Management Policy and First Aid Procedures

## -River Forest Park District-

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### **A. Policy Overview:**

In order to maximize a safe and healthy recreation environment for patrons and staff, the River Forest Park District has established the following seizure management policy and procedures. This policy is intended to complement and supplement the agency's medical emergency response plans.

1. Registration forms should encourage patrons to volunteer any important health information such as seizure disorders and/or to identify any need for reasonable accommodation. When seizure conditions are disclosed, adult participants (or parents/guardians of minor patrons) should be asked to provide information such as:
  - nature and duration of the seizure
  - frequency
  - triggering mechanisms
  - symptoms
  - date(s) of most recent seizures
  - parental/patron instructions &/or recommendations
  - up-to-date medical protocol from the primary health care provider
2. Depending on the frequency and/or nature of the seizures, the feasibility and need to provide 1:1 supervision should be evaluated. In the interim, the member should consider the appropriateness of temporarily suspending participation pending an analysis of the ability of the patron to safely participate in any activity, with or without reasonable accommodation. Members should promptly contact PDRMA's legal counsel and/or their corporate counsel to assist in identifying and balancing the rights of both the member and patron.
3. **Whenever participation involves aquatic activities, the agency's seizure prone swimmer policy should be followed. Please refer to this document prior to any participation in aquatic programs. Pre-program planning and communication between the aquatic staff and the participant's instructor/counselor/program supervisor is strongly recommended.**
4. Staff should begin monitoring and responding to the seizure as soon as the symptoms are recognized – this includes implementing established seizure/emergency procedures; coordinating with other emergency medical providers; monitoring the duration of the seizure from the moment staff first observed the symptoms (and when possible, from the time of onset) and; documenting the nature/character of the seizure.
5. As with any medical emergency, prepare a PDRMA incident report documenting all pertinent information about the event (when, where, how, responders, witnesses, victim condition, etc.).

### **When to activate the EMS (911) system:**

1. Anytime you are unaware of a pre-existing seizure disorder, summon EMS immediately.
2. Anytime you are uncomfortable with either the situation or the condition of the person, call EMS. Always err on the safe side, for the patrons' safety.
3. Anytime the seizure is different in nature or character than prior seizures, summon EMS immediately.
4. If you know the person is prone to seizures or is being medically treated and you have written instructions from the patron or patron's parents/guardians not to summon EMS, it may or may not be necessary to activate EMS unless:
  - The seizure lasts longer than **1-3** minutes
  - Another seizure begins within 1 hour after the first
  - The person does not regain consciousness after the convulsions or seizure have stopped
  - The person stops breathing for longer than 30 seconds
  - Seizure occurs after a known head injury, or the person complains of a sudden severe headache
  - The person is pregnant
  - The person has a medical alert tag or diabetic alert tag
  - The person appears injured
  - The person has swallowed excess amounts of water
  - *You are at all uncomfortable with the situation*



## Seizure Management Policy and First Aid Procedures Cont'd

5. If you are provided patron/parent instructions on how to manage a seizure and/or not to summon EMS in the event of the seizure, you should:
  - Require that the instructions be in writing and provided by or signed be off on by the primary care physician (the physician's recommendations/instructions as to managing the seizure, or approval of the management instructions must be dated and written within the past 6 months.
  - Make several copies of the instructions and provide copies to relevant staff (i.e., staff who need to know!)
  - In the interim summon EMS in the event of a seizure or temporarily suspend participation until receipt and review of the requested documentation
  - If, after receipt of the documentation, you are uncomfortable with the instructions (or despite the instructions, you are at all uncomfortable with the situation), summon EMS in the event of a seizure --- you are not necessarily legally required to comply with patron/parent/physician instructions!
  - Do not hesitate to contact PDRMA's legal counsel or your corporate counsel for further guidance.

### Definition and Description:

**Generalized Seizures** are caused by abnormal electrical activity over the entire brain simultaneously. This group of seizures affect the level of awareness and muscle movement of all extremities.

Seizure types: Absence seizures (Petit Mal), Myoclonic seizures, Atonic seizures, Tonic seizures, and Tonic-Clonic seizures (Grand Mal).

Seizure length: They range from 3 seconds to up to 5 minutes, depending on the type and severity.

Symptoms: a dazed look in the face, eye blinking, head bobbing, sudden brief jerks of a single muscle or group, unconsciousness, loss of body functions, and full body constriction.

**Partial (focal) Seizures** are seizures begin in one part of the brain instead of all over. Depending on which lobe of the brain that the seizure comes from will determine the physical symptoms of the seizure.

Seizure types: Simple partial seizures, Complex partial seizures. They can also be classified as Frontal Lobe, Temporal Lobe, Parietal Lobe, and Occipital Lobe.

Seizure Length: They range in length from seconds up to 2 minutes.

Symptoms: People, in the majority of cases, are completely aware and alert during these seizures. There can be tingling or shaking of a small body part, unusual smell, visual hallucinations or ill-defined feeling. They are also described as an altered consciousness, subtle, repetitive and stereotypical movements of the face or extremities.

**Hypoxic convulsions** are due to lack of oxygen in the brain. Persons may appear rigid or stiff, may jerk violently, and/or froth at the mouth. Unlike the seizure conditions described above, this is a life-threatening condition.

### Emergency Procedures:

1. Prevent the person from injuring themselves. Place something soft under their head, loosen tight clothing, clear the area of hard and sharp objects, and remove eyeglasses if needed.
2. Place the person in a recovery position to allow saliva to drain from the mouth.
3. Start timing the seizure as soon as symptoms are recognized.
4. If uncomfortable with the situation, contact EMS immediately.
5. **Do not** restrain the person's movements.
6. **Do not** place any items in the person's mouth and **do not** attempt to give any liquids.
7. Be sensitive of the environment and the person's privacy.
8. If staff is unfamiliar with the person, unsure if previously diagnosed as seizure prone or medically treated, contact EMS immediately.
9. Maintain the person's airway.

10. After the seizure subsides, complete an initial assessment to determine the condition of the person (airway, breathing, circulation, physical condition).

### **Seizure Management Policy and First Aid Procedures Cont'd**

11. If the person is not breathing, begin CPR. Make sure EMS is contacted.

12. Provide an area for the person to rest until fully coherent, where the person can be observed by a responsible adult. Consider a shaded area or an office.

13. The person involved in the episode should be restricted from any aquatic programs for the remainder of the day.

14. If a minor, the occurrence of a seizure should always be reported to the person's parents or guardians.

*If the seizure occurs in the water, follow the agency's seizure prone swimmer policy and first aid procedures*

#### **ACTIVITY/ENVIRONMENTAL CONSIDERATIONS**

Because of the loss of bodily control and/or cognitive function that typically accompanies a seizure and the potential need for prompt emergency medical services, program planners should carefully develop specific emergency response plans for seizure-prone persons enrolled in recreation programs and activities.

Program planners must first determine whether the patron can safely participate in any activity or program, with or without reasonable accommodation. This includes identifying how a seizure may affect the personal safety of the participant who experiences a seizure during any given activity (as well as the safety of responding staff and potential impact on the program). The planner should consider if the loss of bodily control might result, for example, in a fall from a height, a fall onto a hard surface, or a drowning situation. If these are possibilities, the planner and program supervisors/instructors should jointly assess, address, and coordinate participation in these activities and seizure management. In some instances, it may be prudent to temporarily suspend participation in any given program/activity pending assessment (i.e., taking the "proverbial step backwards"). In other situations, it may be feasible and prudent to provide a one-to-one companion (provided the nature of the seizure/activity does not create a safety risk for the companion). In any event, program supervisors should explore and address these issues with adult patrons or with parents and/or guardians of minor patrons before participation -- and if possible, include special recreation association staff as part of your assessment and seizure management team.

Program planners should also consider the potential challenges presented by program locations where access to EMS may be limited or substantially delayed. Because access to emergency medical services can be crucial in providing necessary care, planners should be aware of the proximity of these services at all times. Field trip locations as well as any remote sites, such as campgrounds, should be researched ahead of time to determine where emergency care can be found in the area and how long it will take for a response.

These situations are often emotionally charged for all parties involved. Regrettably, at times patrons with seizure disorders engage in recreation activities neither well nor wisely. The patron (or parents of a minor patron) does not have the legal right to compromise his/her safety. There are often misperceptions as to the legal rights of the patron and/or of the provider. When in doubt, always err on the side of caution and contact PDRMA and/or legal counsel for prompt guidance, and temporarily suspend participation pending further evaluation and guidance.

#### *References:*

*American Association of Neurologists website.*

*Pediatric Epilepsy Center website, article by Tracy Connell, RN, MSN, CPNP.*

*MSN Health website articles:*

*"What is the Cause of Epilepsy" – December 1998*

*"What is the Immediate Treatment for Epileptic Seizures?" – December 1998*

*"What is Epilepsy?" – December 1998*

*"First Aid for Seizures"*

*"Seizures - When to Call a Doctor" – November 2003*

## Seizure Prone Swimmer Policy and First Aid Procedures

### Policy Overview:

In order to provide a safer swimming environment for patrons who experience seizures,

3. The pool manager and lifeguards should be notified of those patrons in Park District or SRA programs who are "seizure prone". (The general public is not required to share such information.) When notifying staff, it is helpful to communicate any aura, trigger, signal of symptoms for staff so they can be aware of things to look for.
4. Participation by patrons whose seizures may not be controlled by medication may be limited unless 1:1 supervision ratios are available.
5. Seizure prone patrons may use US Coast Guard Approved personal flotation devices for buoyancy and sense of personal security.
6. All lifeguards and SRA staff should be aware that US Coast Guard Approved personal flotation devices will not necessarily prevent drowning.
7. Lifeguards and pool managers should be trained for special situations involving seizures through lifeguard rescue training, first aid training, and special in-service training. Have SRA staff meet with lifeguards during regular trainings to discuss the patrons that will use the facility and to jointly practice rescue procedures.
8. Staff should start timing the seizures as soon as the symptoms are recognized.
9. Document any information as to the condition of the person when they were found. (When, Where, How, In what condition)

### **When to activate the EMS (911) system:**

10. If you are not aware that the individual is seizure prone, activate EMS immediately.
11. Anytime you are uncomfortable with either the situation or the condition of the patron, call EMS. Always err on the safe side, for the patrons' safety.
12. If you know the patron is prone to seizures or is being medically treated, it is usually not necessary to activate EMS unless:
  - **The seizure lasts longer than 1-3 minutes (a medically accepted time frame for patrons seizure prone).**
  - **Another seizure begins within 1 hour after the first.**
  - **The patron does not regain consciousness after the convulsions have stopped.**
  - **The patron stops breathing for longer than 30 seconds.**
  - **Seizure occurs after a known head injury, or the person complains of a sudden severe headache.**
  - **The patron is pregnant.**
  - **The patron has a medical alert tag or diabetic alert tag.**
  - **The patron appears injured.**
  - **The patron has swallowed excess amounts of water.**
  - **You are at all uncomfortable with the situation.**

**If the seizure occurs in the water (unknown patron or SRA seizure prone swimmer found under water) potentially hypoxic convulsion:**

1. **As soon as the patron is found under the water, initiate the Emergency Response Plan (contact EMS immediately).**
2. **The lifeguard and SRA staff should follow their standardized rescue procedures and retrieve the patron. The patron should be brought to the top of the water.**
3. **The lifeguard or SRA staff should support the patron's head keeping the face above water and head tilted back to maintain a clear airway.**
4. **Move the patron to the shallow end of the pool.**

5. The seizing patron should be kept away from the side of the pool, amenities, sharp objects and patrons to avoid further injury caused by movement of arms, legs, body parts.
6. Remove the patron from the water in accordance with your lifeguarding protocols.
7. Place the person in the recovery position.
8. Prevent the patron from injuring themselves. Place something soft under the head and clear the area of hard and sharp objects.
9. Do not restrain the patron's movements.
10. Do not place any items in the patron's mouth and do not attempt to give any liquids.
11. When the seizure subsides, perform an initial assessment (airway, breathing, circulation, physical condition).
12. If the person is not breathing, begin artificial respiration. If the person does not have a pulse, begin CPR. Make sure EMS is contacted.
13. Be sensitive to the environment and the patron's privacy.
14. Provide an area for the patron to rest until fully coherent, where a responsible adult can observe the patron. Remember to maintain the airway of the patron.
15. The patron involved in the episode should be restricted from any entry into the water for the remainder of the day.
16. If a minor patron, the occurrence of a seizure should always be reported to the patron's parents or guardians.

If the seizure occurs in the water, (the patron is observed with their face above the water when the seizure started), then the following procedures should take place (SRA – seizure prone participant):

1. The SRA staff or lifeguard staff should support the patron's head keeping the face above the water and head tilted back to maintain a clear airway while moving the patron to the shallow end of the pool.
2. Keep the patron away from the side of the pool, amenities, sharp objects to avoid injury caused by movement of arms and legs.
3. If uncomfortable with the situation, call EMS immediately.
4. Keep the patron in the water, with their head above the water and the body supported, until the seizure subsides.
5. Remove the patron from the water after the seizure subsides.
6. Once removed from the pool, place the patron in the recovery position to allow saliva to drain from the mouth. It is also important to continue maintenance of the patron's airway.
7. Perform an initial assessment (airway, breathing, circulation, physical condition).
8. Be sensitive to the environment and the patron's privacy.
9. Provide an area for the patron to rest until fully coherent, where a responsible adult can observe the patron. Remember to maintain the airway of the patron.
10. The patron involved in the episode should be restricted from any entry into the water for the remainder of the day.
11. If a minor patron, the occurrence of a seizure should always be reported to the patron's parents or guardians.

References:

Ellis and Associates, National Pool and Waterpark Lifeguarding Training text.

GD:/Safety manuals/seizure prone swimmer procedures.doc

**To call the Paramedics:**

**Dial 911**

**Identify the problem:**

“We have a child with a compound fracture...”

“We have a diabetic who has passed out...”

**Give your location, being as specific as possible:**

Priory Park, 7354 Division Street in River Forest.

Keystone Park West, Keystone Avenue and Lake Street

Keystone Park East, 7920 Central Avenue

**Give a more specific location:**

The victim is in the concession stand.

The victim is on the t-ball diamond along Keystone Avenue.

**Stay on the line and be prepared to answer questions such as:**

“Is the victim a child or adult?”

“Is the victim conscious?”

**Be calm and speak clearly.**

**Know your call back phone number.**

**Do not hang up before the operator does**

**Things to avoid:**

- Do not give medication to anyone.
- Do not transport the victim in a Park District vehicle, unless no other transportation is available. Never transport a victim in your own car.
- Do not discuss the accident, seriousness of injury, or staff’s performance with anyone other than Park District administrators  
or the Park District’s attorney. It may be necessary however, to discuss the accident with the police. Be factual and avoid blame. If they inquire as to injuries and the like, refer them to medical attendants or the hospital.
- Do not move the injured person unless absolutely necessary - e.g., to remove from a dangerous situation.
- Do not give any medical assistance not recommended in the American Red Cross First Aid textbook or guide.
- Do not give first aid when there is a more qualified person present.
- Do not panic! Always remain calm.

## **AED (Automated External Defibrillator) Locations**

<b>Facility</b>	<b>Location</b>
Community Center	1 next to gym on 1 <sup>st</sup> floor 1 on wall in Southwest corner of 2 <sup>nd</sup> floor
Lincoln School	Next to gym – 1 <sup>st</sup> floor
Willard School	Left side wall in main entrance – Ashland Avenue
Roosevelt School	1 next to West end exit door in South gym 1 on wall outside North gym
Grace Lutheran School	None at this time
St. Luke School	Outside gym doors
Trinity High School	Trainer's Room in New Gym
Oak Park River Forest High School	By the pool off the east gym and In the south hallway by the west gym

### **What to do following a Medical Emergency:**

- ✓ Complete an accident report with the names and phone numbers of witnesses immediately;
- ✓ Call the immediate supervisor;
- ✓ Remind staff members not to discuss the situation but to carefully think over what they saw.

### **How to inform parents or guardian of injury:**

- The Supervisor or police should inform the family in the case of severe injury or the unlikely event of death.
- Call the parent, guardian, or adult responsible for the child.
- Be calm. Speak slowly and clearly.
- When you have reached the emergency contact, identify yourself by name and position and tactfully explain what has happened.
- Reassure the person the victim is receiving care and where that care is taking place.
- Avoid answering detailed questions. Tell the parent or guardian all questions will be answered by the victim or the paramedics.
- Inform the victim and paramedics that the emergency contact person is on his or her way.

## **Specific Safety Policy Summaries**

### **A. Personal Protective Equipment (PPE)**

1. In order to perform their jobs safely there may be times when management requires employees to wear PPE.
2. PPE may include safety glasses, goggles, face shields, ear plugs, earmuffs, leather, cotton or rubber gloves, dust masks, hard hats and coveralls just to name a few. The Park District will provide PPE above and beyond appropriate work attire to its employees free of charge as long as it not continuously lost or abused.
3. Keep in mind that PPE must be worn consistently and correctly in order for it to protect you.

### **B. Hazard Communication (Right to Know)**

1. The Hazard Communication standard is a federally mandated law that states that all employee and employers have the legal "Right to Know" about all of the hazards that exist with the chemicals that they work with or may come in contact with on a daily basis.
2. These hazards are communicated to our employees through proper labeling and identification of all chemical storage containers that we use and by the acquisition and use of Material Safety Data Sheets (MSDS's).
3. MSDS's are required for all chemicals that we use at the River Forest Park District. MSDS's include valuable information including: The chemical name, Manufacturer contact information, hazardous ingredients, data on physical characteristics, toxicity, reactivity and flammability, also how to clean up spills and leaks and what Personal Protective Equipment (PPE) is required while handling and using the chemical.
4. All employees should be trained on and understand all the hazards associated with the chemicals they use. If you should have any questions about the chemicals or the proper usage of a chemical please contact your Supervisor, Department Head or Safety Coordinator immediately.

### **C. Bloodborne Pathogens (Communicable Diseases)**

1. Bloodborne Pathogens (BBP's) are diseases such as HIV, AIDS and Hepatitis B Virus that are spread through blood and other bodily fluids.
  - a. Blood may be present in saliva, vomit, urine or feces.
  - b. Because a person may go for many years and not show any signs or symptoms of these diseases, they may unknowingly and unwillingly spread the disease if not tested.
  - c. This is why we must always use "Universal Precautions", which means we treat all blood and bodily fluids as though they are potentially infectious. Always use the proper PPE such as disposable vinyl gloves and a CPR shield when providing first aid treatment or CPR.
  - d. If you come in contact with someone else's blood, be sure to immediately and thoroughly wash the affected area with water and non-abrasive soap. Then notify your Supervisor or Department Head or Safety Coordinator to ensure that the proper steps are taken to ensure your health and safety.
2. Communicable Diseases are diseases such as Chicken Pox, Meningitis, Mumps, Measles, Pneumonia, Salmonella, Tuberculosis and Whooping Cough. These diseases may be less serious, unless they are left untreated and they are spread more commonly through coughing, sneezing and touching.
  - a. Using simple, good hygiene practices such as frequently washing your hands and avoiding the touching of your eyes, nose and mouth can stop the spread of these diseases.
  - b. By using good hygiene, proper working procedures and using universal precautions, we can minimize the risk of becoming exposed to Bloodborne Pathogens or Communicable Diseases.

## **Child and Sexual Abuse Policy Statement**

Child and sexual abuse exists and is prevalent. Due to the nature of our programs and facilities, River Forest Park District staff is often the first to discover or suspect child abuse. Our programs and facilities provide on-going contact with children and youth, enabling us to observe the effects of abuse or, after trust has been established, to be told directly about the abuse by the minor.

The River Forest Park District is committed to providing a safe environment for all participants and has zero tolerance for any and all sexual or child abuse. Observed or suspected sexual abuse or child abuse will be taken seriously and dealt with in accordance with this Policy and Illinois.

### **Definition of Abuse and Neglect**

Generally, when we talk about child abuse, we are referring to any maltreatment of a minor. Unfortunately, what one person may consider maltreatment, another may consider appropriate discipline. An abuse act is one in which physical, sexual and/or emotional harm occurs. The Federal Child Abuse Prevention and Treatment Act provides this definition: "Child abuse and neglect means the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child under the age of eighteen."

The Illinois Department of Children and Family Services (DCFS) describes child abuse as the mistreatment of a child under the age of 18 by a parent, caretaker, someone living in their home or someone who works with or around children. The mistreatment must cause injury or put the child at risk of physical injury. Child abuse can be physical (such as burns or broken bones), sexual (such as fondling or incest), or emotional. DCFS describes neglect happens when a parent or responsible caretaker fails to provide adequate supervision, food, clothing, shelter or other basics for a child.

### **Mandated Reporting**

State law mandates that workers in certain professions must make reports if they have reasonable cause to suspect abuse or neglect. Under the Illinois Abused and Neglected Child Reporting Act (325 ILCS 5/1 et seq), directors and staff assistants of day care centers and nursery schools, recreational program and facility staff, and child care staff are required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE or 217/524-2006) whenever staff has reasonable cause to believe that a child may be abused or neglected.

All staff shall be required to sign an Acknowledgement of Mandated Reporter Status.

### **What to do When You Suspect or Discover Child/Sexual Abuse or Neglect**

Understandably, not all abuse or neglect is observable or identifiable. At times, significant judgment and discretion is necessary in identifying actual, potential, or suspected abuse or neglect.

Ordinarily, staff should not substitute your judgment for that of DCFS staff. DCFS is staffed by trained individuals whose primary concern is the welfare of children. DCFS takes great care when speaking with a potential or actual victim to gain the most accurate picture of any alleged incident of abuse. These trained professionals are familiar with appropriate techniques and seek to minimize the negative impact of questioning a child. Ideally, staff will sense both the need and the importance for reporting possible abuse or neglect situations. Remember, staff need only "suspect" abuse. Staff is not intended to be the judge or jury, the investigator, or to substitute staff judgment for that of DCFS and/or other outside investigators such as the police or PDRMA. DCFS, the police, and/or PDRMA are the ones who investigate whether abuse or neglect has occurred or is occurring.

Staff should take the following action when staff suspects, observes, or discovers child abuse or neglect: Promptly report your observations or suspicions to your immediate supervisor and/or the program/facility director. He/she will report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE or 217/524-2006). If a supervisor or director is unavailable, you should contact the Hotline directly. If, after a report has already been made to the Hotline, you learn of continued or further abuse or neglect, make another report or cause another report to be made. Often, these additional reports enable DCFS and/or the police to act if initial reports proved to be inconclusive. Therefore, do not hesitate to report each new incident of suspected abuse or neglect even if you have already filed a previous report.



If you believe or suspect the child is in immediate danger, contact both the police and the DCFS Hotline, and do not release the child into the care, custody, or control of any parent or guardian pending police/DCFS authorization;

If the parent(s) or guardian(s) are not the suspected abuser(s), contact the parent/guardian(s) immediately to report your observations or suspicions.

**Complete an Accident/Incident Report** – Provide only the known facts and basis for your suspicions. Do not interrogate the child or ask questions to satisfy your own curiosity. Leave the questioning to trained investigators. When feasible, provide the following information:

The child’s name, address and age;

The nature of the suspected abuse or neglect, including when and where it occurred;

The names of suspected perpetrators and their relationship to the child (i.e. parent, foster parent, sibling, relative, teacher, etc.); Any other information you think is important;

Immediately fax the Accident/Incident Report to PDRMA at 630/769-0449.

When the alleged or suspected perpetrator is staff, immediately contact PDRMA at 630/769-0332 or 630/435-8989. During non-business hours, you will be directed to an emergency service.

In rare instances, you or other River Forest Park District staff may be the one accused of causing or contributing to the problems. Immediately report any such assertions or allegations (no matter how informally reported to you) to PDRMA, your immediate supervisor, and department head.

## Guidelines for Touching Children

If it looks bad it could be bad. That is the perception of the public. Be careful about the following situations: applying sunscreen, rest room breaks and caring for individuals with special needs.

Spray type sunscreen allows you to keep hands off. Put sunscreen in children’s hands and let them apply. If you must apply, be in a group.

<b>Acceptable Contact</b>	<b>Unacceptable Contact</b>
Side Hugs	Unwanted affection
Compliments	Wrestling
High Fives	Tickling
Holding Hands	Kissing
Pats on Shoulders	Full Frontal Hugs
“A” Frame Hugs	Hands in Other’s Pockets
Sitting Close	Disciplining Others
Shaking Hands	Laying Down Together
Arms Around Shoulders	Being Under Blankets
Pats on the Back	Hitting or Spanking
	Massaging
	Grabbing or Pushing
	Lap-sitting
	Helping with Dressing or Bathroom
	Touching genital, chest or buttock areas

## Bathroom Break Policy

Group restroom breaks are best, however, occasionally a child may ask to use the bathroom at another time during a program. In those situations, the following guidelines must be followed:

- ✓ In programs with a staff of at least three instructors, two instructors will accompany the child to the bathroom.
- ✓ In programs with a staff of two instructors, both instructors will take the entire group for a bathroom break.
- ✓ Unless a child has special needs and requires assistance, instructors will wait **outside** the bathroom door.
- ✓ Bathroom doors that have a dead-bolt style lock should be taped in a manner that will prevent a child from locking him/herself in the bathroom

## **Robbery**

- As in all emergencies, remain calm.
- Do not interrupt or antagonize the robber in any way.
- Be observant and try to notice anything that may help the police identify the robber.
- Give the robber what he/she wants.
- Call **911** and the immediate supervisor as soon as the robber has left.
- Immediately write down anything you can remember about the robber or robbery.
- Ask anyone who saw the incident to wait calmly for the police.

## **Individuals Under the Influence of Drugs/Alcohol**

- Open containers of alcohol are not allowed in the facility or park at any time. Participants or guests who are unaware of this Park District regulation should be politely informed.
- Participants or guests under the influence of alcohol or any drug are not allowed in the facility.
- Violations of the law, including possession or purchase of drugs or the underage possession of alcohol should be brought to the immediate attention of the River Forest Police Department.
- ***Never hesitate to call the police*** if you suspect the purchase or possession of drugs or if assistance is needed in ejecting an intoxicated person from the parks.

## **Lewd and Obscene Behavior**

1. Call 911 and then the immediate supervisor.
2. If lewd or obscene behavior is observed, a description of the person, his or her approximate location, vehicle license, if appropriate, and some idea of the activity should be noted.
3. Be calm and do not hint that the police are on their way.
4. File an incident report with names and addresses of everyone involved (including witnesses)

## **EMERGENCY RESPONSE PLAN**

### **Utility Failure**

In the event of a power failure, gas leak or other type of utility failure, the following steps should be taken:

1. Take appropriate steps to calm all participants (proceed with activities if allowable).
2. Contact appropriate personnel during office hours or contact the appropriate personnel at their home number.
3. If utility failure continues for an extended period of time, contact parents of youth participants and send adult participants home.

**Call the Electric/Gas Company at the following numbers:**

**Electric: 1-800-EDISON-1 or 1-800-334-7661**  
**Gas: 1-888-NICOR4U or 1-888-642-6748**

***If gas or burning odors are detected, evacuate the building immediately. Call 911***

## **Bomb Threat**

Take any threat seriously! If you are in a facility and receive a bomb threat, get as much detailed information as possible (times, dates, etc.)

1. Alert the facility supervisor, Director of Parks and Recreation and the police.
2. Evacuate the facility to 300 feet for the protection of all participants and staff.
3. Designate a staff member to prepare to meet and discuss the situation with the authorities.
4. If the police request assistance, form a staff inspection team. Participation will be voluntary and will not affect employment status with the District.
5. Keep the appropriate staff informed.
6. Follow the direction of the police.
7. Give particular attention to ceilings, restrooms, crawlspaces, electrical and plumbing areas and fixtures, utility rooms, office areas, stairways, fuel or gas valves, suspicious parcels or people, or anything out of the ordinary
8. If a suspicious parcel or item is found **Do Not Touch It!** Clear the area; notify supervisor or Director and the Police.

## **Fire and Explosion Plan**

Fires can begin through explosions from a variety of highly volatile materials such as lightning strikes, vandalism, old, unsafe or overheated appliances, fireworks, smoking materials, or improperly stored flammables.

To stop the spread of fire, early detection and extinguishment are essential. If a fire gets out of control or an explosion is imminent, evacuation must be immediate. The impact of fire is greatly affected by fire alarms, sprinkler systems, exit signs, emergency lighting, and *employees trained* in fire extinguisher use.

## **Fire Extinguisher Use**

Good judgment is necessary. An employee should **avoid** fighting a fire if the following are true:

1. The fire is spreading beyond the immediate spot where it started.
2. The fire could block your exit.
3. The employee has not been trained to use an extinguisher.
4. The proper extinguisher is not accessible.

**Fight a fire with an extinguisher only if the following are true:**

- ✓ The fire department has been notified of the fire.
- ✓ The fire is small and confined to its immediate area of origin.
- ✓ You have a way out and can fight the fire with your back to an exit.
- ✓ You have the proper extinguisher (in working order), *and you know how to use it.*

***If after using careful judgment, your effort is failing, get out of the facility quickly and close the door behind you.***

## **Basic Action and Evacuation**

- Contact the Fire Department **911** Or, activate the nearest fire alarm if in a building where equipped.
- Be aware of the number of participants for whom you are responsible. Upon evacuation count heads.
- Begin evacuation of all participants and staff.
- If possible, attempt to extinguish the fire under the recommended guidelines above.

- Leave lights and windows alone.
- Close all doors as you exit rooms.
- A site supervisor or designated staff member should prepare to meet the Fire Department.
- Available staff should stay with all participants. However, one staff member should contact the Park District Headquarters or the appropriate personnel, and one staff member should contact parents of youth participants if applicable.

## **Responding to an Alarm**

1. Assist in the evacuation of participants from the area. Follow evacuation routes.
2. Doors should be closed upon exit.
3. Special attention should be given to restroom, storage areas, elevators, and other remote areas so as to ensure evacuation.

## **Facility Plans**

- Turn-on the weather radio;
- Inform everyone in facility of watch conditions;
- Check park areas and inform everyone of watch conditions;
- Have first aid kit and program information on hand;
- Turn-on weather radio;
- Inform everyone in facility of warning conditions;
- Take cover away from “exterior” glass and in small rooms, the interior of the building.

## **Guidelines for Tornado Conditions**

- ✓ Warn everyone inside and outside of the building so they may proceed to shelter.
- ✓ Avoid the southwest corner of a structure. It is generally the worst place due to intensity of the winds.
- ✓ Any object can become a deadly missile during a tornado.
- ✓ Windows on the north and east should be opened a crack which serves to equalize the inside and outside pressure.
- ✓ Avoid glass areas, especially window and doors on outside areas.
- ✓ Avoid long halls because they tend to serve as wind tunnels.
- ✓ Avoid long roof spans such as in multi-purpose rooms and gyms.
- ✓ Try to keep your group as calm as possible.
- ✓ Designate a group leader - someone who is able to make quick, reasonable decisions.
- ✓ Direct your group to sit with face to wall with head down, knees up and arms protecting body and head. Shelter may also be taken under heavy furniture.
- ✓ Tune-in local weather station for updated weather information.
- ✓ Remain in shelter until tornado has passed or until threatening period is over

## **Tornado Definitions and Tips**

A tornado is a funnel cloud that has touched the ground. Winds are capable of reaching 300 miles per hour and severe damage may occur. If you are in the path of a traveling tornado, seek shelter immediately.

- Annual Season:** March through June with April being the month of *most* occurrences. Tornadoes can occur, however, during any month.
- Direction of Travel:** Predominantly southwest to northeast, but they have been recorded traveling in all directions.
- Funnel Cloud:** A rotating funnel shaped cloud that hangs down from the storm system and does not touch the ground. This cloud will usually produce a tornado.
- Time of Occurrence:** Predominantly from 3 p.m. - 7 p.m. However, they have occurred during all hours of the day and night.
- Cover Locations:** Take cover away from "outside" glass and in small rooms located interior sections of the building.
- Tornado Warning:** If a tornado has been sighted by radar or spotted, take cover immediately. A siren will sound.
- Tornado Watch:** Conditions are right for a tornado to occur. Be prepared to take shelter and keep informed on the latest storm conditions. Think about obvious places for shelter. Encourage people to put their heads down and cover with a rug, blanket, towel, or anything that will keep debris from penetrating the skin.