THE SPORTS FACILITIES MANAGEMENT

CITY OF STARKVILLE
PARKS & RECREATION
MISSISSIPPI

EMERGENCY ACTION PLAN

TO IMPROVE THE HEALTH & ECONOMIC VITALITY OF THE COMMUNITIES WE SERVE
THE SPORTS FACILITIES COMPANIES
FOUNDED IN 2003

EMERGENCY ACTION PLAN

I. STATEMENT OF PURPOSE

The Emergency Plan initiated by Starkville Parks and Recreation addresses situations that could:

1. Endangered life.
2. Cause physical harm.
3. Create Confusion
4. Damage property.
5. Cause extreme inconvenience.

As identified in the Starkville Parks and Recreation Emergency Plan, hazards include fire/explosion, severe weather, power failure, bomb threat, hazardous material spills and active shooter situations. These hazards could require a full facility evacuation of the Starkville Parks and Recreation and or its parts. This plan is for **internal** use by **Starkville Parks and Recreation personnel and Public Safety Officials only**.

II. RESPONSIBILITY FOR COORDINATING EMERGENCY ACTIONS

The General Manager or his/her designee will assume the responsibility for coordinating emergency actions. In the event of his absence, the following personnel will take command in the following priority order:

- General Manager
- Manager on Duty
- Tournament Director

III. PUBLIC INFORMATION

- Prior to being released, information to either the news media or public concerning emergency activities within, will be coordinated jointly between Starkville Parks and Recreation and City's public safety departments, per established procedure in Starkville Parks and Recreation Emergency Operations Procedures. To further prevent the release of inaccurate information, all Starkville Parks and Recreation employees will direct any media inquiries to the General Manager or his designee immediately.
- Representatives of the news media calling the switchboard will be directed to the office of the General Manager.
- Public information of this nature will be disseminated through joint news briefings with City public safety departments.
- During an event, the General Manager or his designee will direct the personnel to make the appropriate emergency announcements to Starkville Parks and Recreation patrons

EMERGENCY PHONE NUMBERS

City of Starkville Emergency Numbers:

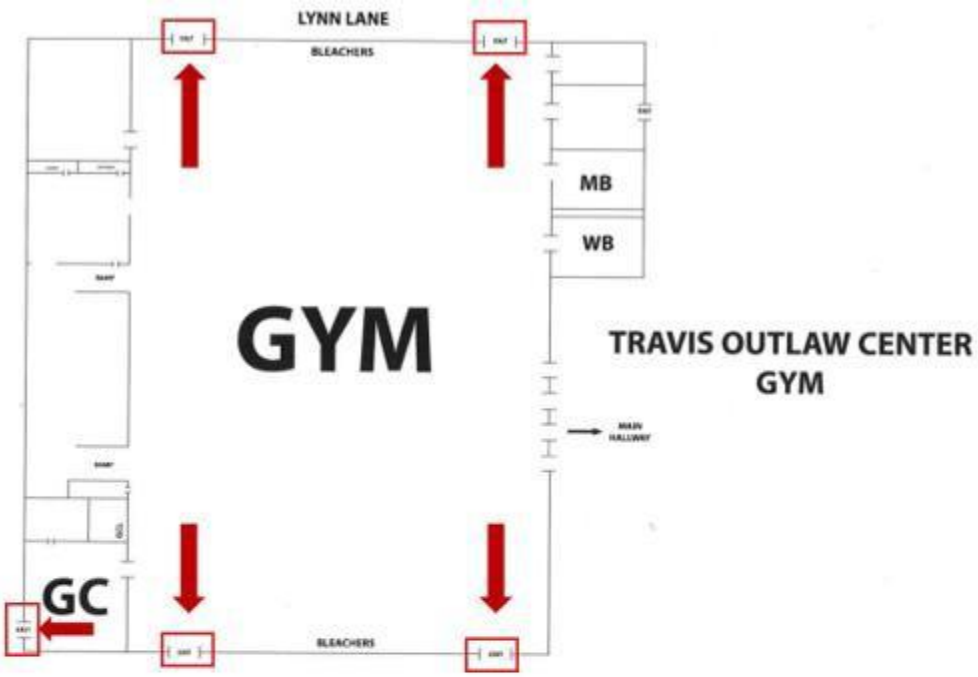
Starkville Police Department:	662.323.4131 *(non-emergency)*
Oktibbeha County Sheriff's Office:	662.323.2421
Starkville Fire Department:	662.323.1845 *(non-emergency)*
FBI – Columbus Division:	662.382.5299
OCH Regional Medical Center:	662.323.4320
Water & Electric – Starkville Utilities:	662.323.3133
Chemical Spill – Servpro	662.324.3003

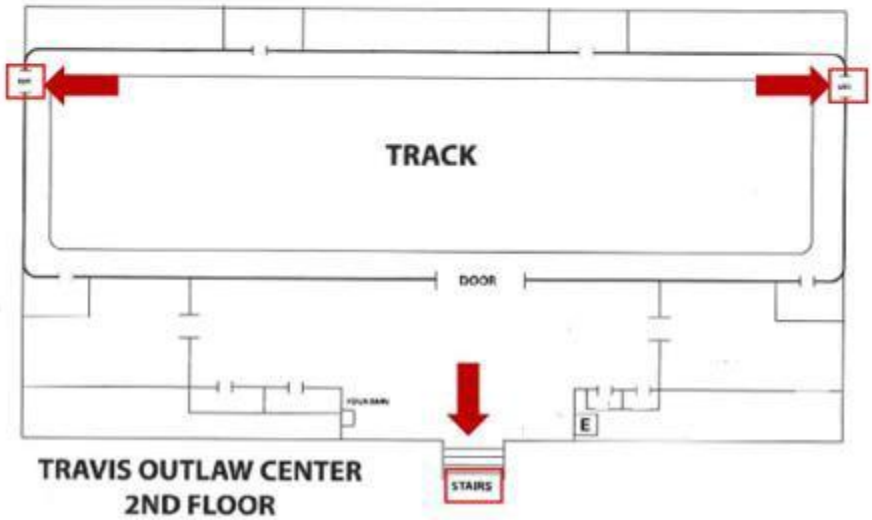
Emergency Call 911

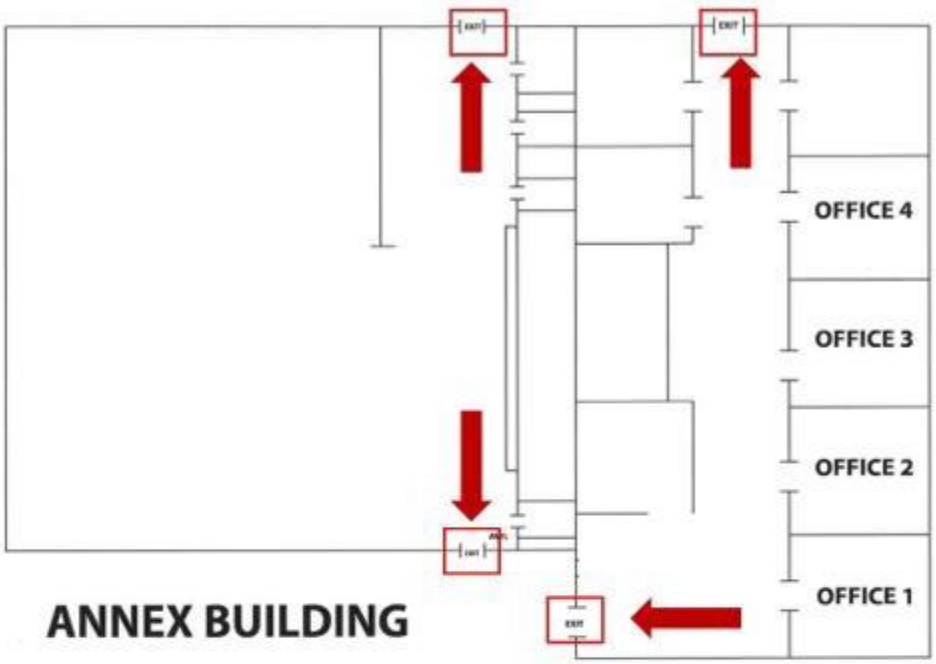
Manager Emergency Contact List

Name and Title	*Phone*
Greg Owen – General Manager	601.408.8111
Kayla Davenport – Marketing & Sales Director	662.323.2294
TBD – Director of Operations	
Joe Dan Baker – Maintenance Manager	662.242.1967
Valerie Hicks – Finance Manager	662.769.1136
Whitney Morris – Food & Beverage Manager	662.323.2294

EVACUATION ROUTES






OFFICE 4
OFFICE 3
OFFICE 2
OFFICE 1
ANNEX BUILDING


RALLY POINT
RALLY POINT
Google

FIRE EMERGENCY

When fire is discovered:

- Activate the nearest fire alarm (if installed)
- Notify the local Fire Department by calling **911**

*Fight the fire **ONLY** if:*

- The Fire Department has been notified
- The fire is small and is not spreading to other areas
- Escaping the area is possible by backing up to the nearest exit
- The fire extinguisher is in working condition and personnel are trained to use it

Upon being notified about the fire emergency, occupants must:

- Leave the building using the designated escape routes
- Assemble in the designated area: *refer to Evacuation Routes on pg. 56*
- Remain outside until the competent authority (Designated Official or designee) announces that it is safe to reenter the facility

Designated Official or Managers must:

- Coordinate an orderly evacuation of personnel
- Perform an accurate headcount of personnel reported to the designated area
- Provide the Fire Department personnel with the necessary information about the facility
- Perform the assessment and coordinate weather forecast office emergency closing procedures

Area/Floor Monitors must:

- Ensure that all Team Members have evacuated the area/floor
- Report any problems to the Emergency Coordinator at the assembly area

Assistants to Physically Challenged should:

- Assist all physically challenged Team Members and guests in emergency evacuations

FIRST AID

Fractures / Broken Bones

A fracture is a broken bone. It requires medical attention. If the broken bone is the result of major trauma or injury, call 911 or your local emergency number. Also call for emergency help if:

- The person is unresponsive, is not breathing or is not moving. Begin cardiopulmonary resuscitation (CPR) if there is no respiration o heartbeat.
- There is heavy bleeding
- Even gentle pressure or movement causes pain
- The limb or joint appears deformed
- The bone has pierced the skin
- The extremity of the injured arm or leg, such as a toe or a finger, is numb or bluish at the tip
- You suspect a bone is broken in the neck, head or back
- You suspect a bone is broken in the hip, pelvis or upper leg (for example, the leg and foot turned outward abnormally)

Take these actions immediately while waiting for medical help:

- Stop any bleeding. Apply pressure to the wound with a sterile bandage, a clean cloth, or a clean piece of clothing
- Immobilize the injured area. Do not try to realign the bone, but if you have trained on how to splint and professional help is not readily available, apply a splint to the area
- Apply icepacks to limit swelling and help relieve pain until emergency personnel arrive. Do not apply ice directly to the skin- wrap the ice in a towel, piece of cloth or some other material
- Treat for shock. If the person feels faint or is breathing in short, rapid breaths, lay the person down with the legs slightly lower than he trunk and if possible, elevate the legs

CPR / AED Procedures

When doing CPR, focus on giving chest compressions. Add rescue breathing only if you are trained in CPR and are comfortable doing rescue breathing. Research has found the when done correctly, chest compressions alone work just as well.

The steps: Always make sure the scene is safe.

Step 1. Check the person.

- Tap or gently shake the person if you him or her collapse. In a loud voice ask, “Are you OK?”
- If the person responds, stay with him or her. Call 911. Keep the person comfortable and warm until emergency rescuers arrive.
- If the person does not respond, is not breathing, or is gasping, shout for help and call 911 right away.
- If you know an AED is available right away, get it quickly and put it near the person. If an AED is not close by, start chest compressions.
- If other people are with you, have one of them call 911. Someone should also try to find an AED, if available. In the meantime, you should begin chest compressions right away.

Step 2. Begin chest compressions.

- Lay the person on his or her back on a firm surface.
- Kneel next to the person.
- Locate where to place your hands: Imagine a line that runs between the person’s nipples.
- Place the heel of one hand on the breastbone just below the imaginary line. Place your other hand on top of the first hand. Lift your fingers so that just the heels of your hands are doing the work.
- Position your shoulders over your hands. Keep your shoulders, elbows, and hands aligned. Use your body weight to help you push straight down. Keep your elbows locked.
- Compress the chest to a depth of at least 2 inches but no more than 2.4 inches. Do not be alarmed if you hear and feel popping and snapping. The person’s bones and cartilage are moving from the weight of your compressions.
- Allow the person’s chest to come back up after each compression. This allows the heart to refill with blood. Do not take your hands away from the person’s chest. Keep the heels of your hands in place during compressions.
- Give 30 compressions. Push hard, push fast (*at a rate of at least 100 to 120 compressions per minute*).
- If you are trained in CPR and can-do rescue breaths, now is the time to do so (*see step 3).* Continue with the cycle of 30 compressions and 2 rescue breaths until help arrives or the person breathes, coughs, or moves.
- If you do not know how or prefer not to give rescue breaths, continue doing compressions until the person shows signs of movement, the AED is on hand (*see step 4*), or emergency rescuers take over.

Step 3. Begin rescue breathing.

- Put one hand on the person’s forehead. With your other hand, put 2 fingers under the person’s chin and tilt the head upward. This keeps the airway open.
- Take a normal breath (not a deep breath). Pinch the person’s nose shut. Place your mouth over the person’s open mouth
- Give one slow breath. The breath should last 1 second (in your mind, count “one thousand”).
- Check to see if the person’s chest rises:

- If the chest rises, air has gone into the lungs. Let the person exhale. If the person responds by breathing, coughing, or moving, do not give any more chest compressions. Keep the person comfortable and warm until help arrives.
- If the chest does not rise, air will not enter the person's lungs. The airway may be blocked. Remove your mouth from the person's mouth and tilt the person's head again.
- Give another slow breath.
- If the person's chest still does not rise, start giving chest compressions again.
- Continue with the cycle of 30 compressions and 2 rescue breaths until the person shows signs of movement, the AED is on hand (see step 4), or emergency rescuers take over.
- You can use a protective face mask during rescue breathing. Follow the instructions that come with the mask.

Step 4. Using an AED

- Make sure you are in a dry area. If not, move the person to a dry area with a firm surface.
- Remove the person's clothing from the chest and belly (*abdomen*). A woman's bra must be removed or cut. If needed, wipe the chest dry.
- Turn on the AED. Listen to and follow the instructions:
- Put the pads to the person's chest.
- Do not touch the person while the AED checks the person's heart rhythm.
- The AED will give a shock if needed. (Some AEDs will tell you to press a button to deliver the shock.)
- Again, do chest compressions and rescue breathing for 2 minutes. (Do not remove the chest pads. The AED will continue to check the person's heart rhythm.)
- If the person wakes up or moves (*responds*), keep him or her comfortable and warm until help arrives.
- If the person does not respond, continue with CPR with the instructions from the AED. Do this until the person moves or emergency rescuers take over.

MISSING CHILD(REN)

If a child is lost or a parent cannot find them, the MOD will radio a "code Adam". MOD will provide a description of the child: age, race, outfit, and where they were last seen. Team members should secure all entrances, check restrooms, and scan the entire venue looking for the child. After a thorough check of the entire venue, the MOD or Operations Manager will notify the police. Once the child has been found, the MOD will notify the team members over the radio that the child has been found.

Heatstroke

Heatstroke is the most severe of the heat-related problems, often resulting from exercise or heavy work in hot environments combined with inadequate fluid intake.
Young children, older adults, people who are obese and people born with an impaired ability to sweat are at high risk of heatstroke. Other risk factors include dehydration, alcohol use, cardiovascular disease, and certain medications.

What makes heatstroke severe and potentially life-threatening is that the body's normal mechanisms for dealing with heat stress, such as sweating and temperature control, are lost. The main sign of heatstroke is a markedly elevated body temperature — greater than 104 F (40 C) — with changes in mental status ranging from personality changes to confusion and coma.

Skin may be hot and dry — although if heatstroke is caused by exertion, the skin may be moist.

Other signs and symptoms may include:

- Rapid heartbeat
- Rapid and shallow breathing
- Elevated or lowered blood pressure
- Cessation of sweating
- Irritability, confusion, or unconsciousness
- Feeling dizzy or lightheaded and / or Headache
- Nausea
- Fainting, which may be the first sign in older adults.

If you suspect heatstroke:

- Move the person out of the sun and into a shady or air-conditioned space.
- Dial 911 or call for emergency medical assistance.
- Cool the person by covering him or her with damp sheets or by spraying with cool water. Direct air onto the person with a fan or newspaper.
- Have the person drink cool water if he or she is able.

Puncture Wounds

A puncture wound does not usually cause excessive bleeding. Often the wound seems to close instantly. But these features do not mean treatment is not necessary.
A puncture wound — such as results from stepping on a nail or being stuck with a tack — can be dangerous because of the risk of infection. The object that caused the wound may carry spores of tetanus or other bacteria, especially if the object has been exposed to the soil. Puncture wounds resulting from human or animal bites, including those of domestic dogs and cats, may be especially prone to infection. Puncture wounds on the foot are also more vulnerable to infection.
If the bite was deep enough to draw blood and the bleeding persists, seek medical attention. Otherwise, follow these steps:

1. Stop the bleeding. Minor cuts and scrapes usually stop bleeding on their own. If they do not, 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.

2. Clean the wound. Rinse the wound well with clear water. Tweezers cleaned with alcohol may be used to remove small, superficial particles. If larger debris remains more deeply embedded in the wound, see your doctor. Thorough wound cleaning reduces the risk of tetanus. To clean the area around the wound, use soap and a clean washcloth.

3. Apply an antibiotic. After you clean the wound, apply a thin layer of an antibiotic cream or ointment (*Neosporin, Polysporin*) to help keep the surface moist. These products do not make the wound heal faster, but they can discourage infection and allow your body 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.

4. Cover the wound. Exposure to air speeds healing, but bandages can help keep the wound clean and keep harmful bacteria out.
5. Change the dressing regularly. Do so 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 available at pharmacies.
6. Watch for signs of infection. See your doctor if the wound does not heal or if you notice any redness, drainage, warmth or swelling.

If the puncture is deep, is in your foot, is contaminated or is the result of an animal or human bite, see your doctor. He or she will evaluate the wound, clean it and, if necessary, close it. If you have not had a tetanus shot within five years, your doctor may recommend a booster within 48 hours of the injury.

If an animal — especially a stray dog or a wild animal — inflicted the wound, you may have been exposed to rabies. Your doctor may give you antibiotics and suggest initiation of a rabies vaccination series. Report such incidents to county public health officials. If possible, the animal should be confined for 10 days of observation by a veterinarian.

Shock

Shock may result from trauma, heatstroke, allergic reactions, severe infection, poisoning or other causes. Various signs and symptoms appear in a person experiencing shock:

- The skin is cool and clammy. It may appear pale or gray.
- The pulse is weak and rapid. Breathing may be slow and shallow, or hyperventilation *(rapid or deep breathing)* may occur. Blood pressure is below normal.
- The eyes lack luster and may 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:
Dial 911 or call your local emergency number.

- Have the person lie down on his or her back with feet higher than their head. If raising the legs will cause pain or further injury, keep him or her flat. Keep the person still.
- Check for signs of circulation *(breathing, coughing or movement)*. If absent, begin CPR.
- Keep the person warm and comfortable. Loosen belt(s) and tight clothing and cover the person with a blanket. Even if the person complains of thirst, give nothing by mouth.
- Turn the person on his or her side to prevent choking if the person vomits or bleeds from the mouth.

- Seek treatment for injuries, such as bleeding or broken bones.

Electrical Shock

The danger from an electrical shock depends on how high the voltage is, how the current travels through the body, the person's overall health and how quickly the person is treated.
Call 911 or your local emergency number immediately if any of these signs or symptoms occur:

- Cardiac arrest and/or Heart rhythm problems (*arrhythmias*)
- Respiratory failure and or Muscle pain and contractions
- Seizures and or Numbness and tingling
- Unconsciousness

While waiting for medical help, follow these steps:

1. Look first. Do not touch. The person may still be in contact with the electrical source. Touching the person may pass the current through you.
2. Turn off the source of electricity if possible. If not, move the source away from you and the affected person, using a non-conducting object made of cardboard, plastic, or wood.
3. Check for signs of circulation (breathing, coughing or movement). If absent, begin cardiopulmonary resuscitation (CPR) immediately.
4. Prevent shock. Lay the person down and, if possible, position the head slightly lower than the trunk, with the legs elevated.

Caution

- Do not touch the person with your bare hands if he or she is still in contact with the electrical current.
- Do not get near high-voltage wires until the power is turned off. Stay at least 20 feet away — farther if wires are jumping and sparking.

Do not move a person with an electrical injury unless the person is in immediate danger.

Blood-Borne Pathogens

Employees or facility guests who are injured in our facility and require emergency first aid can be conveyors of diseases and anyone who gives aid and comfort to them including administering first aid can become exposed. Not only can a person become infected by direct contact while actively bleeding but the Hepatitis B virus can stay alive in the air at room temperature for up to seven days.

There are several opportunities to become infected. Therefore, all employees shall follow the procedures for universal precautions when:

1. Cleaning locker rooms and restrooms
2. Emptying the trash
3. Providing direct or indirect care where there has been a loss of blood or body fluids.

As a result, it is just as important that you be aware of the routes of entry and proper barrier protection as the health care professional.

1. *Routes of Entry (Direct)*
   a. Open cuts
   b. Nicks and skin abrasions
   c. Dermatitis and acne
   d. Mucous membranes of the eyes, nose, and throat
2. *Routes of Entry (Indirect)*
   a. Touching a contaminated object
   b. Touching a contaminated surface
   c. Transferring infectious material to your mouth, eyes, nose, or open skin

HIB (*Hepatitis "B" Virus*) can survive on environmental surfaces dried at room temperatures for at least one week. *Universal Precautions:* Treat every person and everything as if they are contaminated and use proper procedures and personal protective equipment.

Reduce your risk by:

1. Use proper personal protective equipment such as face shield, goggles, and rubber gloves.
2. Dispose of contaminated material carefully and properly by placing it in a biohazard bag.
3.
4. Wash the area and yourself thoroughly. Use detergent and water to wash your hands. Use bleach to wash the area.
5.
6. When performing procedures involving blood or other potentially infectious materials, minimize splashing, spraying, spattering, and generation of droplets.
7. Do not eat, drink, or smoke, apply cosmetics or lip balms, or handle contact lenses where you may be exposed to blood or other potentially infectious materials.
8.
9. Avoid petroleum-based lubricants that may eat through latex gloves.

Sprains and Strains

Sprains and strains account for about a third of injuries in construction. A ***sprain*** is an injury to a ligament, the tough, fibrous tissue that connects bones to other bones.
Sprain injuries involve stretching or tearing of this tissue. Ankle, knee, and wrist injuries account for most sprains. A ***strain*** is an injury to either a muscle or a tendon, the tissue that connects muscles to bones. Back injuries are the most prevalent regarding strains. Depending on the severity of the injury, a strain may be a simple overstretch of the muscle or tendon, or it can result in a partial or complete tear.

These soft tissue injuries occur frequently, and are painful, disabling and often accompanied by lengthy recovery periods. Maintaining good physical fitness is essential in avoiding sprains and strains.

To minimize the chances of **sprains**, observe the following practices:

- Practice safety measures to help prevent falls. For example, practice safe housekeeping by keeping work areas clear of clutter.
- Avoid strenuous activity on the job when tired or in pain.
- Use extra caution when working on slippery surfaces such as ice or wet floors.
- Always wear appropriate and proper fitting footwear for your job.
- Use extra caution when walking across uneven surfaces. These are areas where you could easily turn or twist an ankle or knee.
- When stepping off ladders, always look where you are placing your feet before you put your full weight on them.

To minimize the possibility of incurring **strains**, observe the following practices:

- Be certain that you understand your employer's Material Handling Safety program.
- Whenever possible, arrange your work areas to minimize the amount of heavy lifting required.
- Before any heavy lifting activity, always warm up, using moderate stretching exercises. Do not stretch aggressively as you may over-stretch and injure yourself.
- Always plan the lift. Consider the weight of the object; how far you must carry it and your route of travel. When you approach an object on the floor, try to get an idea of how heavy it may be by moving it with your foot or cautiously lifting it off the ground. If the object is too heavy, seek additional help or use a mechanical lifting device such as a forklift, hand truck or winch.



Lift objects in the "power zone." This is the area between mid-thigh and mid- chest height. Avoid lifting objects outside this zone. Use your best judgment when lifting heavy objects. Do not attempt to lift an object that exceeds your strength, and use extreme caution when lifting objects exceeding 50 lbs.

- Always carry objects close to your body.
- Always lift slowly and smoothly. Avoid twisting. Always turn the whole body as one unit when changing direction while carrying a heavy object.
- Move heavy objects by pushing or pulling, whenever possible. Pushing is always preferable.
- Always stand close to the object that you are lifting and be certain that fingers and toes are clear when setting it down.
- Always lift with your legs and not your back.

Slips, Trips and Falls

Slips

Slips happen where there is too little friction or traction between the footwear and the walking surface. Common causes of slips are:

- wet or oily surfaces
- occasional spills
- weather hazards
- loose, unanchored rugs or mats
- flooring or other walking surfaces that do not have same degree of traction in all areas.

Trips

Trips happen when your foot collides (*strikes, hits*) with an object causing you to lose the balance and, eventually, fall. Common causes of tripping are:

- obstructed view
- poor lighting
- clutter in your way.
- wrinkled carpeting
- uncovered cables
- bottom drawers not being closed.
- uneven (steps, thresholds) walking surfaces
- wrinkled carpeting
- uncovered cables
- bottom drawers not being closed.
- uneven (steps, thresholds) walking surfaces

How to prevent falls due to slips and trips?
Both slips and trips result from some kind of unintended or unexpected change in the contact between the feet and the ground or walking surface. This fact shows that good housekeeping, quality of walking surface (flooring), selection of proper footwear, and appropriate pace of walking are critical for preventing fall incidents.

Housekeeping

Good housekeeping is the first and the most important (fundamental) level of preventing falls due to slips and trips. It includes:

- cleaning all spills immediately
- marking spills and wet areas
- mopping or sweeping debris from floor
- removing obstacles from walkways and always keeping walkways free of clutter
- securing (tacking, taping, etc.) mats, rugs and carpets that do not lie flat
- always closing file cabinet or storage drawers
- covering cables that cross walkways
- keeping work areas and walkways well lit
- replacing burnt out light bulbs and faulty switches