

Dodgeball Manitoba	
Policy Name	Events Emergency Response Policy
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1.0 Preamble

Engaging in any sport can come with a range of risks and rewards. While Dodgeball Manitoba endeavors that playing dodgeball will be rewarding for its members, the possibility of serious injury exists. This risk can also include risk to bystanders and spectators, and Dodgeball Manitoba officials may be called on to attend to an emergency situation at an event that may be related to dodgeball or may be an unrelated medical emergency such as heart attack, stroke, etc. To that end, and to make events as safe as possible for all attendees, Dodgeball Manitoba will implement the use of an Emergency Team to respond to any potential crisis.

2.0 Identification of Emergency Team

2.1) Any large event (more than 30 people such as tournaments) will require the advance identification of an 'Emergency Team' (ET). These individuals do not require any specific training however certification in First Aid/CPR or higher would be an asset. Recommended team size is 3-4 people. More people may be on the team if Dodgeball Manitoba were hosting an especially large event ie: Nationals, Westerns, etc.

2.2) For events with less than 30 people (workshops, clinics, etc) the role of the emergency team will be taken on by the event organizer and/or the Dodgeball Manitoba representative supporting the event.

3.0 Emergency Team Responsibilities

3.1) Prior to event

3.1.1) Identify main exits and routes for emergency responders to attend to individuals who may be injured

3.1.2) Identify any on site resources that could be used in case of emergency such as Automated External Defibrillator (AED), First Aid Kits, building personnel or services

3.1.3) Share personal contact information so team members can reach one another during the event if needed ie: cell phone number.

3.1.4) Determine how ET members will signal to one another during the event - in a smaller venue no special means may be required however in a larger venue with visual separation between spaces ET members may use a long whistle blast or other auditory signal

3.2) During the event

3.2.1) Ensure at least 50% of the ET is on site at all times - ideally only 1 member of ET should be off site at any time. If only 50% of ET is on site, remaining members should actively move around the site looking for issues until the team is back to 75% or greater

3.2.2) Respond to any issues following "Emergency Response Procedure" listed below.

3.3) After an event

3.3.1) Document any incidents that may have occurred in the Incident Report form

3.3.2) Debrief and discuss any incidents

3.3.3) Follow up with the casualty of any major incident as appropriate

4.0 Emergency Response Procedure

4.1) Upon identification of a casualty, the first ET member on scene will attend to the individual in question

4.1.1) "Casualty" refers to an individual who was injured in the course of attending the event. It is not limited to players but includes spectators, bystanders, coaches, etc

4.2) ET member on scene will determine if Emergency Medical Services (EMS) should be called

4.2.1) if an ET member is unsure if EMS should be activated, they should err on the side of calling EMS

4.2.2) A casualty that is unconscious and cannot be roused should result in an immediate call to EMS

4.2.3) Any possibility of a spinal injury (ie: a fall from height or that has landed on the neck, back or shoulders) should result in an EMS call and ET members encouraging the casualty not to move

4.2.4) The possibility of a head or brain injury, especially one resulting in a change in the level of consciousness of the casualty should result in a call to EMS. Signs of a head injury may include slurred words, loss of use of one side of the body, appearing intoxicated without intoxication, different sized pupils or inability to answer simple memory questions ie: where are we, what day is it?

4.2.5) If the casualty appears to be of sound mind and judgment and requests EMS not be called, ET member should respect this request

4.3) Once the call to EMS has been made OR a call has been determined not necessary, the first on scene member will take stock of available resources to assist the casualty. This may include but is not limited to:

4.3.1) If ET member or bystander is certified, beginning First Aid/CPR

4.3.2) Alerting other ET members to the situation.

4.3.3) Sending other ET member or bystanders to access AED or First Aid Kits

4.3.4) Supportive care to a casualty ie: covering with blankets or sweater if casualty is cold, making them comfortable, etc.

4.4) If a call to EMS has been made:

4.4.1) First on scene ET member should stay with the casualty at all times until the situation is resolved

4.4.2) Additional tasks for ET members during the emergency (these can also be assigned to bystanders in the case of a small event or if other ET members can't be located)

4.4.2.1) Attend the front door of the building to guide EMS to the casualty

4.4.2.2) Alert building personnel to the impending arrival of EMS

4.4.2.3) If applicable and trained to do so, switch with the individual performing First Aid or CPR on the casualty

4.5) If no call to EMS was required:

4.5.1) First on scene ET should stay with the casualty until casualty recovers or care can be handed to friend, family member or other individual of the casualty's choosing

4.5.2) Other members of the ET may switch with the first on scene if the care of the casualty is going to require an extended period ie: waiting for someone to come pick them up

4.6) Once the casualty has left the scene, ET should assess the scene for ongoing risk

4.6.1) Is the accident/injury that happened to the casualty likely to happen again? ie: caused by faulty structure, slippery floor, etc.

4.6.2) Are there biohazardous materials left at the scene that must be properly cleaned? ie: blood.

4.6.3) If the area where the incident occurred cannot be made safe, ET should ensure the area is appropriately signed/blocked off ie: caution tape, etc if the event is to continue

4.6.4) If the ET determines the event cannot safely continue without risk of another similar emergency, the event should be ended