



Crisis and Safety Management Report

Emergency Procedures

If a serious injury or fatality occurs, complete steps 1–6. For other situations, complete steps 3–6.

1. Give priority attention to the injured. Call 9-1-1 for emergency services. Call for doctor, ambulance, clergy, and police as needed. In case of fatality, contact a council representative who will contact the victim's family members.
2. Appoint a responsible adult or girl to stay with injured persons.
3. Immediately contact council staff at 800-845-0787.

If the emergency occurs during non-business hours, you will be provided an option to be connected with an emergency answering service. This is an operator assisted service. The operator will gather information regarding the emergency. The appropriate council staff member will be notified via the operator and will respond to the emergency.

4. Make no statements to the media. Refer all questions to the council. Say, *"All your questions will be answered by the official council spokesperson who will have a statement soon."* Do not place blame or accept responsibility.
5. Stay in contact with the council and give updates on the situations.
6. Complete the Crisis and Safety Management Report form. Mail completed form to:

St. Paul Service Center
400 Robert Street South
St. Paul, MN 55107

Definition of a Crisis

A crisis is any circumstance or incident that may:

- threaten the safety and health of girl and/or adult members of Girl Scouts River Valleys
- adversely impact River Valleys' finances or property
- result in negative media coverage
- cause opposition from the community

Should any type of crisis situation occur, it is essential that volunteers follow the above emergency procedures. A Crisis and Safety Management Report should be completed for any crisis situation.



Crisis and Safety Management Report

This confidential report is used to record all personal observations or telephone conversations regarding a crisis. A crisis is a circumstance or incident that may:

- *threaten the safety and health of girl and/or adult members of the organization*
- *adversely impact the organization's finances or property*
- *result in negative media coverage*
- *cause opposition from the community*

Immediately after contacting a council representative, complete this form and return it to the address listed on the next page. Circulation of this information should be limited, and copies should be distributed in sealed, personal and confidential envelopes.

Date: _____ Your Name: _____

Phone: _____

Date and time of emergency/incident: _____

Nature of emergency/incident (*natural disaster, illness, media item, etc.*):

What happened (*be specific*):

When and where it happened (*date/time/exact location*):

Names, ages, addresses of people involved—indicate if Girl Scout members or non-members (*include troop number, program grade level and troop leader*):

Parent/guardian name, address, phone number (include any significant reactions if parents/guardians were notified):

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Names of other individuals/agencies notified (*police, fire, medical aid, etc.*):

If automobile or bus involved, give details on owner, operators, etc.

Witnesses—those who were present or observed occurrences (*names/addresses/phone*):

Name of council representative notified:

Date notified:

Submitted by (*please print*):

Signature

Please return this form to:

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400 Robert Street South
St. Paul, MN 55107