



## CHAMPAGNE AND AISHIHIK FIRST NATIONS

*Dádan Nán Kay Känàdän*

**Our People Learning on the Land**

**Camp Policy**

**Camps and Overnight Activities**

**Appendices**

Approved by First Nations Council: May 17, 2019

Effective Date: May 17, 2019

A handwritten signature in blue ink, appearing to read 'Steve Smith', enclosed within a rectangular box.

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*Dän nãtthe äda Kaaxnox*  
Chief Steve Smith



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## Appendix A Camp Registration Forms Children's Camps and Youth Camps



Champagne and Aishihik First Nations

### CAMP REGISTRATION FORM CHILDREN'S CAMPS AND YOUTH CAMPS

*Dádan Nán Kay Kánàdän - Our People Learning on the Land*

#### CAMP INFORMATION (to be completed by CAFN Department hosting the Camp)

CAMP NAME:
CAMP LOCATION:
CAMP DATES:

#### CAMP REGISTRATION (to be completed by Participant or Parent/Guardian)

FULL LEGAL NAME OF PARTICIPANT:	
NAME OF PARENTS/GUARDIANS:	
1.	
2.	
ADDRESS:	
EMAIL ADDRESS:	
HOME PHONE OR CELL PHONE (MANDATORY):	
EMERGENCY CONTACT INFORMATION (MANDATORY):	
FIRST CONTACT NAME:	RELATION TO PARTICIPANT:
PHONE:	ADDITIONAL PHONE:
SECOND CONTACT NAME:	RELATION TO PARTICIPANT:
PHONE:	ADDITIONAL PHONE:





Champagne and Aishihik First Nations

## MEDICAL DISCLOSURE FORM

### CHILDREN'S CAMPS AND YOUTH CAMPS

*Dádan Nán Kay Kánàdän - Our People Learning on the Land*

#### PARTICIPANT INFORMATION (to be completed by Parent/Guardian)

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FULL LEGAL NAME OF PARTICIPANT:		
DATE OF BIRTH:	AGE:	GENDER:
HEIGHT:	WEIGHT:	
DO YOU WEAR GLASSES OR CONTACT LENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HEALTH: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		
PHYSICIAN'S NAME:		
PHYSICIAN'S PHONE NUMBER:		

#### CHECK (✓) ANY ILLNESSES OR CONDITIONS IN THE PAST OR AT PRESENT

<input type="checkbox"/> ASTHMA	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> DIZZINESS	<input type="checkbox"/> FREQUENT EARACHES	<input type="checkbox"/> FREQUENT NOSE BLEEDS
<input type="checkbox"/> DIABETES	<input type="checkbox"/> CELIAC DISEASE	<input type="checkbox"/> STOMACH PROBLEMS	<input type="checkbox"/> EYE PROBLEMS	<input type="checkbox"/> ARTHRITIS
<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> HEART CONDITION	<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> SLEEPWALKING	<input type="checkbox"/> FROSTBITE

LIST ANY OTHER CONDITIONS:
----------------------------

#### LIST ALL MEDICATIONS CURRENTLY TAKEN AND FREQUENCY AND DOSAGE OF MEDICATIONS

NAME OF MEDICATION:	FREQUENCY:	DOSAGE:

#### LIST ANY ALLERGIES AND/OR DIETARY RESTRICTIONS

DO YOU HAVE ANY ALLERGIES THAT REQUIRE AN EPI-PEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE AN EPI-PEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

#### LIST ANY PAST OR PRESENT INJURIES AND/OR DISABILITIES

DO YOU HAVE MOBILITY ISSUES? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU NEED ASSISTANCE AT CAMP? <input type="checkbox"/> YES <input type="checkbox"/> NO





Champagne and Aishihik First Nations

**MEDICAL DISCLOSURE FORM**

**CHILDREN'S CAMPS AND YOUTH CAMPS**

*Dádan Nán Kay Kånàdån - Our People Learning on the Land*

**MEDICAL DECLARATION**

Name of Camp: \_\_\_\_\_

To: Champagne and Aishihik First Nations (CAFN) and its employees, agents, contractors, volunteers and sponsors involved in the camp.

I, \_\_\_\_\_ for \_\_\_\_\_,  
Name of Parent/Guardian Name of Participant

declare that the medical information provided is accurate and truthful.

I recognize that providing inaccurate information may endanger the safety and health of my child. I give my permission for this medical information to be shared with the Camp Organizers and outside medical personnel if necessary.

I will notify the Camp Organizers if any of the information I have provided changes.

In the case of an emergency, if I cannot be reached, I give my permission to the Camp Organizers to take whatever steps are deemed necessary to ensure the safety and health of my child.

In the case of an emergency, I give my permission for Camp Organizers to contact my child's Physician. I understand that I will be notified following assessment or treatment by a Physician.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





Champagne and Aishihik First Nations

## RELEASE AND WAIVER OF LIABILITIES CHILDREN'S CAMPS AND YOUTH CAMPS

*Dádan Nán Kay Kánàdàn - Our People Learning on the Land*

### RELEASE AND WAIVER OF LIABILITIES

Name of Camp: \_\_\_\_\_

To: Champagne and Aishihik First Nations and its employees, agents, contractors, volunteers and sponsors (referred to as "the Organizers") involved in the regulating, organizing and administration of the camp, including any activity related to the camp (referred to as "the Event").

**In consideration of the acceptance of my participation or my child/family's participation in the Event, I agree to:**

1. Accept that participating in the Event involves inherent and other risks, dangers and unforeseen hazards associated with the Event, including but not limited to natural hazards and person made hazards, or acts, omissions and conduct, including negligence of the Organizers and all other participants in the Event.
2. Release the Organizers from any and all liability for any loss, damage, expense, or injury, including death, due to any cause whatsoever, including without limitation transportation to and during the Event and, without limitation, breach of contract, or any statutory or other duty of care on the part of the Organizers in organizing the Event.
3. Waive any and all claims I have or may have in the future or have against the Organizers with respect to the Event.
4. Hold harmless and indemnify the Organizers from any and all liability, including legal fees and court costs, for any property damage, property loss, or personal injury to any third party, resulting from my participation or my child's participation in the Event.
5. Accept that the terms of this Agreement shall be binding upon me, my heirs, administrators, executors, successors, assigns next of kin and representatives in the event of my death or incapacity.

**I acknowledge and agree and certify that:**

1. The policy and guidelines governing the Event and the use of any facilities or equipment provided by the Organizers solely for regulating the Event, and that it is my family's sole responsibility to act in such a manner as to be responsible for our own safety.
2. The Event may be physically demanding and I certify that my child/family is physically capable of participating in the Event and that my child/family have no medical conditions which would interfere with my child/family's capability to participate in the Event.
3. I will not consume alcohol or Cannabis or Cannabis products, or any substance which would impair my senses or judgment prior to or while participating in the Event. I will promptly report any unsafe situations or accidents that I become aware of. I will not hold the Organizers responsible for any lost, damaged or stolen personal belongings.
4. This Agreement is governed in all respects by and interpreted in accordance with the laws of the Yukon Territory, even in the event of loss, damage, expense or injury occurs outside of the Yukon Territory.
5. I am not relying upon any oral, written or other interpretation made by the Organizers or others, except as set forth in this Agreement. I have read and fully understand this Agreement.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (must be witnessed)

\_\_\_\_\_  
Signature of Witness (must be 19 years of age)

\_\_\_\_\_  
Date





Champagne and Aishihik First Nations

**YOUTH PHOTO RELEASE WAIVER  
CHILDREN'S CAMPS AND YOUTH CAMPS**

*Dádan Nán Kay Kánàdän - Our People Learning on the Land*

**YOUTH PHOTO RELEASE WAIVER**

Name of Camp: \_\_\_\_\_

To: Champagne and Aishihik First Nations (CAFN) and its employees, agents, contractors, volunteers and sponsors involved in the camp, including any activity related to the camp.

I, \_\_\_\_\_ for \_\_\_\_\_,  
Name of Parent/Guardian Name of Participant

agree to grant Champagne and Aishihik First Nations the irrevocable right and permission to use and publish photograph images of my child during the camp for the purpose of including onto the CAFN website, publications, advertising and presentation use.

I understand and give my permission to use images taken at the camp for publishing purposes for CAFN programs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





## Appendix B Camp Registration Forms Men's and Women's Camps



Champagne and Aishihik First Nations

### CAMP REGISTRATION FORM MEN'S AND WOMEN'S CAMPS

*Dádan Nán Kay Kánàdän - Our People Learning on the Land*

#### CAMP INFORMATION (to be completed by CAFN Department hosting the Camp)

CAMP NAME:
CAMP LOCATION:
CAMP DATES:

#### CAMP REGISTRATION (to be completed by Participant)

FULL LEGAL NAME OF PARTICIPANT:	
ADDRESS:	
EMAIL ADDRESS:	
HOME PHONE OR CELL PHONE (MANDATORY):	
EMERGENCY CONTACT INFORMATION (MANDATORY):	
FIRST CONTACT NAME:	RELATION TO PARTICIPANT:
PHONE:	ADDITIONAL PHONE:
SECOND CONTACT NAME:	RELATION TO PARTICIPANT:
PHONE:	ADDITIONAL PHONE:





Champagne and Aishihik First Nations

## MEDICAL DISCLOSURE FORM MEN'S AND WOMEN'S CAMPS

*Dádan Nán Kay Kånàdån - Our People Learning on the Land*

### PARTICIPANT INFORMATION

Page 1 of 2

FULL LEGAL NAME OF PARTICIPANT:		
DATE OF BIRTH:	AGE:	GENDER:
HEIGHT:	WEIGHT:	
DO YOU WEAR GLASSES OR CONTACT LENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HEALTH: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		
PHYSICIAN'S NAME:		
PHYSICIAN'S PHONE NUMBER:		

### CHECK (✓) ANY ILLNESSES OR CONDITIONS IN THE PAST OR AT PRESENT

<input type="checkbox"/> ASTHMA	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> DIZZINESS	<input type="checkbox"/> FREQUENT EARACHES	<input type="checkbox"/> FREQUENT NOSE BLEEDS
<input type="checkbox"/> DIABETES	<input type="checkbox"/> CELIAC DISEASE	<input type="checkbox"/> STOMACH PROBLEMS	<input type="checkbox"/> EYE PROBLEMS	<input type="checkbox"/> ARTHRITIS
<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> HEART CONDITION	<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> SLEEPWALKING	<input type="checkbox"/> FROSTBITE

LIST ANY OTHER CONDITIONS:
----------------------------

### LIST ALL MEDICATIONS CURRENTLY TAKEN AND FREQUENCY AND DOSAGE OF MEDICATIONS

NAME OF MEDICATION:	FREQUENCY:	DOSAGE:

### LIST ANY ALLERGIES AND/OR DIETARY RESTRICTIONS

DO YOU HAVE ANY ALLERGIES THAT REQUIRE AN EPI-PEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE AN EPI-PEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

### LIST ANY PAST OR PRESENT INJURIES AND/OR DISABILITIES

DO YOU HAVE MOBILITY ISSUES? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU NEED ASSISTANCE AT CAMP? <input type="checkbox"/> YES <input type="checkbox"/> NO





Champagne and Aishihik First Nations

**MEDICAL DISCLOSURE FORM  
MEN'S AND WOMEN'S CAMPS**

*Dádan Nán Kay Kánàdän - Our People Learning on the Land*

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**MEDICAL DECLARATION**

Name of Camp: \_\_\_\_\_

To: Champagne and Aishihik First Nations (CAFN) and its employees, agents, contractors, volunteers and sponsors involved in the camp.

I, \_\_\_\_\_,  
Name of Participant

declare that the medical information provided is accurate and truthful.

I recognize that providing inaccurate information may endanger my safety and health. I give my permission for this medical information to be shared with the Camp Organizers and outside Medical Personnel if necessary.

I will notify the Camp Organizers if any of the information I have provided changes.

In the case of an emergency, if I cannot be reached, I give my permission to the Camp Organizers to take whatever steps are deemed necessary to ensure my safety and health.

In the case of an emergency, I give my permission for Camp Organizers to contact my Physician.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date





Champagne and Aishihik First Nations

## RELEASE AND WAIVER OF LIABILITIES MEN'S AND WOMEN'S CAMPS

*Dádan Nán Kay Kánàdän - Our People Learning on the Land*

### RELEASE AND WAIVER OF LIABILITIES

Name of Camp: \_\_\_\_\_

To: Champagne and Aishihik First Nations and its employees, agents, contractors, volunteers and sponsors (referred to as "the Organizers") involved in the regulating, organizing and administration of the camp, including any activity related to the camp (referred to as "the Event").

**In consideration of the acceptance of my participation in the Event, I agree to:**

1. Accept that participating in the Event involves inherent and other risks, dangers and unforeseen hazards associated with the Event, including but not limited to natural hazards and person made hazards, or acts, omissions and conduct, including negligence of the Organizers and all other participants in the Event.
2. Release the Organizers from any and all liability for any loss, damage, expense, or injury, including death, due to any cause whatsoever, including without limitation transportation to and during the Event and, without limitation, breach of contract, or any statutory or other duty of care on the part of the Organizers in organizing the Event.
3. Waive any and all claims I have or may have in the future or have against the Organizers with respect to the Event.
4. Hold harmless and indemnify the Organizers from any and all liability, including legal fees and court costs, for any property damage, property loss, or personal injury to any third party, resulting from my participation or my child's participation in the Event.
5. Accept that the terms of this Agreement shall be binding upon me, my heirs, administrators, executors, successors, assigns next of kin and representatives in the event of my death or incapacity.

**I acknowledge and agree and certify that:**

1. The policy and guidelines governing the Event and the use of any facilities or equipment provided by the Organizers solely for regulating the Event, and that it is my sole responsibility to act in such a manner as to be responsible for my own safety.
2. The Event may be physically demanding and I certify that I am physically capable of participating in the Event and that I have no medical conditions which would interfere with my capability to participate in the Event.
3. I will not consume alcohol or Cannabis or Cannabis products, or any substance which would impair my senses or judgment prior to or while participating in the Event.
4. I will promptly report any unsafe situations or accidents that I become aware of.
5. I will not hold the Organizers responsible for any lost, damaged or stolen personal belongings.
6. This Agreement is governed in all respects by and interpreted in accordance with the laws of the Yukon Territory, even in the event of loss, damage, expense or injury occurs outside of the Yukon Territory.
7. I am not relying upon any oral, written or other interpretation made by the Organizers or others, except as set forth in this Agreement. I have read and fully understand this Agreement.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (must be witnessed)

\_\_\_\_\_  
Signature of Witness (must be 19 years of age)

\_\_\_\_\_  
Date





## Appendix C Contingency Plan



Champagne and Aishihik First Nations

### CONTINGENCY PLAN

### CAMPS AND OVERNIGHT ACTIVITIES

*Dádan Nán Kay Kánàdàn – Our People Learning on the Land*

#### CAMP INFORMATION

CAMP NAME:
SITE LOCATION:
CAMP DATES:

#### CAMP PURPOSE

HOSTED BY:
PLAN FOR CAMP OR OVERNIGHT ACTIVITY:
HIGH LEVEL GOALS AND OUTCOMES FOR CAMP OR OVERNIGHT ACTIVITY:

#### DEPARTMENTS AND RESPONSIBILITIES

1. DEPARTMENT: RESPONSIBILITIES:
2. DEPARTMENT: RESPONSIBILITIES:
3. DEPARTMENT: RESPONSIBILITIES:

#### CAFN EMPLOYEES AND RESPONSIBILITIES

1. CAMP ORGANIZER: DUTIES:
2. CAFN EMPLOYEE: DUTIES:

#### CASUAL CAMP EMPLOYEES AND DUTIES

1. CASUAL CAMP EMPLOYEE: DUTIES:
2. CASUAL CAMP EMPLOYEE: DUTIES:





## ***First Aid and Emergency Services***

### ***Signage***

Signs will be posted at a camp or overnight activity noting the event location, first aid, and emergency services information.

### ***First Aid Designated Area***

A First Aid designated area will be marked by signs at the event. The First Aid designated area will contain hand held radios, general first aid supplies, an Automated External Defibrillator (AED), cot, blankets, area map, fire extinguisher, and tools.

### ***First Aid Attendants***

- A camp or overnight activity must have at least one (1) person on site at all times who is identified as the First Aid Attendant and has First Aid certification.
- A camp or overnight activity which takes place more than twenty (20) minutes away from a Health Centre will have one (1) person on site at all times who holds a Medical Responder Level 2 First Aid certification.
- A First Aid Attendant will complete an incident report for any minor incident and file the report with the OHS Officer no more than twenty four (24) hours after the camp has ended.
- A First Aid Attendant will contact the OHS Officer immediately if a camp participant has required health care beyond the scope of the First Aid Attendant.

### ***First Aid Attendants Communication***

- First Aid Attendants will carry communications equipment on and off site that is kept on at all times. In most instances, group leaders taking groups off site will carry communications equipment that is kept on at all times. The intent is to ensure that, in the event of an emergency, First Aid Attendants and camp participants will be able to coordinate effectively.

### ***First Aid Attendants Schedule***

A Camp Organizer will work with the OHS Officer to confirm the First Attendants and their schedule for the camp.

Names of First Aid Attendants will be posted at a First Aid designated area and around the event grounds.

#### **FIRST AID ATTENDANT(S) ON SITE**

1. FIRST AID ATTENDANT:	PHONE NUMBER:
2. FIRST AID ATTENDANT:	PHONE NUMBER:

#### **FIRST AID ATTENDANT(S) OFF SITE**

1. FIRST AID ATTENDANT:	PHONE NUMBER:
2. FIRST AID ATTENDANT:	PHONE NUMBER:





## Emergency Services Notification

Prior to an event, a Camp Organizer will notify the RCMP and the Health Center of the number of people anticipated to attend the event, the location, and dates of the event, in case of an emergency.

The OHS Officer will provide the RCMP and the Health Centre with copies of the Contingency Plan for the camp.

### EMERGENCY SERVICES INFORMATION

CAMP ORGANIZER:	TEL:
CAMP SITE LOCATION:	
CAMP GPS COORDINATES:	
CAMP NUMBER OF PEOPLE:	
CAFN OHS OFFICER:	TEL:
CAFN PROPERTY SERVICES DIRECTOR:	TEL:
CAFN PROPERTY SERVICES MUNICIPAL:	TEL:

### ON SITE EMERGENCY SERVICES EQUIPMENT AND RESOURCES AND LOCATION

1. FIRE EXTINGUISHERS AND LOCATION:
2. EMERGENCY PHONE AND LOCATION:
3. PA SYSTEM OR BULL HORN AND LOCATION:
4. HAND HELD RADIOS AND LOCATION: <ol style="list-style-type: none"> <li>1. FIRST AID DESIGNATED AREA WITH FIRST AID ATTENDANT(S)</li> <li>2. CAMP ORGANIZER TO COMMUNICATE IN EMERGENCIES:</li> <li>3. CAFN EMPLOYEE TO COMMUNICATE IN EMERGENCIES:</li> </ol>

### EMERGENCY PHONE NUMBERS

<b>RCMP</b>	<b>Haines Junction</b>	867-634-5555	911
<b>RCMP Non-Emergency</b>	<b>Haines Junction</b>	867-634-2677	
<b>Ambulance and Health Centre</b>	<b>Haines Junction</b>	867-634-4444	911
<b>Ambulance</b>	<b>Whitehorse</b>	867-667-3333	911
<b>Conservation Officer Service</b>	<b>Haines Junction</b>	867-634-2247	
<b>First Nations Conservation Officer Service</b>	<b>Whitehorse</b>	867-667-5785	
<b>Hospital</b>	<b>Whitehorse</b>	867-393-8700	
<b>Emergency Measures Organization</b>	<b>Whitehorse</b>	867-667-5220	
<b>Fuel and Oil Spills</b>	<b>Whitehorse</b>	867-667-7244	
<b>Fire Management Branch</b>	<b>Whitehorse</b>	888-798-3473	911
<b>Poison Control</b>	<b>Whitehorse</b>	867-393-8700	
<b>CAFN Office</b>	<b>Whitehorse</b>	867-456-6888	
<b>CAFN Office</b>	<b>Haines Junction</b>	867-634-4200	





## ***Communication – Media Enquiries***

During an emergency, only the Chief or a designated CAFN official may speak to the media regarding an incident at an event that attracts media interest. Media enquiries are to be directed to the Chief or designated CAFN official.

## ***Evacuation Plan***

In the event of an evacuation, a Camp Organizer or the OHS Officer will coordinate and work closely with CAFN Employees to organize a safe evacuation.

A Camp Organizer will make a list of tasks and designate CAFN Employees to perform the tasks.

In the event the RCMP are present, the RCMP will assist and/or lead an evacuation.

## ***Communication***

A Camp Organizer will use a PA system or bull horn to get camp participants' attention to communicate the evacuation and where people will meet to ensure everyone is safe.

CAFN Employees working at a camp or overnight activity must carry a cell phone where in range, and a satellite phone or InReach device where out of range, along with CAFN vehicles for use in the event of an emergency.

## ***Emergency Services***

A Camp Organizer, First Aid Attendants, and OHS Officer will first attempt to respond to an emergency within our own resources where applicable.

A situation will be assessed by the OHS Officer and/or First Aid Attendants.

In the event a situation exceeds our abilities, a Camp Organizer or the OHS Officer will contact the appropriate Emergency Services to respond to the emergency.

The OHS Officer will appoint a CAFN Employee to inform emergency responders of the emergency. It is important to keep a clear and concise assessment of the situation.

A Director for the camp or a Camp Organizer will decide when an event is closed officially for responding to an emergency.

A Director or the OHS Officer will inform CAFN Employees to gather at a central location for an Emergency Meeting and to inform how to proceed with the incident. The Emergency Meeting will be chaired by a Director or the OHS Officer.

A Camp Organizer will make a general call to ask people to account for family members, to report any people to account for family members, and to report any people accounted for and unaccounted for. The accounting for people will be done at the evacuation Muster Point.

## ***Exits***

A Camp Organizer will explain how to exit the area and how to get to the place where everyone will meet to ensure everyone is safe. In the event that all roads are closed and are not passable, CAFN will consider other means of transporting people, such as helicopter rescue. In the event CAFN cannot access a highway, a Camp Organizer or the OHS Officer will contact the RCMP to initiate Search and Rescue if it has not already been done.





## ***Evacuation Plan***

After reviewing the Emergency Response Plan in CAFN's Occupational Health and Safety Manual, provide the Evacuation Plan for the camp or overnight activity.

## ***Map of Area and Site of Camp or Overnight Activity***

Provide a map of area and site for the camp or overnight activity.

## ***Potential Emergency Situations***

A Camp Organizer is responsible for the safety of camp participants and must review safety procedures with participants.

### ***Missing Persons***

A parent/guardian of a camp participant must carry, if attending the camp, or provide a recent photo of the camp participant to a Camp Organizer or OHS Officer at the beginning of a camp or overnight activity. The photo will be used for identification purposes in the event that a participant is missing from camp and the Emergency Response Team will know who to look for.

In the event a person is missing, a Camp Organizer will interview the last people to see the missing person. It is important to get all facts and last known information to better inform an Emergency Response Team. Once the situation has been assessed, an Emergency Response Team and Immediate Family Members of the missing person must be contacted. The RCMP or an Emergency Response Team will then head an investigation and/or search.

No one should attempt to search for anyone in deep wilderness without proper instruction. A person conducting a search could do more damage than good by erasing clues by walking over tracks, or getting disoriented and possibly lost themselves.

Camp participants must discuss and follow the "Buddy System" with their children and Immediate Family Members. Camp participants must not enter into an activity alone or wander off on their own.





## ***Highway and Road Emergencies***

For camps and overnight activities, CAFN will conform to the HR Manual for the procedure in the event of an accident. At the scene of an accident in a CAFN vehicle, an Employee is to:

- Provide the other driver or law enforcement authority with their name, driver's license number and insurance information.
- When asked a specific question, give a specific answer. Be courteous, but at no time are you, or anyone with you in the vehicle at the time of the accident, to make any statement regarding the cause of the accident, or to make any statement regarding anyone's culpability or fault.
- If you receive a ticket for causing the accident, accept it graciously, but say nothing about whose fault the accident was. Everyone must be careful not to say anything that could be harmful to CAFN or the driver. Fault will be determined at a later time.
- Call their Supervisor immediately to advise of the situation.
- Make arrangements to speak with CAFN's Occupational Health and Safety Officer.
- Complete a Vehicle Accident Report form and report to the Department Director as soon as possible with the other driver's name, driver's license number, vehicle license plate number, and other driver's insurance company and policy number.
- Notify the RCMP if damage exceeds \$1,000.00, if there was a hit and run accident, and/or if personal injury occurred.
- If a police report is made, obtain the police report number, notify the Department Director and include the information in the Vehicle Accident Report.

## ***Illness or Physical Injury***

A First Aid Attendant shall be contacted in the event of an injury or illness. The First Aid Attendant will fill out the First Aid Record report. A copy of the First Aid Record will go with the patient to the Hospital and a copy will be kept and documented by the OHS Officer.

A First Aid Attendant will assess the injury, treat for first aid and/or call for an ambulance to attend the scene, and record and document the illness or injury.

## ***Cold and Heat Injuries***

A Camp Organizer must review the CAFN Occupational Health and Safety (OHS) Manual, section 29 Cold and Heat Injuries, and provide the plan for working and participating in activities in either the cold or heat, depending on the camp or overnight activity.

## ***Bear and Wildlife Encounters***

Every morning and evening a Camp Organizer will announce a message about bear awareness and keeping a camp site clean. A Camp Organizer will post a notice in keeping a camp site and grounds clean. Grounds crew will clear garbage every evening.

Participants must keep a camp site clear of garbage and use waste bins provided. Use of bear proof containers should be used when possible. When not available, food and waste must be kept in a secure area where bears and other animals cannot get to it (hailed up and suspended between trees) in a location a good distance away from sleeping areas. Attractants (food, toiletries) must not be kept in sleeping areas but kept elsewhere in a secure area.





## ***Water Accidents***

Caution must be taken for any activity on any lake or river. Ice does not freeze over in some spots on a lake or river. Participants should stay close to shore.

A parent/guardian must supervise their own children unless CAFN has a parent/guardian sign a form stating that CAFN Employees will be responsible for their children.

Participants must keep track of the exact location of an accident on the water and inform the Camp Organizer and First Aid Attendant as soon as possible of the accident and location.

Participants must not put themselves at risk or in danger. If there is a risk or danger, participants must wait for assistance from an Emergency Response Team.

## ***Dogs at Camps***

Dog owners must keep dogs in designated areas. Dogs must be contained, tied up, or on a leash and not allowed to run loose at camp. Dog owners must clean up after their dogs.

## ***Mitigation Plan***

A Camp Organizer must, in coordination with the OHS Officer, develop a Mitigation Plan for hazards assessment which is customized to a camp's circumstances.

It is important to consider what the likelihood of a risk and the consequences could be if a risk were to occur when assessing hazards for a Mitigation Plan.

A hazard at a camp could potentially be dangerous even if the likelihood of a hazard is low, or how bad the consequence could be if a hazard was experienced.

A risk is a combination of both the likelihood and how bad a consequence would be if a risk were to occur. Both the likelihood and the consequences could have low, medium or high thresholds. For example, an earthquake could have a low likelihood of occurring, but could have high consequences if it were to occur.

There could be different scenarios with different levels of likelihood and degrees on how bad the consequences are. Each scenario could have different steps to prevent and mitigate. Cold and heat injuries could have a high likelihood of occurring, for example, frostbite could have low consequences for a person if it is a minor injury with readily available treatment.





## Mitigation Plan (Example of a Youth Camp)

<b>HAZARDS</b>	<b>RISK LEVEL: High/Medium/Low</b> <i>What is the likelihood of the risk?</i> <b>CONSEQUENCES: High/Medium/Low</b> <i>What are the consequences if it happens?</i>	<b>MITIGATION STRATEGY</b> <i>What can be done to prevent the risk?</i> <i>What can be done if it does happen?</i>
<b>Illness or Physical Injury</b>	Moderate 25-35 youth at camp.	Post location of First Aid Designated area. Post safety procedures. Chaperone youth throughout event.
<b>Cold and Heat Injuries</b>	Moderate	Dress appropriately for weather conditions and have extra dry clothes.
<b>Cold – Frostbite</b>	Moderate	Take regular breaks out of cold weather. Contact First Aid Attendant if a participant experiences any symptoms.
<b>Cold – Hypothermia</b>	Moderate	Take regular breaks out of cold weather. Contact First Aid Attendant if a participant experiences any symptoms.
<b>Heat – Exposure</b>	Moderate	Wear sunglasses for eye protection from the sun.
<b>Plan for Cold and Heat Injuries:</b>		
<b>Bear and Wildlife Encounters</b>	Moderate: Risk is high in the Spring when bears are waking up and moose and other animals are searching for food.	Keep a clean camp site. Dispose of food, scraps and garbage in bear proof or hard top containers. Hold bear awareness course at beginning of event.
<b>Earthquake</b>	Low: Very low likelihood	Hold an earthquake drill in case of an emergency. Sound air horn three times, meet at the Muster Point, and conduct a head count.
<b>Flood</b>	Medium to Low	Snow melting. Watch for over flows.
<b>Forest Fire</b>	Low to Moderate. Could change with the official fire hazard rating.	Extremely dry ground and underbrush.
<b>Food Born Illness</b>	Moderate	Cooks and Cook’s Helpers must have Food Safe training. Normal measures must be implemented for refrigeration and reduction of risk of contamination or cross contamination.





## Mitigation Plan (Example of a Youth Camp)

<b>HAZARDS</b>	<b>RISK LEVEL: High/Medium/Low</b> <i>What is the likelihood of the risk?</i> <b>CONSEQUENCES: High/Medium/Low</b> <i>What are the consequences if it happens?</i>	<b>MITIGATION STRATEGY</b> <i>What can be done to prevent the risk?</i> <i>What can be done if it does happen?</i>
<b>Infectious Disease</b>	Moderate	Encourage proper hand washing techniques. Keep washrooms clean and disinfected. Employees must use precautions when handling bodily fluids.
<b>Lateral Violence and Bullying</b>	Medium 25-35 youth at camp.	Post notices on zero tolerance for bullying and lateral violence.
<b>Physical Conflict</b>	Low to Medium 25 - 35 youth at camp.	If a conflict arises which cannot be dealt with by Employees, notify the RCMP.
<b>Possession of Alcohol or Drugs</b>	Low	A participant in possession of alcohol or drugs will be asked to leave. Camp Organizer will arrange safe transportation or a parent/guardian will be contacted to pick up a participant.
<b>Water Accidents</b>	High: Depends if the activity is near water or not and involves participants certainly going in or on (ice) water.	Supervise participants when they are on or near water at any time of the year. In spring time ice is melting, but accidents also occur on water in the summer, fall and winter.

**Plan for any other hazards:**

