



## Sunshine Mountain Emergency Response Plan

Emergency situations in the backcountry will tax all of your knowledge, experience, and judgment. You can't categorize situations into a simple rule to handle each scenario. Each situation is unique, so backcountry travelers need to assess the situation and make your best determination on the best response. Your good judgment is what keeps you safe in the backcountry.

### In case of an emergency:

Since each situation is unique, trip leaders must remain flexible in their response. The key to properly responding to an emergency is to remain calm, assess things carefully before acting, and continue to reassess your strategy throughout. There are two basic things to be done, care for the patient and care for the rest of the group. The more severe the situation, the more both populations will need your care and support. A basic approach to handling emergency situations is shown in flowchart form in Figure 8.1, as well as Figures 8.2 and 8.3 below.

1. **Assess the Situation:** determine the nature of the emergency and what type of response is required (first aid, search for a lost person, etc.).
2. **Develop a Response Plan:** based on the nature of the emergency, develop an appropriate response plan (first aid treatment, initiate search, etc.)
3. **Reassess Situation and Re-plan:** Continue to reassess the situation and alter the response plan if necessary.
4. **Assume leadership of the group and delegate responsibility:** group members should assist in patient care if needed, locate position on map, prepare a camp with shelter and food, etc.
5. **The group with the victim(s) should:**
  - Make the patient(s) as comfortable as possible, maintain his/her body temperature and protect the patient from the elements.
  - A trained first aider should be with the patient at all times.
  - Give the other group members something to do to get their minds off the situation and make them feel useful, such as:
    - Set up a temporary camp.
    - Prepare food and hot drinks for group members.
    - Make sure the other group members are OK, they may be suffering from shock or emotional difficulties. Maintain group morale as much as possible.



## Emergency Response Flow Chart

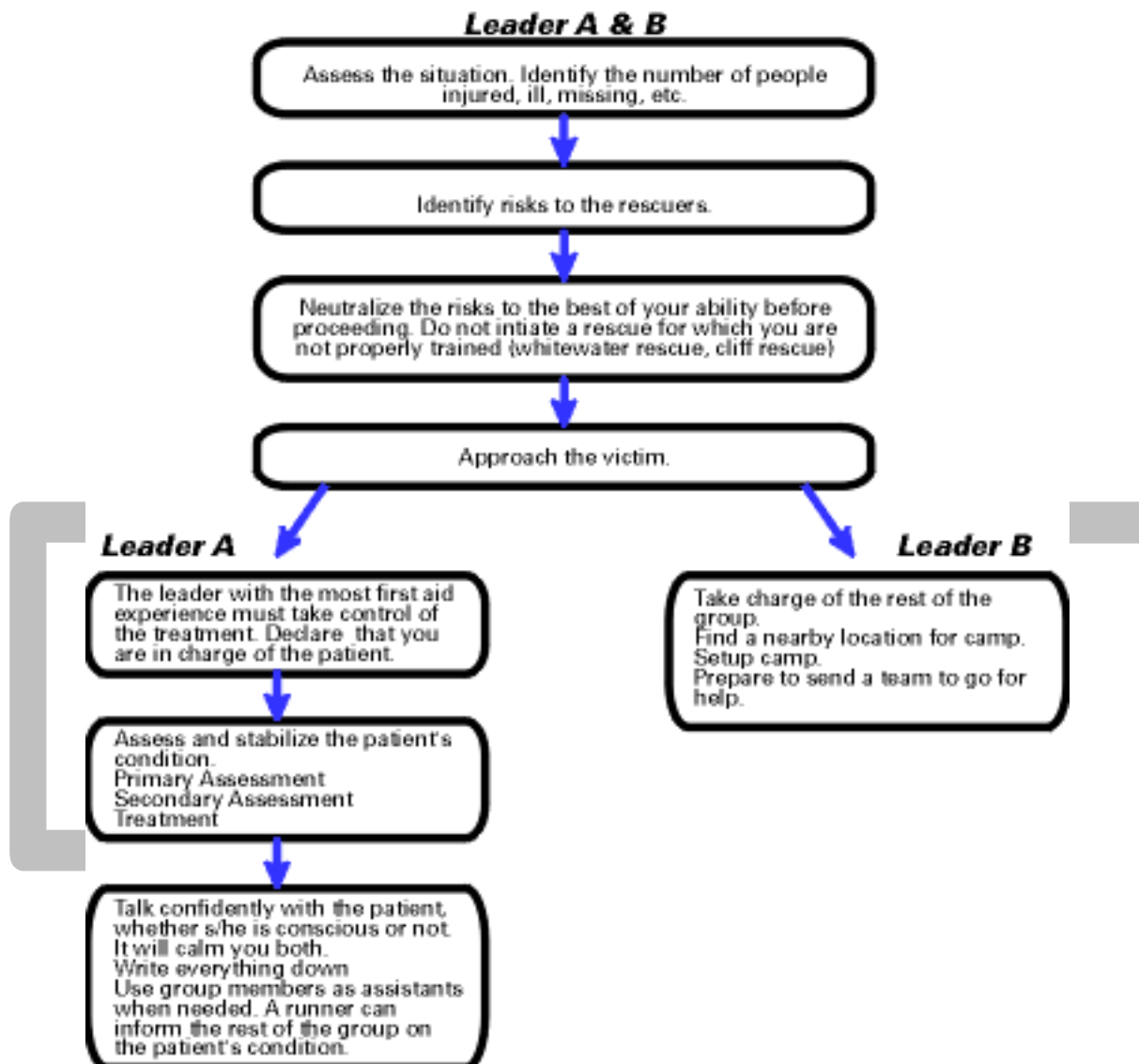


Figure 8.1



### Skills Summaries Scene and Primary Survey



**1** Identify and reduce any potential environmental risks or hazards.

**2** Identify mechanism of injury/chief complaint.

**3** Identify number of patients. Identify and request other needed resources and introduce self.



**4** Determine responsiveness and level of consciousness (AVPU: Alert, Verbal, Painful, Unresponsive).



**5** Determine if manual spinal precautions should be taken, and act appropriately.



**6** Open Airway.



**7** Check Breathing.



**8** Check Circulation, including deadly bleeding.

Figure 8.2



**Skills Summaries**  
**Secondary Survey**



- 1** Interview patient and/or bystanders:
- Confirm chief complaint and mechanism of injury as determined by primary survey.
  - Collect patient history (SAMPLE: Signs and symptoms, Allergies, Medications, Past medical history, Last meal, Events prior to incident).



- 2** Check and record vital signs:
- Level of consciousness (use Glasgow Coma Scale)
  - Breathing (rate, rhythm, and quality)
  - Pulse (rate, rhythm, and quality)
  - Skin characteristics (colour, condition, and temperature)
  - Blood pressure (rate)
  - Pupils (size, pupils of equal size, and reactive to light)

**Glasgow Coma Scale (GCS)**

**Eye Opening (E)**  
Spontaneous—4  
To voice—3  
To pain—2  
No response—1

**Best Verbal Response (V)**  
Oriented and converses—5  
Disoriented and converses—4  
Inappropriate words—3  
Incomprehensible sounds—2  
No response—1

E + V + M = 3 to 15

**Best Motor Response (M)**  
To verbal command:  
Obeys command—6  
To painful stimulus:  
Localizes pain—5  
Withdrawal—4  
Abnormal flexion—3  
Abnormal extension—2  
No response—1



- 3** Complete head-to-toe physical examination:
- Get consent from patient before touching her.
  - Carefully and systematically examine (exposing when needed) and palpate:
    - Head and neck
    - Shoulders and collarbones
    - Chest
    - Back
    - Abdomen
    - Pelvis and hips
    - Legs and arms

**Figure 8.3**



## Evacuation Procedures

### When to Evacuate:

Evacuation is used as a general term for transporting someone from a trip. In most cases we think of this as caused by a medical problem.

If someone needs to be evacuated due to injury or illness, the primary concern is for the safety and health of the patient. When assessing the need for an evacuation, think both about the patient's condition and how rapidly medical attention is needed. You also should consider your resources, do you have the necessary equipment, manpower, and experience to safely evacuate the person given the current trail and weather conditions. If you do evacuate the person, take the time to plan out the best route keeping in mind patient condition, distance, terrain, etc. Depending on the situation, you might choose the shortest route, the quickest route, or a longer route that poses less threat to the patient's condition. Use the evacuation flow chart (see Figure 8.4) to determine how to deal with an evacuation situation.

### Possible Evacuation Scenarios:

1. **Person can walk out on his/her own power:** The person's medical condition would not be compromised by walking out (i.e. stomach ailment, mild allergic reaction, minor laceration). This may necessitate taking all the person's equipment.
2. **Person can walk out with assistance:** If the distance is not too great, the person may be able to hike out if carrying **no** weight and with assistance. This is to be attempted **only** if it does not aggravate the individual's condition. The person must be constantly monitored.
3. **Person cannot walk out:** The injury/illness would be aggravated by walking out or movement is contraindicated. **Do not attempt** a stretcher/litter evacuation unless you have the necessary equipment, experience, and manpower, otherwise you risk additional injury to your patient as well as placing other members of the group at risk. In this case a stretcher/litter evacuation by skilled rescue personnel (first responders, SAR, rangers, etc.) is required. Send for help.



## Evacuation Plan Flow Chart

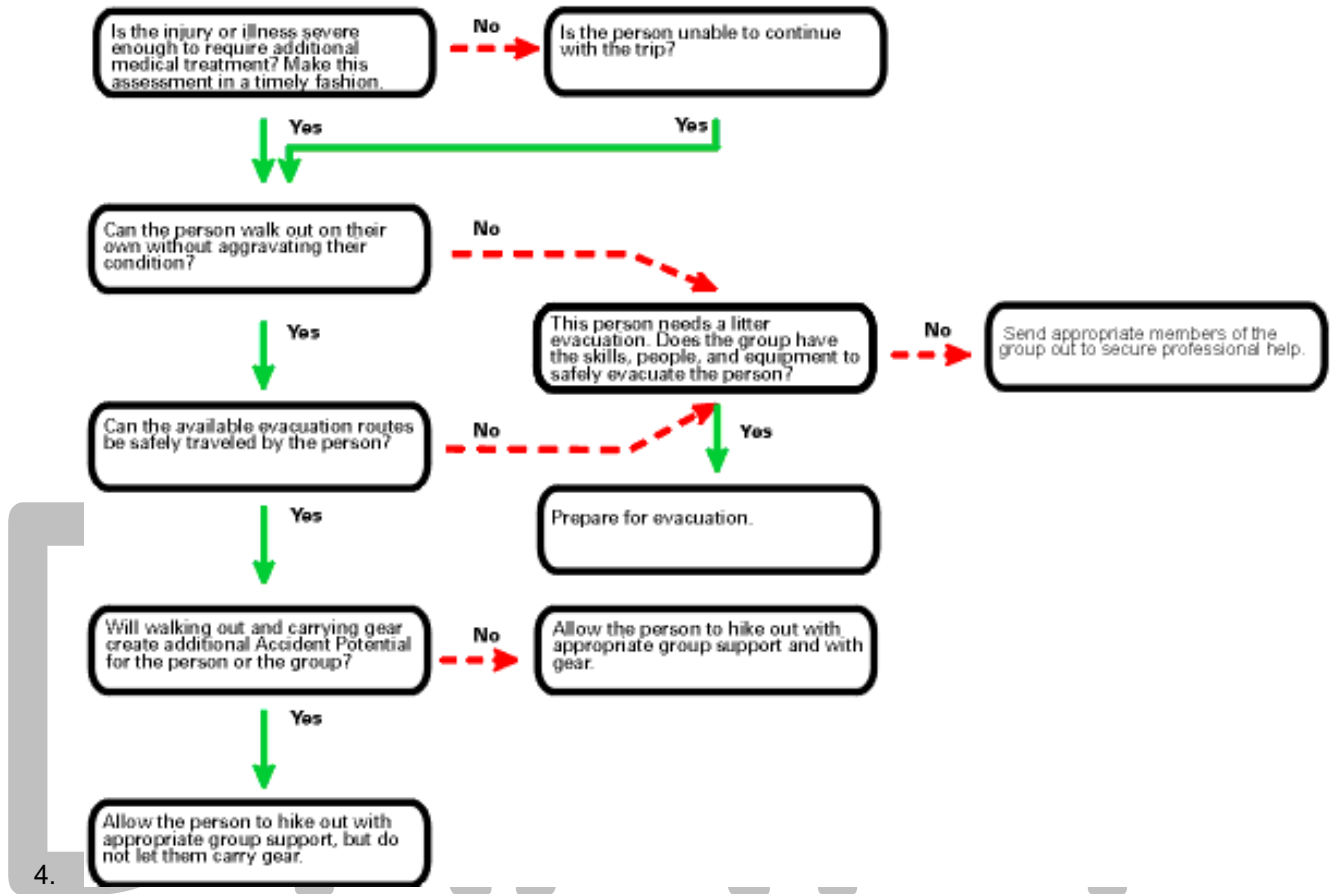


Figure 8.4



## Emergency Response Details and Contacts

In case of an emergency where the group does not have access to communication devices to call for help or assistance, a member of the group should make their way to the Bralorne Pub where WIFI and phone access is available.

### Driving directions to the Bralorne Pub:

#### From Sunshine Mountain Old Ski Cabin

1. Continue down Sunshine Mountain access road to Noel Main Line.
2. Make a right turn on Noel Main Line.
3. Continue on Noel Main Line onto Lorne Avenue.
4. Turn Left at the "STOP" sign on Bralorne Road.
5. The Bralorne Pub will be located 500 meters down Bralorne Road to the right.

### Driving directions to where to meet the ambulance/helicopter:

#### From Bralorne Pub

1. Drive West towards Townsite 2 on Bralorne Road.
2. Turn right past the Bralorne Firehall onto Whiting Avenue.
3. Continue 200 meters to the Bralorne Ball Field to meet ambulance or helicopter.

#### From Sunshine Mountain Old Ski Cabin

6. Continue down Sunshine Mountain access road to Noel Main Line.
7. Make a right turn on Noel Main Line.
8. Continue on Noel Main Line to the Bralorne Ball Field to meet ambulance or helicopter.

### Emergency Contacts:

<b>Police/Fire/Ambulance Emergency</b>	911
<b>BC Hydro (Emergencies)</b>	1-888-769-3766
<b>RAPP (Report All Poachers and Polluters)</b>	1-877-952-7277
<b>Report a Forest Fire</b>	1-800-663-5555
<b>Air Evacuation Dispatch</b>	1-800-561-8011
<b>Poison Control Centre</b>	1-800-567-8911
<b>Nearest Hospital Lillooet</b>	250-256-4233
<b>Local Search &amp; Rescue (Lillooet Rescue)</b>	250-256-0191
<b>Bralorne Fire Protection Services (Benno Chapman)</b>	604-512-1442
<b>Local Ambulance Detachment (Gold Bridge)</b>	250-238-2426
<b>Blackcomb Helicopter</b>	250-256-6000