



FIREFIGHTERS' INDIAN RIVER COUNTY FAIR

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www.firefightersfair.org

Sponsored by The Vero Beach Firefighters Association Inc (a non-profit coporation)

EMERGENCY / SAFETY Management Manual

Fairgrounds Located At

7955 58th Avenue
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www.firefightersfair.org

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TO WHOM IT APPLIES

This manual is intended to be used as a quick and easy reference for resolution of minor as well as major incidents that require a rapid or immediate response.

The safety rules contained in this manual apply to all personnel, employees, volunteers, associated workers, or other staff who assist in the daily operation of the Indian River County Fair.

This daily operation shall begin when the fair's management takes possession of the fairgrounds from the Indian River County Parks Department.

This manual cannot anticipate all emergency situations and incidents. And in no way should limit an individual to implement more comprehensive procedures to prevent injury to staff members or the general public who visit our event. Therefore, always use good judgement and common sense in promoting safety, and acting to avoid risks to others.

OBJECTIVES OF THIS PLAN

- Minimize the possibility of injuries to employees and visitors.
- Keep property and equipment losses to a minimum.
- Assure inter-department and inter-divisional cooperation.
- Assure the cooperation of outside agencies.
- Assure the release of accurate information to the public.
- Provide for an effective response to emergency situations.
- Provide for continuous or expeditious resumption of operations and services.

CONTROLLING LAW AND RULE

All members, personnel, volunteers, associated workers, and other staff when performing assigned duties and functions, will comply with all required Federal, State, and Local laws and regulations applicable, which include:

- 1). Applicable standards to the Public Sector of Occupational Safety & Health Administration (OSHA) Standards.
 - a. Rule Chapter 38 F-43.01 General Industry Safety & Health
(29 CFR 1910)
 - b. Rule Chapter 38 F-43.02 Construction Safety & Health
(29 CFR 1926)
 - c. Rule Chapter 38 F-43.03 Standards for Agriculture
(29 CFR 1928)
 - 2). Florida State Fire Prevention & Control, F.S. 633
 - 3). Florida Right-To-Know law
- All laws and regulations can be viewed in the Fair office*

DURING NORMAL OPERATING HOURS

Normal operating hours shall be; When any staff member is on site and able to assist with the fairs operation.

- 1). Any individual witnessing a situation presenting an immediate danger or suspicious activity should contact the fair office by portable radio. If a portable radio is not available, send the message with someone or meet face-to-face with the office staff.
- 2). The office staff shall notify 911 of the situation at hand, and the on-site law enforcement officers if they are present. Then, the office staff shall notify the General Manager of the situation.
- 3). The General Manager shall ensure that information about the incident is shared efficiently and appropriately among committee directors, the media, midway management, fair exhibitors, fair patrons, and/or the community.

FIRE

In the event that a fire is reported on fair ground property,

- 1). Notify the fire department immediately. This may be done by Dialing 911, using a portable radio and report it to the office staff, or by sending someone to notify 911.
- 2). Evacuate the immediate vicinity and notify people quietly so as to prevent widespread panic.
- 3). If the fire is extinguishable and you can do so without endangering yourself or others, attempt to put out the fire.
- 4). Fire Department staff shall be met on their arrival and directed to the fire area. Assist the fire department where needed.
- 5). All unnecessary traffic should be routed away from the area to ensure that emergency equipment has access.
- 6). Notify the General Manager. He shall then notify the County Parks Director.

EMERGENCY EVACUATION

In case of a natural disaster or emergency that may require evacuation of an area of the fairground:

(Severe weather, unexpected catastrophe, potential catastrophe...)

- 1). Assist the fire department or law enforcement officers who are working with the Emergency Operation.
- 2). The General Manager will assist in making the decisions to evacuate the building and grounds. The Fair office shall serve as a fairground command post.
- 3). If possible, make the decision to evacuate at least 30 minutes prior to the estimated arrival of the danger.
- 4). If you feel the situation demands immediate evacuation prior to the arrival of any outside assistance, make the announcement in a calm manner.
- 5). The following staff members will assist in unlocking, and maintain discipline at these exit gates.
 - *Front Gate Director-FRONT GATE,*
 - *Entertainment Director-WEST AG. GATE,*
 - *Sanitation Director-EAST AG. GATE's,*
 - *Parking Director-SOUTH SIDE GATE, east*
 - *Construction Director-SOUTH SIDE GATE, west*
 - *Security Director-BACK GATE.*
- 6). Fair staff, and midway officials will make the evacuation announcements by mouth. The P.A. system shall be used in the exhibit hall.

FAIR GROUNDS EVACUATION GATES

Back Gate

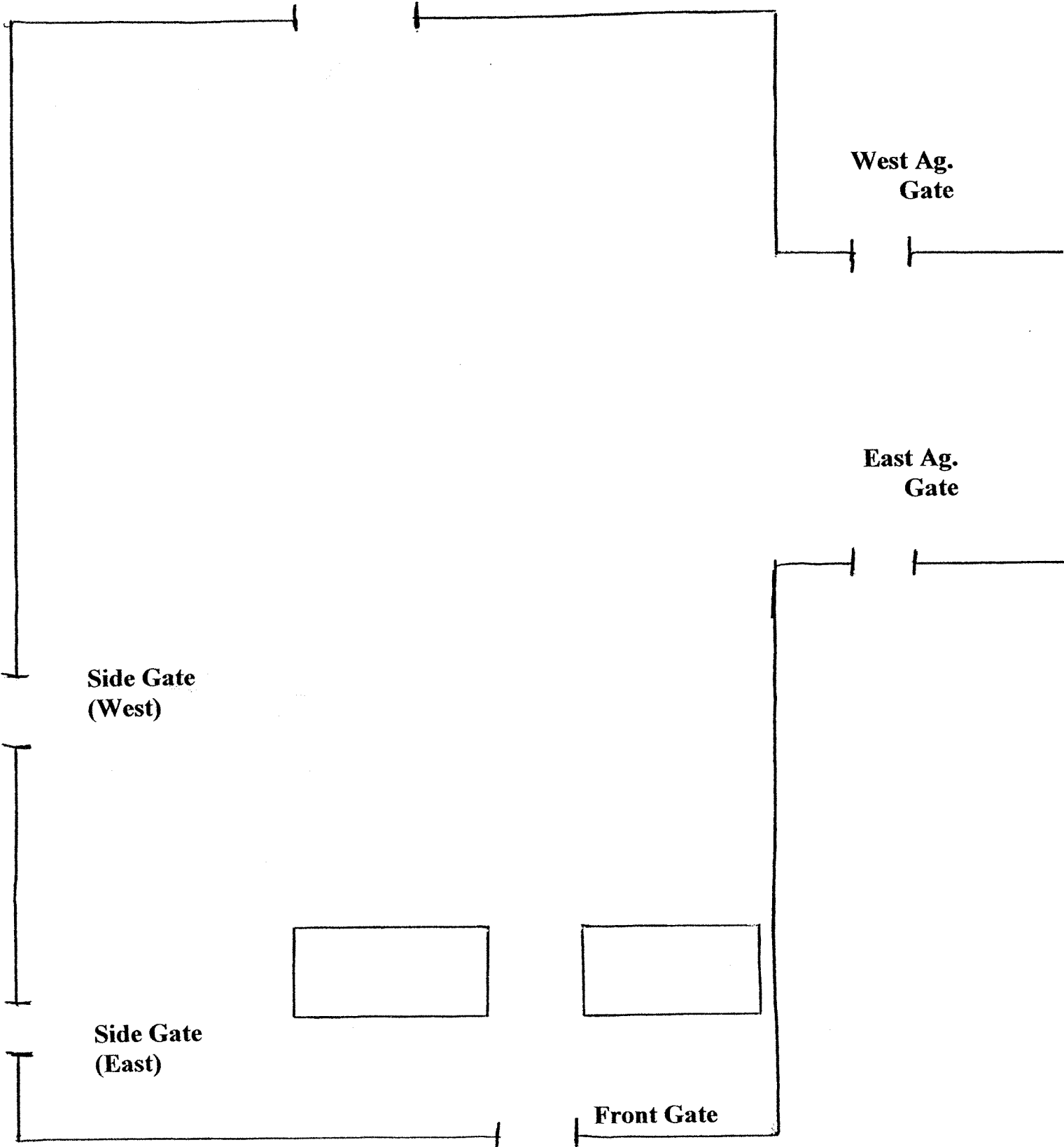
West Ag.
Gate

East Ag.
Gate

Side Gate
(West)

Side Gate
(East)

Front Gate



VIOLENCE or THREATS

If you should witness any acts of violence, or if a person(s) makes threats to you or other fair visitors you should:

- 1). Do not discuss the situation with the person(s) in a public area. Make cordial attempts to convince him, her or them to go into an area away from the public to discuss the problem.
- 2). Notify the office staff by portable radio. The office staff can direct law enforcement to your location as needed.
- 3). If the situation cannot be resolved, refer them to the General Manager.
- 4). If physical force is needed to protect someone or yourself, immediately call for assistance on your portable radio. Give your location, and what type of assistance is needed. All staff members who can assist should go to that area and render support until law enforcement arrives.
- 5). When a **BOMB THREAT** is received over the telephone, the operator should,
 - a. Obtain as much information as possible from the caller.
 - b. Fill out the Bomb Threat Checklist.
 - c. Notify law enforcement.
 - d. If the decision to evacuate is made, follow the evacuation guidelines above.

ARMED ROBBERY

In the event an individual(s) attempts a robbery try to maintain composure and avoid rapid movements, which could alarm the perpetrator.

- 1). Do exactly as the perpetrator instructs. Avoid any actions, which would endanger you or others.
- 2). Notify 911 when the perpetrator has left the area.
- 3). Attempt to preserve the scene of the crime for police investigation. Instruct witnesses to remain until law enforcement arrives.
- 4). Compose your thoughts and immediately make written notes about the incident to help you recall.

EMERGENCY FIRST-AID

In the event that a medical emergency takes place on fairground property during normal operating hours, **NOTIFY 911 without delay**. Then, any fair member such as a volunteer, associated worker or other staff should render some form of First-Aid to the individual until professional medical assistance arrives.

- 1). Any volunteer Paramedic or Emergency Medical Technicians who are on site, or any employed or contracted staff of Paramedics or Emergency Medical Technicians, shall be summoned to provide treatment.
- 2). Obtain information about what kind of problem the individual may have. Provide the interim on-site basic EMS equipment (First aid material, A.E.D., oxygen, backboard, cervical collar...)
- 3). Notify 911 that medical assistance is needed, along with the following; The type of incident you have, the location of the incident on the property, and what type of aid is being given to the individual at this time.
- 4). Assist the professional medical team upon their arrival.
- 5). Provide **GOOD DOCUMENTATION** of all incidents, attention given, and refusals of care.

BOMB THREAT TELEPHONE CHECKLIST

QUESTIONS TO ASK

1. When is bomb going to explode? _____
2. Where is it right now? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why? _____
8. Where are you calling from? _____
9. What is your address? _____
10. What is your name? _____

Caller Information:

- Sex: Male Female
- Age Group: Child Young Adult Middle Aged Senior Citizen

If voice is familiar, whom did it sound like? _____

- Background Noises Traffic Machinery Aircraft Music
- Other? _____

Exact words of caller: _____

What did Caller's Voice sound like:

- | | | | | |
|-----------------------------------|------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Disguised | <input type="checkbox"/> Nasal | <input type="checkbox"/> Angry | <input type="checkbox"/> Broken |
| <input type="checkbox"/> Stutter | <input type="checkbox"/> Slow | <input type="checkbox"/> Sincere | <input type="checkbox"/> Lisp | <input type="checkbox"/> Rapid |
| <input type="checkbox"/> Giggling | <input type="checkbox"/> Deep | <input type="checkbox"/> Crying | <input type="checkbox"/> Squeaky | <input type="checkbox"/> Excited |
| <input type="checkbox"/> Stressed | <input type="checkbox"/> Accent | <input type="checkbox"/> Loud | <input type="checkbox"/> Slurred | <input type="checkbox"/> Normal |

Name of person receiving call: _____

Telephone number that call was received at: _____

Date and time call was received: _____

Remarks: _____

**REFUSAL of TREATMENT, or NOTIFICATION
Of a MEDICAL TRANSPORT UNIT**

Date: _____

Injured / Complainants Name: _____

Age: _____ Date of Birth: _____ Sex: _____

Home Address: _____

Phone: _____

Chief Complaint: _____

Refusal of service / disclaimer: I hereby refuse the services, treatment, and the Notification of a Transport Medical Unit recommended or offered to (me / my),
Print name _____ by the Firefighters' Indian River County Fair
First Responders. I understand that I accept full responsibility for any consequences of such refusal. I further release the Firefighters' Indian River County Fair and its personnel from any liability for injury, loss or damage which I suffered or _____ may suffer, due to the refusal of treatment or notification of a medical transport unit.

Injured / Complainant Signature:

_____ # _____
First Responder: / License #

Witness:



1712 Magnavox Way
 P.O. Box 2338
 Fort Wayne, Indiana 46801-2338
 (800) 553-8368 Fax (219) 459-5624

Case Report for Fairs and Festivals

(Check one per section and complete relevant blanks.)

INSURED: _____ Policy Number: _____		
INJURED: <input type="checkbox"/> Patron <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ Name: _____ Age: _____ HT: _____ WT: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____		
SITE: NAME/LOCATION: _____ <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor TYPE: <input type="checkbox"/> Fair <input type="checkbox"/> Festival <input type="checkbox"/> Parade <input type="checkbox"/> Livestock Show <input type="checkbox"/> Other: _____		
INJURY: <input type="checkbox"/> Person <input type="checkbox"/> Property DATE OF INJURY: _____ INJURED BODY PART: _____ CONDITION: _____ <small>(Sprain, Fracture, Concussion, etc.)</small>		TIME <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> After Hours
		DISPOSITION <input type="checkbox"/> On-Site Care Only <input type="checkbox"/> Ambulance to: _____ <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Fatality
OCCASION: <input type="checkbox"/> ARRIVING AT SITE <input type="checkbox"/> SETTING UP <input type="checkbox"/> QUEUING <input type="checkbox"/> ENTERING EVENT/RIDE <input type="checkbox"/> DURING EVENT/RIDE <input type="checkbox"/> EARLY <input type="checkbox"/> MID <input type="checkbox"/> LATE <input type="checkbox"/> EXITING EVENT/RIDE <input type="checkbox"/> BETWEEN EVENTS/RIDES <input type="checkbox"/> DEPARTING SITE	LOCATION: <input type="checkbox"/> PARKING LOT <input type="checkbox"/> WALKWAY <input type="checkbox"/> AT RIDE <input type="checkbox"/> MECHANICAL <input type="checkbox"/> DARK <input type="checkbox"/> WATER <input type="checkbox"/> GAME BOOTH <input type="checkbox"/> ANIMAL CAGE/STALL <input type="checkbox"/> INDOOR ARENA <input type="checkbox"/> OUTDOOR ARENA <input type="checkbox"/> ARCADE <input type="checkbox"/> MIDWAY <input type="checkbox"/> OTHER: _____	SITUATION: <input type="checkbox"/> FALL <input type="checkbox"/> SLIP <input type="checkbox"/> PUSHED <input type="checkbox"/> TRIP <input type="checkbox"/> LOST BALANCE <input type="checkbox"/> HIT BY: _____ <input type="checkbox"/> COLLISION WITH: _____ <input type="checkbox"/> OTHER: _____
ACTIVITY: <input type="checkbox"/> NORMAL USE <input type="checkbox"/> HORSEPLAY <input type="checkbox"/> FIGHTING <input type="checkbox"/> OTHER: _____	SURFACE CONDITION: <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> NORMAL <input type="checkbox"/> WET <input type="checkbox"/> ICY <input type="checkbox"/> LOOSE GRAVEL <input type="checkbox"/> IRREGULAR <input type="checkbox"/> OTHER: _____	IF A FALL, SHOE WORN: <input type="checkbox"/> SNEAKERS <input type="checkbox"/> SANDALS/THONGS <input type="checkbox"/> SLIP-ONS <input type="checkbox"/> LOAFERS <input type="checkbox"/> PUMPS <input type="checkbox"/> HIGH HEELS <input type="checkbox"/> BOOTS <input type="checkbox"/> NONE <input type="checkbox"/> OTHER: _____
Name of Ride & Manufacturer or Special Event: _____		
SPECIAL CIRCUMSTANCES: <input type="checkbox"/> NONE <input type="checkbox"/> UNAUTHORIZED ACTIVITY <input type="checkbox"/> EQUIPMENT-RELATED <input type="checkbox"/> OPERATOR-RELATED <input type="checkbox"/> INTOXICATED: <input type="checkbox"/> INJURED PERSON <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> OTHER: _____	DESCRIBE HOW ACCIDENT HAPPENED: <div style="text-align: right; font-size: small;">(Over for witness information)</div>	
Respondent: _____ Phone: () _____ <small>(Please print.)</small>		