



Sun Peaks Recreational Trail Association (SPRTA)

EMERGENCY RESPONSE PLAN

1. Contact Emergency Services

- **Within the Sun Peaks Resort Controlled Recreation Area (CRA)**
 - i. **Sun Peaks Resort Patrol Dispatch**
(during SPR hours of operation; Summer: 9:00am - 7:00pm, Winter: 7:00am– 5:30pm)
 - **Call 250 578 5521**
 - ii. **Sun Peaks Fire & Rescue** (outside SPR hours of operation)
 - **Call 911**
- **Outside the Sun Peaks Resort CRA - Call 911**

2. Inform Dispatch:

- Location of injured party
- Number of injured persons involved
- Nature of injury
- Any special circumstances or equipment needed

3. Dispatch will send a First Aid Attendant

4. Wait with injured party

- Secure the scene and protect yourself and others on scene from further injury
- Do not move the injured party unless it is required for their safety
- Initiate first aid if you are trained to do so
- Reassure the injured party and make them feel as comfortable as possible
- Remain with the injured party until First Aid Attendant arrives

5. Transportation decision

- **The transportation decision is to be made solely by the lead First Aid Attendant in charge of the incident.** If BC Ambulance Service is required call 911. If general transportation is deemed sufficient the SPRTA team lead will arrange transportation. The lead First Aid Attendant is defined as the person on scene with the highest level of medical training.

Any incident that requires first aid during SPRTA organized trail activities becomes the responsibility of the SPRTA team lead, who is required to follow the protocol above. If an incident requiring first aid occurs then a SPRTA Incident Report must be completed by a team lead, the injured party, and any witnesses.

All incidents that occur on SPRTA managed trails outside of SPRTA organized trail building activities or events become the responsibility of the trail user(s) involved.



Sun Peaks Recreational Trail Association

INCIDENT / INJURY REPORT

Name of Injured Party:	
Date:	Time:
Location:	
Reported to:	
Description of Events:	
Description of Injury:	
Signature of Injured Party:	Date:
Signature of SPRTA Lead Hand:	Date:



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INCIDENT / INJURY REPORT

Name of Witness:	
Date:	Time:
Location:	
Reported to:	
Description of Events:	
Description of Injury:	
Signature of Witness:	Date:
Signature of SPRTA Lead Hand:	Date: