

# **Road America**

## **Emergency Action Plan**

**2015**

# Emergency Action Plan

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## Contact Information

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## Statement of Purpose

### Introduction

The following Emergency Action Plan is to provide procedures to protect people and property during an emergency or disaster situation. This plan identifies and assigns personnel to various emergency tasks and responsibilities, thus creating the Site Emergency Team. This plan defines emergency response systems for on-track emergencies and off-track occurrences. This plan also provides for coordination between the Site Emergency Team response and government authorities to promote an effective response.

This document describes the emergency management procedures for handling incidents involving everything from minor single vehicle crashes to complex scenes requiring a variety of outside resources. Its primary intent is to give first responders, local fire departments, EMS agencies, and track management an understanding of how they fit into the plan. After reading the plan, personnel should be able to answer the following questions:

- 1. What positions might I be required to fill?**
- 2. Who would I report to, and whom would I supervise in an emergency incident?**
- 3. Where should I report in the event of an incident?**

All personnel should familiarize themselves with this plan and be able to render assistance as needed in order to reduce injury, loss of life and property damage. At the end of the document is an appendix showing specific tasks required for the positions. Some of the assignments are pre-determined for individuals with specialized administrative or support functions.

# The Incident Management System

## An Overview

Emergency incidents on track property are managed using the Incident Management System (IMS). IMS (NFPA 1561, *Standard on Emergency Services Incident Management System*) is a nationally recognized system for managing emergency situations. It is a system with considerable flexibility, allowing it to grow or shrink based on the demands and magnitude of the situation.

A basic IMS operating guideline has the person responsible for the incident designated as the “Incident Commander” and is responsible until authority is delegated to another person. Thus, in small situations (like an ambulance response to a call for help involving one victim), where additional personnel are not required, the Incident Commander will manage all aspects of the incident from beginning to end.

As the magnitude of the situation increases, the management structure expands. The goal is to expand the structure in a way that no single person has more than three to seven people reporting directly to him or her. Additional layers of management and branches to the management structure are pulled into play as required. An incident, for example, with 10 victims is likely to be over quickly and will probably not require a Logistics/Support Section Chief. Instead the Incident Commander will assign people to the duties coming under that section chief position as needed. An incident with a 100 victims, on the other hand, is likely to require that all positions on the organizational chart be filled.

In a worst case situation, with large numbers of victims and involvement by multiple agencies, the organizational structure evolves into one of “Unified Command” in which representatives of different agencies provide input and direction at the Incident Commander level.

Flexibility is a key element. In the evolving emergency situation, positions shift as more appropriate or experienced people arrive. Initially, for example, the Incident Commander will be the most experienced person on the first unit to arrive. They may become the Operations Section Chief, when the track’s designee arrives and assumes the position of Incident Commander. They may then be shifted to Transportation Group Leader as the operation expands. Flexibility helps assure personnel can be utilized to perform needed functions rather than waiting for specific work assigned to them in a written plan. The same flexibility also allows for changes in personnel at specific positions over time if an incident becomes prolonged.

## Command

- 1) Overall command is the responsibility of the Incident Commander.
- 2) The Incident Commander may designate an Operations Section Chief, Medical Branch Director, Fire/Rescue Branch Director, Security Branch Director and/or other appropriate supervisory personnel depending on the nature of the situation.
- 3) The Incident Commander is responsible for ensuring the safety of the scene, rescuers and bystanders. The Incident Commander may appoint a Safety Officer to carry out this responsibility.
- 4) The Incident Commander is responsible for ensuring that adequate resources are summoned.
- 5) Additional requested resources should report to the staging area for assignment.
- 6) The track physician/medical director provides on-site medical control. If he/she is not available then medical control resorts to the jurisdictional EMS agency/base hospital physician responsible for medical control under the local EMS regulations.
- 7) Law enforcement and/or security are responsible for securing the site for rescue operations.
- 8) Equipment, supplies and personnel are assembled at the staging area, where they are inventoried and dispensed as needed.

## Creation of an Incident Command Post

When an incident becomes complex enough to require the appointment of Section Chiefs and/or activation of outside resources, establishment of a command post is essential. This should be created at a location with good access and good communications capabilities. It is usually preferred that this not be right at the incident location. While the Incident Commander is responsible for selecting a location, the following are pre-arranged areas that could be used.

<b>Possible Command Post Locations</b>
Race Control (In VIP tower)
Farm House (near gate 6)(Staffed for NASCAR)
Security (near gate 6)

## Response Levels

The response to an emergency situation is dictated in part by the commitment of resources required to successfully resolve the problem. The Road America plan defines four levels of responses for emergency services.

### Level 1 Response

A level 1 response is an emergency, which requires no more than the resources to manage one patient requiring advanced life support or potentially one patient. Security may respond at their discretion or upon request.

### Level 2 Response

An emergency that requires additional resources and manpower above those described for a level 1 response is defined as a level 2 response. This includes situations with two or more patients requiring advanced life support or two patients meeting the “Immediate” criteria in the START Triage system (see “Triage”) or potential for of this condition. **A Level 2 Response may require the naming of an Incident Command Post and announcement of the Incident Command location on the radio.**

### Level 3 Response

A level 3 response is an emergency requiring extensive resources, extrication, law enforcement or other logistical support. This includes situations with three or more patients requiring advanced life support or three or more patients falling in the “Immediate” category in the START triage system.

### Level 4 Response

A sudden, unexpected or expected event that creates a situation **requiring outside mutual aid** for fire, EMS and/or law enforcement support results in a level 4 response. The Road America Safety Director, Security Director, Medical Director, their designees, or a senior management official for the facility normally declare this level.

**The following items are required for both Level 3 and Level 4 responses:**

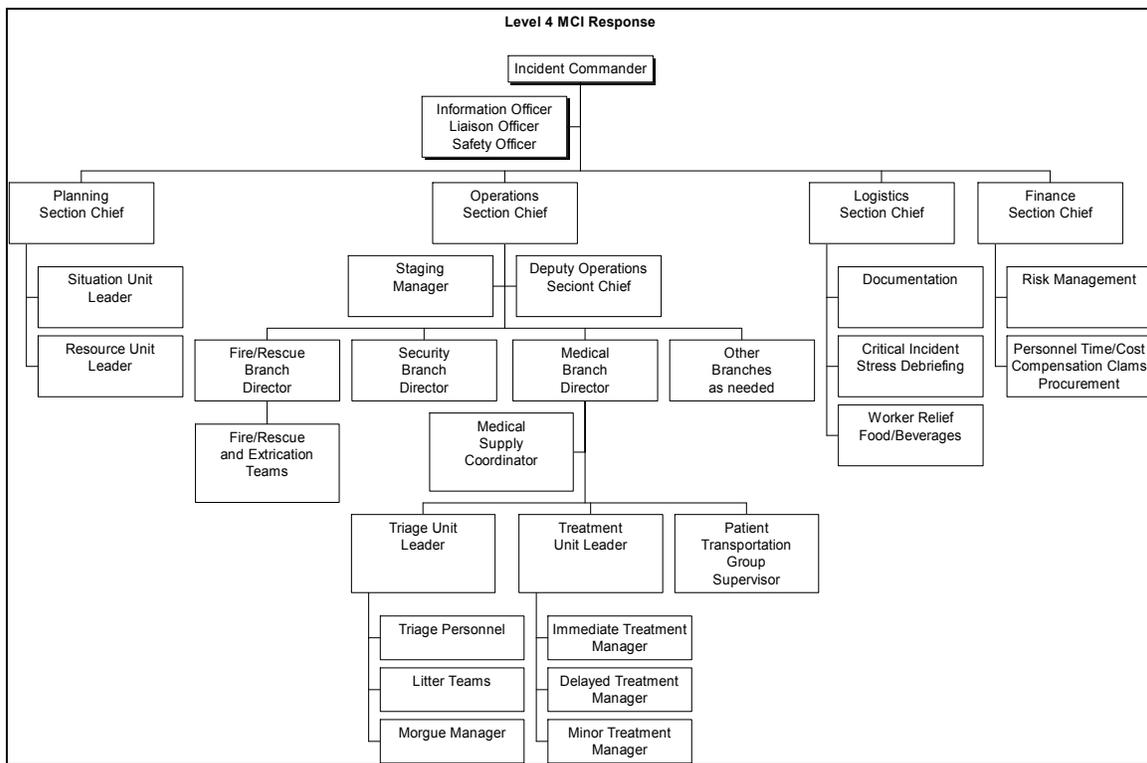
- 1) The incident name and command post location is announced on the radio.
- 2) All incoming units report to the staging area.
- 3) The Incident Commander establishes the Operations Section.
- 4) The Incident Commander position may be transferred to the Road America senior management official or their designee.

- 5) The Incident Management Team reports to their pre-designated assignments.
- 6) The Incident Command Post is activated and a Unified Command is established as needed with local law enforcement, EMS and fire officials.

***In a Level 4 incident, it is essential that a jurisdictional fire agency official work directly with the designated Operations Chief to get the most out of the internal and external resources if a fire, haz mat or EMS event or a law enforcement official if a law enforcement event .***

## Operational Overview

Figure 1 shows how the Incident Command System would function in a large multi-casualty situation. While its complexity may appear overwhelming at first, it can be used as a reminder of things that must be considered even in a smaller situation. For example, documentation of the evolving incident, handling of claims from injured rescue workers, and feeding workers as the incident becomes prolonged are items, which could easily be overlooked.



*Figure 1: Incident Management System as it is designed to operate in a level 4 MCI response.*

## Level 1 Response

At the time of the initial response to an incident, the first responding unit handles all command and general staff responsibilities. Additional arriving resources become triage and treatment personnel as dictated by the size of the incident.

### Level 1 MCI Response

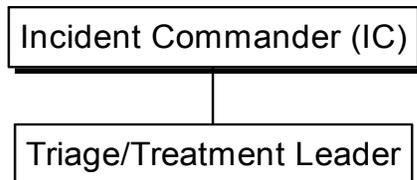


Figure 2: Example of a possible level 1 MCI response.

In a level 1 response, the organizational structure does not progress beyond that shown in Figure 2. However, arriving units may discover the situation to require a higher-level response. The organizational structure can grow easily from this point if it is determined a Level 3 or Level 4 response are necessary.

## Level 2 Response

Based on the characteristics of the incident found at the time of the initial response, additional resources are requested by the Incident Commander and dispatched. A Command Post is established and announced. In the example in Figure 3, the Incident Commander designates a Triage Unit Leader, Treatment Unit Leader and a Ground Ambulance Coordinator. Security and/or law enforcement are involved as needed. A Staging manager may be needed.

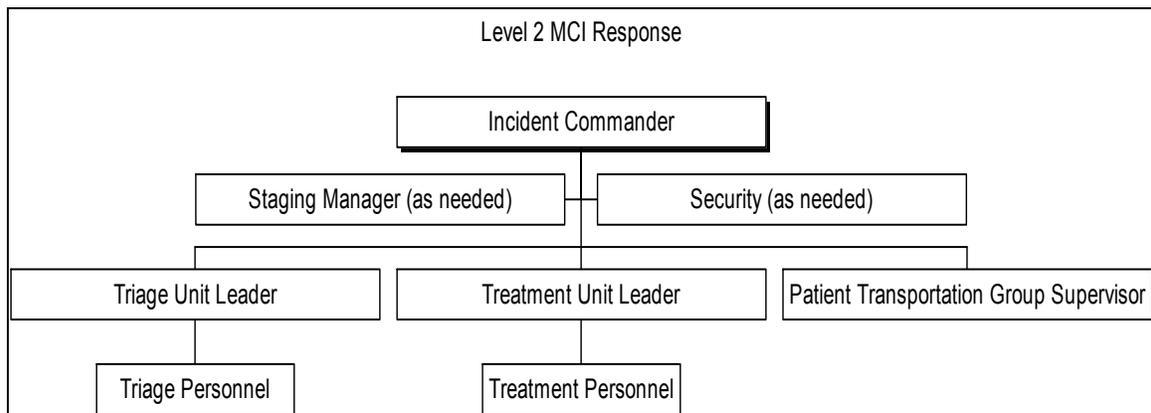


Figure 3: Example of a possible level 2 MCI response.

### Level 3 Response

When the nature of the situation is such that mutual aid from outside resources is necessary, a level 3 response may be required. The Road America Safety representative arrives and may be assigned to become the Fire/Rescue Branch Director. The Incident Commander assigns the Operations Section Chief who appoints the Medical Branch Director. The Medical Branch Director confirms that the Triage Unit Leader, Treatment Unit Leader, and Patient Transportation Group Supervisor are in place. The additional positions are necessary to keep the span of control of the Operations Section Chief manageable. Unified Command is initiated as deemed necessary by the Incident Commander.

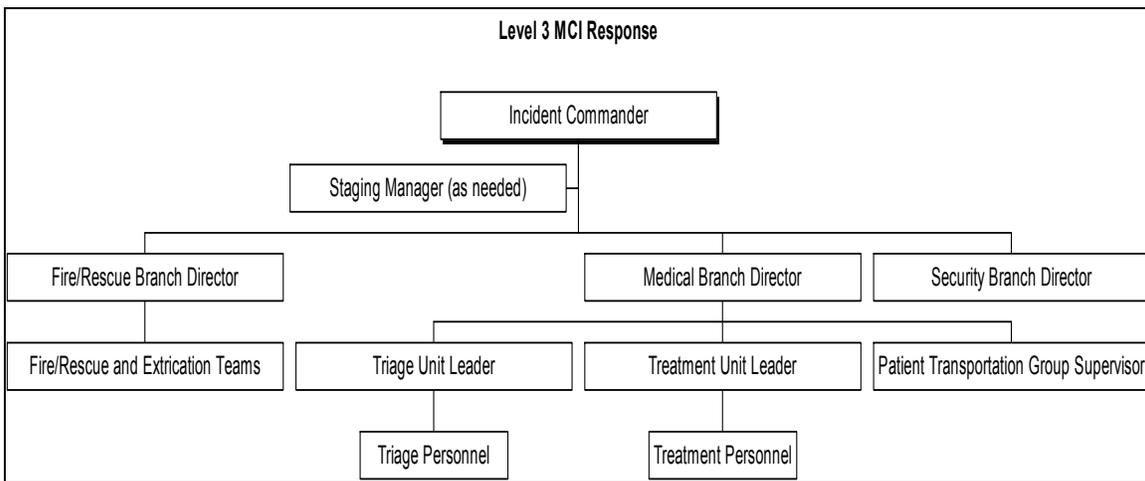


Figure 4: Example of a possible level 3 MCI response.

### Level 4 Response

When the incident is large enough to require use of outside resources, the organizational structure becomes more comprehensive. Many of the positions described in Figure 1 are still unfilled. They may be utilized as the Incident Commander sees fit. At this point a Unified Command System becomes essential to assure appropriate utilization of all available resources.

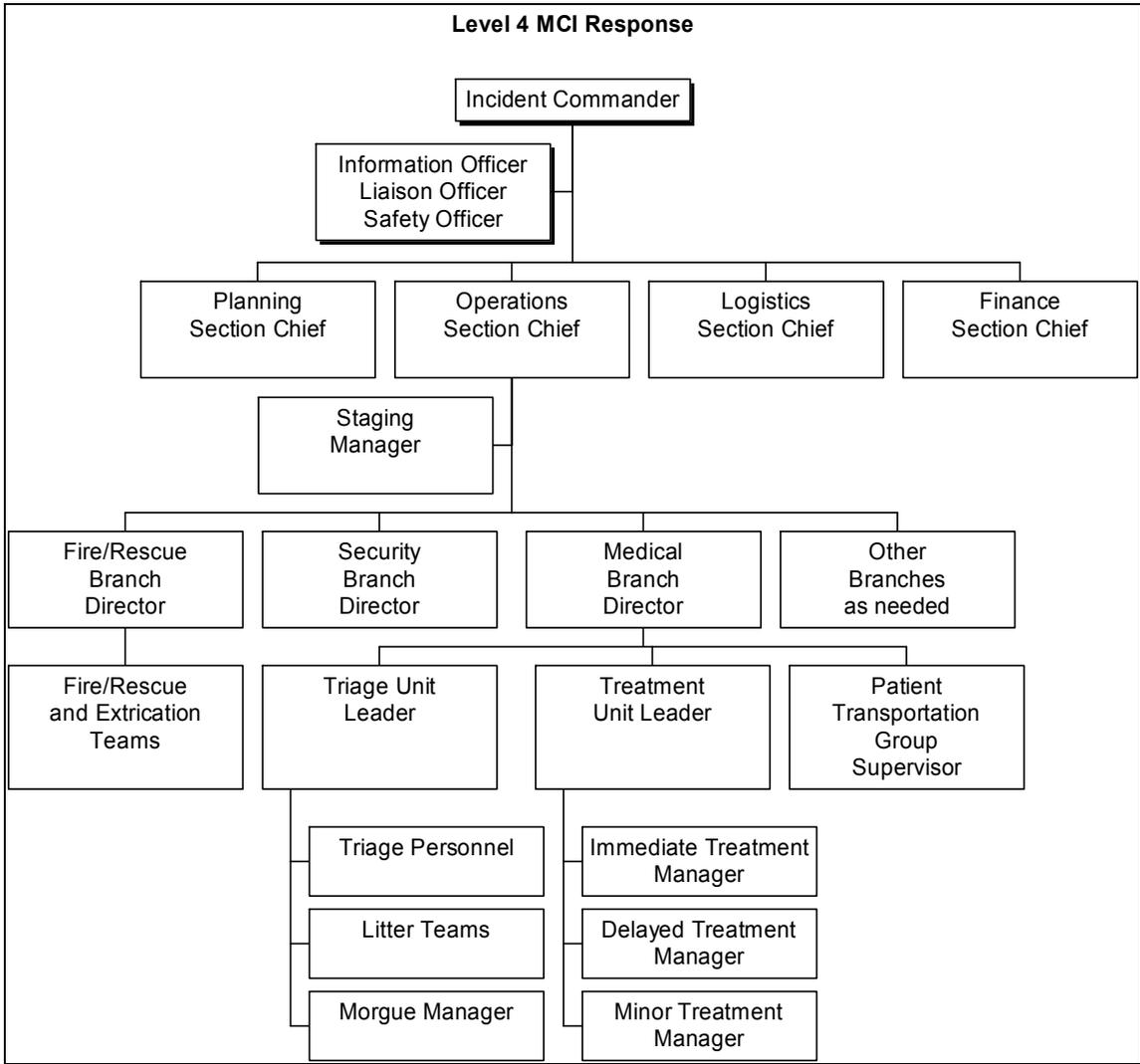


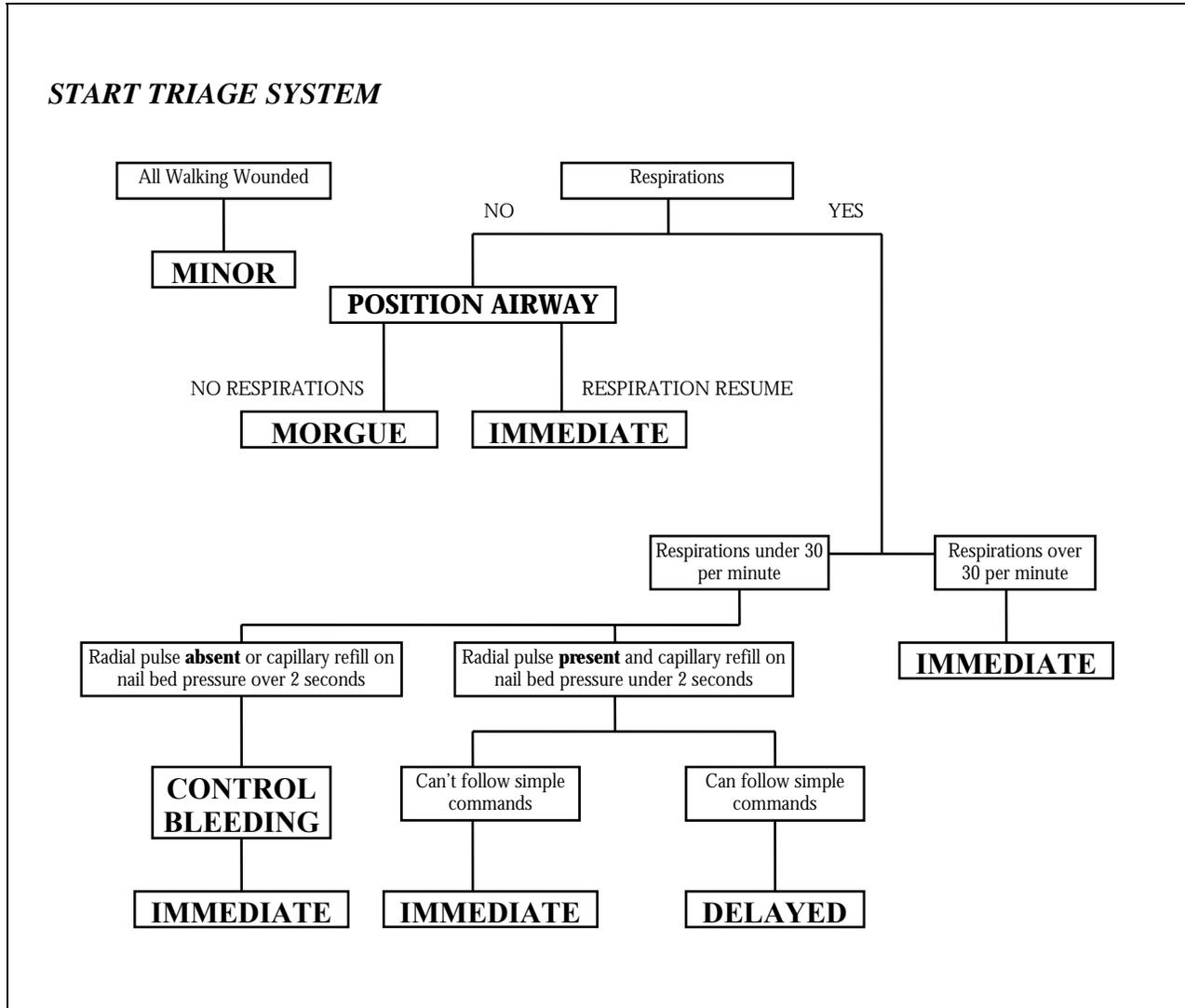
Figure 5. Initial command structure likely in the management of a Level 4 Response.

## **MCI Initial Response**

- 1) The first unit on scene should stop or park outside the affected area, assess the safety of the scene for responding personnel, and get an idea of the boundaries and scope of the emergency.
- 2) Establish the Incident Command System, by contacting the communications center, and providing a “Size-Up Report” as soon as possible after arrival. The “Size-Up Report” consists of 3 elements, 1) Location of the incident, 2) Type of Incident, and 3) Approximate number of patients.
- 3) The most qualified member of the team on the first arriving unit functions as the “IC”, or Incident Commander, and continues in that role until relieved by a more appropriate individual. It is important to remember that the IC needs to remain in an area where he/she can see the majority of the incident, but is not in the middle of the scene.
- 4) Triage should begin immediately. Remember that the first part of “START” triage is to remove the patients designated in “minor category” or “walking wounded” away from the scene. Make sure you appoint a responsible individual to watch over this group, and keep them away from both those patients needing immediate care and bystanders who were not affected by the incident. If possible they should be sent to the meeting room adjacent to Paddock Medical.
- 5) A Follow-Up Report should be given, as information is available. This report also has 3 elements: 1) Situation-What is going on right now, 2) Progress-What have you done so far? And 3) Needs-What do you still need to handle the problem? Additionally, during a Follow-Up Report, the name of and location of the Incident Command Post, and the staging area that you want all incoming resources to report to will need to be announced on the radio.
- 6) Additional responding units report to the designated staging area and standby for assignment. It is imperative that these resources not go directly to the scene until directed. Once at the scene, units will report to the on scene coordinator and confirm their assignment.

## Triage

Triage is carried out using the “Simple Triage and Rapid Treatment” (START) method. No more than 30 - 60 seconds should be spent on a single patient. All medical personnel should be familiar with the process and keep in mind that patients assigned to a treatment area may undergo a change in their status requiring re-triage and assignment to a different treatment area. Triage tags should be used anytime there are three or more patients. Please see the chart below for an example of the “START” triage system.



## Treatment Areas

- 1) Treatment areas may be established at the request of the Incident Commander, Medical Branch Director, or any other individual who believes it would benefit patient care. Pre-determined treatment areas may be used, or any location deemed appropriate by the Incident Commander. See the diagram below for examples of locations that have been prearranged.
- 2) The first area that should be established is for those victims with minimal or minor injuries (walking wounded). By removing these patients first from the scene, we provide the emergency responders a quicker access to those critically injured, and begin the incident stabilization process. Trams, buses and other vehicles can be used to move these victims to treatment facilities.
- 3) Designate the Immediate and Delayed Treatment areas. They should be located in an area that is: (1) Safe, (2) Large enough to handle the number of victims easily, (3) Easily accessible to rescue vehicles, (4) Away from the morgue
- 4) Once they have been triaged, patients are sent to the Immediate, Delayed, or Minor Treatment Areas. Continuous triage and patient evaluation should occur in these areas until all patients have been transported to their receiving facility.
- 5) Personnel assigned to the treatment area should at all times function only within their scope of practice and under medical control as allowed by local regulations.
- 6) Physicians and RN's are normally assigned to the treatment areas.

Selection of the most appropriate treatment areas will depend on the size, location, and nature of the incident. The following are pre-designated treatment areas likely to be used during a multiple casualty incident.

<b>IMMEDIATE TREATMENT AREA</b>	<b>DELAYED TREATMENT AREA</b>	<b>MINOR TREATMENT AREA</b>	<b>MORGUE</b>
On Scene	Paddock Medical	Meeting Room	Maintenance Building
		Adjacent to Paddock Medical	

## Transportation

- 1) The Transportation Group Supervisor, in cooperation with the managers of the treatment areas, and the communication center, will arrange transport of patients to the most appropriate available facility.
- 2) Whenever possible, the patients in the “Immediate” category should be transported first to the most appropriate medical facility. A lower level of medically trained personnel as determined by the Transportation Group Supervisor in cooperation with the Treatment Unit Leader may transport patients when appropriate.
- 3) Patient distribution should occur in such a way that no one facility is overloaded in an effort to prevent moving the disaster from the field to the hospital.
- 4) Additional resources should report to the staging area established by the Incident Commander or the Operations Section.

## Staging Areas

Staging areas are used as a gathering point for incoming resources to wait prior to being assigned tasks by the Incident Commander. The area selected for staging will depend on a number of factors, including where the incident is located and type of incident. Some possible sites could include:

<b>Possible Staging Areas for Outside Resources</b>
Gate 6 North of tunnel
Gate 3
As designated by the Incident Commander

## Aircraft

The use of helicopters for medical evacuation provides a means for rapid patient transportation to the receiving facility. In the event a patient’s medical condition warrants the need for air transport, the Medical Director or their designee will respond to the incident scene and determine if the patient is to be transported to the helipad or if the patient is to be airlifted from the incident scene. The Chief Steward will be notified of the situation and updated with on going efforts. As per protocol, Road America Safety Dispatch will contact the primary air ambulance service. If the primary air ambulance service is not available, the Road America Medical Director will be notified immediately, and will decide if the secondary air ambulance service is to be contacted. Air ambulance protocol will be followed. The landing zone coordinator will be from Road America Safety or Security. The Incident Commander is the Road America Safety Director or

designee. The Landing Zone Commander and the Incident Commander will maintain radio contact with the Chief Steward or their designee and the air ambulance service at all times.

## **Position Descriptions**

### **First Responder/Initial Unit**

**Function:** Overall management of the incident in level 1 and level 2 incidents. Manage scene until others assume IMS positions in higher-level incidents.

**Duties:**

1. Stop outside the affected area and get the “big picture”
2. Provide “Size Up Report” to communications
  - a. Location of incident
  - b. Type of incident
  - c. Number of patients
  - d. Any additional resources required
3. Remember “SIN” (Safety, Isolate and deny entry and Notify)
4. Start triage using “START” triage system.
5. Begin by removing minor injury patients
6. Provide Follow-up report to communications including:
  - a. Situation
  - b. Progress
  - c. Needs
7. Establish and announce location of command post and staging areas.

### **Incident Commander**

**Function:** The Incident Commander's responsibility is the overall management of the incident. On most incidents the command activity is carried out by a single Incident Commander. The Incident Commander is selected by qualifications and experience.

**Duties:**

1. Go to the scene and get a briefing from the current IC.
2. Establish the immediate priorities.
3. Establish an Incident Command Post.
4. Establish an appropriate organization.
5. Ensure that adequate safety measures are in place.
6. Coordinate activity for all Command and General Staff.
7. Coordinate with key people and officials.
8. Approve requests for additional resources or for the release of resources.
9. Keep agency administrators informed of incident status.
10. Authorize release of information to the news media through appropriate Road America Staff.
11. Order the demobilization of the incident when appropriate.

### **Information Officer**

**Function:** The Information Officer shall act as a liaison between the media and the incident commander.

**Duties:**

1. Determine from the Incident Commander if there are any limits on information release
2. Release and update media on the incident

### **Liaison Officer**

**Function:** The liaison officer provides a point of contact for assisting and cooperating agencies.

**Duties:**

1. Establish and coordinate interagency contacts.
2. Monitor incident operations to identify interagency needs and potential problems.
3. Keep agencies supporting the incident aware of the incident status
4. Maintain a resource list of agencies including limitations and capabilities

### **Safety Officer**

**Function:** The Safety Officer's function is to immediately correct situations that create an imminent hazard to personnel.

**Duties:**

1. Go to scene and get briefing from IC
2. Identify hazardous situations associated with the incident
3. Exercise emergency authority to stop and prevent unsafe acts

### **Operations Section Chief**

**Function:** The Operations Section Chief is responsible for the management of all operations directly applicable to the primary mission.

**Duties:**

1. Go to the scene and get a briefing from the IC
2. Meet with the IC and all of the branch directors at the scene (Fire/Rescue, Medical and Security branches). Determine immediate priorities.
3. Confirm that all pre-designated management positions are filled
4. Go to the command post location
5. Supervise operations
6. Determine need and request additional resources
7. Assure timely reporting and resource requests to outside agencies through IC

### **Staging Area Manager**

**Function:** The Staging Area Manager is responsible for establishing a staging area and managing all activities within it.

**Duties:**

1. Establish staging area
2. Determine (and request) any support needs for equipment, ambulances, security, etc.
3. Establish a check-in process as appropriate.
4. Dispatch resources as requested by Operations Section Chief
5. Monitor (and record) resource utilization.
6. Advise the Operations Section Chief when reserve levels reach minimums.

### **Fire/Rescue Branch Director**

**Function:** The Fire/Rescue Branch Director supervises all fire/rescue personnel and equipment assigned to Road America.

**Duties:**

1. Coordinate all fire and rescue resources at the scene.
2. Provide staffing as needed for medical branch, including litter teams and teams to assist with transportation between the triage and treatment areas

### **Medical Branch Director**

**Function:** The Medical Branch Director supervises all medical personnel and equipment assigned to Road America. He/she supervises the Triage Unit Leader, Treatment Unit Leader and Patient Transportation Group Supervisor

**Duties:**

1. Go to the scene and get briefing from IC
2. Designate Unit Leaders, Patient Transportation Group Supervisor and Treatment Area locations as appropriate.
3. Request additional personnel and resources as needed to handle incident.
4. Isolate Morgue and Minor Treatment Area from Immediate and Delayed Treatment Areas.
5. Request law enforcement/coroner involvement as needed.
6. Establish communications and coordination with Patient Transportation Group Supervisor.
7. Ensure notification local EMS/health agencies.
8. Ensure proper security, traffic control and access for medical operations.
9. Direct medically trained personnel to the appropriate Unit Leader
10. Maintain summary of events as time permits

### **Triage Unit Leader**

**Function:** Supervises all personnel in triage unit and is responsible for triage management and movement of patients to the treatment areas

**Duties:**

1. Advise Medical Branch Director and/or IC of resource needs.
2. Implement triage process.
3. Request triage personnel as needed and supervise
4. Coordinate all patient movement to treatment areas
5. Give periodic status reports to Medical Branch Director
6. Maintain security and control of the Triage Area.

### **Treatment Unit Leader**

**Function:** Supervises treatment operations for transport and movement of patients to loading areas

**Duties:**

1. Develop treatment organizational sufficient to handle incident
2. Direct and supervise Treatment Dispatch, Immediate, Delayed and Minor Treatment Areas.
3. Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader.

4. Request sufficient medical caches and supplies as necessary.
5. Establish communications and coordination with Patient Transportation Group Supervisor.
6. Ensure continual triage of patients throughout Treatment Areas.
7. Direct movement of patients to ambulance loading area(s).
8. Give periodic status reports to Medical Branch Director.

### **Treatment Managers (Immediate, Delayed and Minor)**

**Function:** Responsible for the treatment and re-triage of patients assigned to their respective areas

**Duties:**

1. Set up assigned treatment areas
2. Request personnel and supplies as needed
3. Establish medical treatment teams as needed and assign patients received
4. Assure appropriate prioritization of patients for transport
5. Coordinate patient transportation with Treatment Dispatch Manager
6. Assure appropriate recording of patient information

### **Patient Transportation Group Supervisor**

**Function:** Manage ground and air ambulance resources. Dispatch ambulances as requested. Manage loading of ground and air ambulances.

**Duties:**

1. Establish communications with hospital(s) and/or local dispatch centers
2. Designate ambulance staging area(s).
3. Determine routes of travel for ambulances
4. Direct the transportation of patients as determined by Treatment Unit Leader
5. Request additional ambulances, as required.
6. Assure appropriate recording of patient information and destination

### **Security Branch Director**

**Function:** Responsible for security functions related to management of the scene.

**Duties:**

1. Secure the incident scene and access routes for emergency personnel.
2. Provide spotters to direct emergency responders to incident scene.
3. Secure staging areas, ambulance routes and helicopter landing areas as needed.
4. Coordinate activities with local law enforcement personnel.

# Assignments During a Major Incident

**Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following positions are pre-designated for the management of a multiple casualty incidents during this event. Actual assignments may vary depending on availability of specific people, the type of incident, and management decisions. Descriptions of the responsibilities associated with each position can be found in the MCI plan.

- **Radio channel used by responding medical units (normally Safety 1) may be changed in the event of a serious incident. Any such change will be announced on the radio.**
  
- **Radio frequencies will be assigned as the incident progresses.**

Title	Assigned Person	Radio Channel	Reports To:
Incident Commander			
Safety Officer			Incident Commander
Information Officer			Incident Commander
Liaison Officer			Incident Commander
Operations Section Chief			Incident Commander
Security Branch Director			Operations Section Chief
Fire/Rescue Branch Director			Operations Section Chief
Medical Branch Director			Operations Section Chief
Staging Manager			Operations Section Chief
Triage Unit Leader			Medical Branch Director
Treatment Unit Leader			Medical Branch Director
Transportation Group Supervisor			Medical Branch Director

## **Basic Assignments**

These are examples and some may change because of the nature of the incident.

### **1. Race Control**

Once the critical incident plan has been initiated, the Chief Steward will coordinate the procedure. The Incident Commander is the President/General Manger, Operations Director, Road America Safety Director or designee, unless otherwise agreed upon during the pre-event planning meeting. If outside resources are requested, procedures outlined in the Sheboygan County EMS plan will be followed. No new lines of authority will be established.

### **2. Medical and Safety Personnel**

Medical and Safety personnel will operate as designated in the Emergency Operations plan.

### **3. Flagging and Communications Personnel**

- A. Personnel at each flag station will make every effort to keep the course clear for emergency vehicles.
- B. Personnel at the scene of the incident shall assist with crowd control, medical staff, safety, course control and other activities as directed by the Incident Commander.

### **4. Emergency Vehicles and Ambulances**

- A. Road America Safety Dispatch will dispatch ambulances, safety trucks, and wreckers to the scene of the incident. The Chief Steward must approve any units dispatched that would affect racing operations.
- B. Ambulances will be directed by the appropriate command personnel as to what hospital to transport to.

### **5. Road America Maintenance Personnel**

Road America Maintenance Personnel will report to the designated staging area with heavy lift equipment, power tools and personnel to assist as needed at the incident scene. They will assist in moving guardrails, concrete barriers or other property as directed by the Incident Commander.

### **6. Paddock Marshals**

Paddock Marshals will assist Road America Security personnel in establishing and maintaining crowd control at the Medical Center, and assist in keeping the paddock roads clear for emergency vehicles. The Chief Steward will direct them.

### **7. Pit and Grid Marshals**

Pit and Grid Marshals will assist Road America Security in establishing and maintaining crowd control in the pit and grid areas.

## **8. Road America Security**

Road America Security will:

- A. Notify affected outside agencies of a major incident at Road America, advise appropriate authorities that emergency vehicular traffic is enroute to hospitals, and, if necessary, request the need for additional resources of outside agencies.
- B. Establish crowd control at the scene of the incident, at the Medical Center, and, if needed, in the helicopter area.
- C. Keep access roads clear for emergency vehicles
- A. Provide highway entry traffic control as required by emergency vehicles proceeding to hospitals.
- B. If outside departments are requested, advise them where to enter the Road America property and escort them to the staging area.

## **9. Race Chairman, Timing & Scoring, Registration, Tech, Sound Control & Competitor Services**

These individuals shall remain on station, standing by with communications lines kept open for specific instruction from Race Control.

It is important to remember not to discuss the incident with bystanders or release any information to the news media unless cleared with the Information Officer or Road America Management.

# Communications Plan

## *On-Site Communications*

<b>Department</b>	<b>Radio Channel</b>	<b>Telephone</b>	<b>Intercom</b>
Administration	Admin	920-892-4576	2000
Security	Security D	920-892-2663	2035
Safety	Safety D		2037
Medical	Medical	920-892-4881	2040
Race Control	Corners 1		2033
Media Communications	Admin		2058

Note: When personnel have an emergency, he/she should use the radio term “**emergency radio traffic**” to clear other non-emergency radio traffic. That person should use **clear text** (i.e. no radio codes) to identify the type of emergency, request additional resources, advise of change in conditions, etc. When the emergency is concluded, that person that declared an emergency shall conclude it by transmitting the statement, “**All clear, resume radio normal traffic.**”

Additional Note: All communications systems should be tested prior to the beginning of any event whenever possible.

## **OTHER EMERGENCIES**

### **Fires, Fire Alarms and/or Explosions**

1. If an audible alarm is heard, ask guests to remain calm and await further instructions
2. If a fire is observed, activate the nearest alarm and immediately notify security and track management on Admin Channel or by dialing 2035 or 920-892-2663.
3. If unable to immediately contact security or management, notify the fire department by dialing 911.
4. Alert co-workers and/or supervisors
5. Remove guests and others from the area.
6. Road America Safety will respond. If the fire is in a structure, Road America Security will notify the appropriate fire department.
7. The Road America Safety Team or Sanction Body responders at the direction of the Chief Steward will handle fires on the racing surface.
8. Fires in the Paddock and Fuel areas will be handled by Road America Safety Team in coordination with the Chief Steward, Road America Security and Road America Management. If additional assistance is needed, Security will request the local fire department.

### **Security Issues**

#### **If you receive a bomb threat:**

1. Remain calm and courteous
2. Listen to what the person is saying
3. Keep the person talking and ask them to repeat the message. Obtain as much information as possible.
4. Use the checklist located at the back of this section to document as much information as possible.
5. Immediately notify Road America Security of the information, and follow their instructions.

#### **If you find a suspicious package, bag, boxes or envelopes:**

1. Do not move/remove the item
2. Notify Road America Security
3. Remove guests and employees from the area.
4. Stay a safe distance away and await instructions from security and/or law enforcement.

#### **Verbal or Personal Threats:**

1. Remove yourself as soon as possible from the situation
2. Notify security as soon as possible on Admin Channel or by phone.

**Civil Disturbances:**

1. Notify Security on Admin Channel immediately or by phone.
2. Remove yourself from the problem and get in a safe area
3. Continue to observe the situation and await instructions from security

# Bomb Threat Checklist

**Instructions:** Do Not Hang Up The Telephone!!!!  
 Be calm and courteous, Listen do not interrupt caller.  
 Quietly attract the attention of someone else to listen in, if possible. Pretend difficulty with hearing to keep caller talking and repeating his message.

**Date:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your Position:** \_\_\_\_\_

**Your Phone Number:** \_\_\_\_\_

**QUESTIONS TO ASK:**

1. What is going to happen?
2. When will the bomb explode?
3. Where is the bomb located?
4. What kind of bomb is it?
5. What does it look like?
6. What kind of damage will it do?
7. How is the object being put in place?
8. Who is putting the object in place?
9. Why are you doing this?
10. What is your address and telephone number?
11. What is your name?
12. Where are you now?

**EXACT WORDING OF THREAT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Caller's Voice: (circle characteristics that apply)**

Calm	Angry	Coherent	Irrational
Deliberate	Excited	Incoherent	Emotional
Slow	Rapid	Soft	Laughing
Loud	Laughter	Crying	Normal

Distinct	Slurred	Nasal	Stutter
Lisp	Raspy	Deep	Ragged
Clearing Throat	Accent	Familiar	Intoxicated
Whispered	Disguised	High Pitch	

**If Voice Is Familiar, Whom Does It Sound Like?**

\_\_\_\_\_

**Background Sounds: (circle those that apply)**

Street noises	Factory Machinery
Dishes clanking	Animal noises
Voices	Clear
PA System	Static
Music	Local
House noises	Long distance
Motor	Phone booth
Office	Office Machinery
Race Track Sounds	Traffic
Music	Trains
Other:	

\_\_\_\_\_

**Threat Language: (circle those that apply)**

Well spoken (educated)	Incoherent
Foul	Irrational
Read by threat maker	Taped

**Remarks:**

\_\_\_\_\_

TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

SEX OF CALLER: \_\_\_\_\_ RACE: \_\_\_\_\_

ADULT OR JUVENILE: \_\_\_\_\_

ESTIMATED AGE: \_\_\_\_\_

LENGTH OF CALL: \_\_\_\_\_

Origin Of Call: Local, Long Distance,  
 Internal: \_\_\_\_\_

NUMBER AT WHICH CALL WAS RECEIVED:

\_\_\_\_\_

**Report Call Immediately To:**

Security at extension 223 or 892-2663

## Medical Problems

1. If you encounter a medical emergency:
  - Request medical assistance on Admin channel from Security. Do not call Paddock Medical!
  - If you are without a radio, find the nearest supervisor or security personnel
  - Remain calm, speak clearly and be as accurate as possible. Describe your specific location of nearby gates or other landmarks in the area.
  - If unable to make contact as noted above, call security by dialing 2035 or 920-892-2663,
  - After the call for assistance is made, have a responsible person remain with the patient and direct first responders to the patient.
  - Do not move a seriously injured person.
2. Anyone exposed to blood or body fluids should report to the nearest first aid station as soon as practical. The effectiveness of treatments to prevent the transmission of serious diseases after exposure to blood and body fluids depends on the type of exposure and on how much time is allowed to elapse between the exposure and treatment.
3. Road America operates a multi-bed medical center in the Paddock staffed by doctors and nurses.
4. Road America Medical Team also may staff an outlying first-aid station and a roving mini-ambulance.
5. Road America Safety Team staffs multiple response vehicles, all with at least one E.M.T. on board.
6. Contracted private and municipal ambulances provide ambulance service.
7. All calls on the racing surface will be coordinated through the Chief Steward

## Hazardous Material Incidents

Although there are many definitions for hazardous materials, a commonly accepted one is a substance or material which has been determined to be capable of posing an unreasonable risk to health, safety, and property. On rare occasions, either by accidents or misuse, problems with hazardous materials can occur.

### First On Scene Initial Actions

The first operational thought for all responders must be safety. If first responders don't think safety, they may become part of the problem, not the solution, and possibly may be killed or injured. The first responding unit operational priorities can be summed up using the acronym "SIN"

### Safety, Isolate, and Notify

- 1) **Safety** – Safe Approach: Uphill/Upwind at a safe distance, observe incident from a distance and report findings to the communications center.
- 2) **Isolate and Deny Entry** – Use barrier tape, vehicles and staff to isolate the problem and minimize access to those not affected. Remember to isolate those individuals who may have been exposed to the product.
- 3) **Notifications** – Request needed assistance via safe route. One of the most important points to remember is that we do not possess the appropriate hazardous material equipment and training. Notify Road America Security on Admin Channel. If no response on the radio, contact the security by phone by dialing 2035 or 920-892-2663.

## **Suspected Terrorism Incidents**

According to the U.S. Department of Justice and Federal Emergency Management Agency, “All communities – especially those in free societies – are vulnerable to incidents involving terrorism.” Areas of public assembly are considered potential targets. It is the intent of the perpetrators of such incidents to cause damage, inflict harm and/or kill. The incident may even be planned to inflict further harm on those whose job it is to respond to the incident. Whether the incident is terrorist induced may not actually be established until hours or even days after the initial danger has passed. As such, the first responder should refer back to the “SIN” (Safety, Isolate and Notify) procedures in dealing with hazardous material incidents.

**When evidence of an incident of terrorism is suspected, rapid involvement of law enforcement and appropriately trained hazardous materials teams is essential.**

### **Nuclear Weapons**

The use of nuclear devices is rare because of the difficulty in obtaining reliable devices of this nature. Recognition and protection from such devices requires the use of radiation detection equipment along with the concepts of time, distance and shielding.

### **Biological Weapons**

Biological weapons (BW) pose the greatest threat to the first responder because of the difficulty in the detection of their use. In fact, recognition of the use of BW will probably come from the Public Health Service personnel several hours to days after the event has occurred.

### **Chemical Weapons**

Chemical Weapons (CW) are becoming increasingly popular because of their availability and potential impact on a society. Many of these agents are manufactured from common household or natural ingredients, such as chlorine or castor beans. Their ability to produce nearly immediate symptomatic responses from victims makes them relatively easy to recognize, protect against and/or treat. The most important protective measure is to ensure respiratory protection through distance and personal protective equipment.

### **Some of the indicators for an NBC Incident**

- 1) Unusual or unexplained dead, dying, or sick people or animals
- 2) Unusual liquids, sprays, or vapors and low-lying clouds or fog unrelated to the weather.
- 3) Unexplained odors or oily film on surfaces
- 4) Suspicious devices or packages

### **Dissemination Methods**

- 1) Breaking devices are the easiest to make and use. They are most often constructed from common containers such as thermos bottles, glass jars, balloons or light bulbs for example. The agent is sealed in the container and simply thrown to break and disseminate the agent.

- 2) Spraying devices such as garden sprayers, crop dusters, mosquito control trucks, building ventilation system or water system use pressure rather than an explosion to disseminate an agent from the container.
- 3) Bursting/exploding devices are those that use explosives to break the agent container and possible at any incident where a small explosion has occurred.

### **Explosive and Incendiary Incidents**

The favored device of terrorists is an explosive. Any reported explosion should carry with it the suspicion of having been created by a terrorist act until proven otherwise. Explosive devices have been widely used by terrorists because of their destructive impact, both physically and emotionally. The relative ease these items are to obtain or manufacture, as compared to a nuclear device, adds to their popularity. If an incident is suspected having been caused by a terrorist act, the greatest threat to the first responder is the possible existence of secondary devices. Only trained personnel should handle incendiary devices discovered prior to or after ignition.

### **Indicators**

- 1) Presence of multiple fires
- 2) Evidence of gasoline, rags, or other accelerants
- 3) Odors of accelerants
- 4) Unusually heavy burning or fire volume

### **Procedures**

At the first indication that an incident may be of a terrorist nature, the first responding company shall retreat to a safe location and institute FRO (First Responder Operational) procedures, which are the same as a hazardous material incident. They are "SIN" (Safety, Isolate and deny access and make Notifications). Normally we do not have the necessary protective equipment and/or training to mitigate these types of incidents. By following "SIN" you will be doing the most for yourself and for those that are directly affected by the incident.

### **Crime Scene Investigation**

Terrorist incidents are, by definition, crime scenes. Efforts must be made to preserve evidence for those charged with the subsequent investigation of the incident.

### **Severe Weather Plan**

Severe weather warnings are special situations in which there is often time to prepare for a potentially serious major incident. When a severe thunderstorm warning, tornado watch or tornado warning is issued, this plan should be implemented in a limited form. Minimizing injuries and property damage are top priorities. The positions of Incident Commander, Operations Section Chief, Medical Branch Director and Safety Branch Director should be activated. The following are important considerations:

- 1) Event cancellation may be considered by the track owner/manager and consulting with the Chief Steward.
- 2) Rapid notification of the crowd and workers by radio and PA system coordinated through media communications. Other mechanisms of notification may be necessary at night. This should be done using track notification lists and Safety's mobile public address systems.
- 3) Use of the warning siren, if available, when it is determined the facility is in the direct path of a severe weather phenomenon.
- 4) Evacuation of the grandstands, upper media center, skyboxes, tents and other potentially dangerous locations.
- 5) Assure access gates are open as appropriate
- 6) Assure all exit gates are open if a "take cover" warning is issued.
- 7) Protect and secure equipment.
- 8) Assignment of track official to monitor weather.
- 9) Consider distributing equipment and personnel in a way that will reduce the chance of significant losses in a direct hit by a storm and the chance the rescuers will be cut off from the incident scene.
- 10) Possible locations for shelter include:
  - A. Basement of VIP
  - B. Kohler Paddock bathrooms
  - C. Medical building
  - D. Carousel Campground bathrooms
  - E. Gear Box Concession Stand in carousel (stand side only due to windows)
  - F. Basement of office
  - G. Basement of Farmhouse
  - H. Basement of registration

## **WEATHER ANNOUNCEMENTS**

May I have your attention.

A Tornado Warning has been issued for Sheboygan County by the National Weather Service until \_\_\_pm. This warning includes Road America. If you so choose, you may take cover in a shelter area, public restroom, or in low-lying areas.

May I have your attention!

Severe weather, which may include (lightning/high winds/hail/etc), [has been spotted] or [is expected] in the general vicinity of Road America, We strongly recommend that you find appropriate cover.

## **Apparent Death at the Scene**

Medical team response times are normally much faster at the racetrack than in normal community EMS operations. For this reason, there are very few incidents in which attempts at resuscitation should not be made. There are some instances in which the declaration of death is unavoidable. High public visibility and the potential for creating a public spectacle require a special approach to death in the setting of a mass gathering event. At the same time, one must recognize the importance of preserving evidence that might be necessary to complete investigations by the police and medical examiner or coroner. Indications a patient cannot be resuscitated include:

1. Decomposition

2. Obvious signs of rigor mortis such as rigidity or stiffening of muscular tissues and joints in the body which occurs anytime after death and usually appears in the head, face and neck muscles first
3. Obvious signs of venous pooling in dependent body parts, lividity such as mottled bluish tinged discoloration of the skin, often accompanied by cold extremities.
4. Decapitation
5. Incineration of the torso and/or head
6. Massive crush injury and/or penetrating injury with evisceration or total destruction of the heart, lung and/or brain and absence of vital signs
7. Gross dismemberment of the trunk

**Procedure for off Track incidents:**

1. No victim of natural medical arrest shall be declared dead until the victim is fully assessed, out of the view of bystanders.
2. It is recommended that the patient assessment be done during the initiation of transport.
3. Should determination of death be made during transport, an immediate termination of emergency transport shall occur. The patient will then be transported to the nearest medical facility, and the Coroner will be notified.
4. The only exceptions to the above are:
  - a. Any death resulting from a traumatic event.
  - b. Any death as a result of a homicide.
  - c. Any death where resuscitation efforts are not call for by local medical control.
- A. Should an incident occur involving multiple deaths, consideration should be given to the evacuation and/or closure of the affected areas. The Coroner/designee shall be requested in accordance with normal determination of death protocols. Law enforcement shall be notified.
- B. Promptly notify the track management including communication director. Telephone communications is preferred. Radio communication of this information is discouraged understanding the situation may, at times, require it.
- C. Scene control and preservation of evidence (when a criminal act has taken place) are vital. Utilize security as needed. All incidents are considered to be a crime scene until law enforcement determines otherwise.
- D. Documentation of the medical response and care provided are the responsibility of those involved in handling the situation.
- E. Do not discuss the situation with any media or bystanders.**

**Procedure for on Track incidents:**

1. No victim of medical or traumatic arrest on the racetrack shall be declared dead until the victim is placed in the ambulance and fully assessed, out of the view of bystanders.
2. It is recommended that the patient assessment be done during the initiation of transport.
3. Should determination of death be made during transport, an immediate termination of emergency transport shall occur. The patient will then be transported to the nearest medical facility.
4. The only exceptions to the above are:
  - a. Decapitation
  - b. Incineration
5. Scene control and preservation of evidence are vital. Utilize security as needed.
6. Documentation of the medical response and care provided are the responsibility of those involved in handling the situation.
7. **Do not discuss the situation with any media representatives.**

## Critical Incident Stress Debriefing

While a certain amount of stress is a normal and healthy part of all types of work, some types of incidents can cause high degrees of stress which can be detrimental to one's emotional health, interpersonal relationships and ability to function as an effective member of the team. Critical Incident Stress Debriefing (CISD) is a recognized program designed to minimize the long term effects of the stress associated with witnessing or participating in the management of unusual emergencies such as serious traumatic incidents, multiple casualty situations, or injuries to coworkers. CISD services are available to event staff on a voluntary basis.

Any security, medical or safety team member may request CISD services for themselves or other event staff by contacting:

NAME/TITLE	WORK PHONE	
Fond du Lac County CISD/ Fond du Lac Fire	920-929-3241	24 hours ask for team

## Media Relations

Responsibility for communicating with the media, authorizing release of information, determining location for interviews/press conferences etc. shall be done solely via the following person(s). Make every effort to keep them informed of information. No one else should release information to the media at anytime.

Position	Name
General Manager	George Bruggenthies
Communication Director	John Ewert

## Fire Protection Component

Hazardous materials present: Yes  No

Location of MSDS sheets	Safety Directors Office
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Hazardous materials inventory attached: Yes  No

Location for use in emergency	Safety Directors Office
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Materials reactive with air, water or other materials present: Yes  No

Type of materials	
Location of materials	
Quantity of materials	

Water supply

Primary water supply location	Portable Supply on tenders
Alternative water supply location	Shuttle with drafting at Little Elkhart Lake
Location of pumps	None

On site fire hydrants: Yes  No

Location of hydrants	N/A
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Protection systems

Fire alarm system: Yes  No

Annunciator location	Elevator equipment rooms
Type of alarms	Smoke
Extent of coverage	Elevators and halls adjacent
If monitored system, fire alarm company contact information	N/A

Sprinkler system: Yes  No

Size of FDC threads	N/A
Type of system	N/A
Extent of coverage	N/A
Areas protected	N/A
Location of main valves	N/A
Location of sectional valves	N/A

Standpipe system: Yes  No

Combined with sprinkler system: Yes  No

FDC same as for sprinkler system: Yes  No

Location of FDC	N/A
Size of FDC threads	N/A
Type of standpipes	N/A
Extent of coverage – full/partial	N/A
Outlet locations	N/A
Outlet size and type	N/A

Special protection systems: Yes  No

Type of system	N/A
Locations	N/A
Extent of coverage – full/partial	N/A

Inventory of fire suppression vehicles/equipment

Equipment	Description	Quantity	Location
Motorized firefighting apparatus	Pumper/Tender 750 GPM with 1200 gallon tank	1	Paddock or 5B
	120 GPM 200 Tank Mini Pumper	1	Pit In or 13
	Safety Trucks 75 GPM PUMP 55 GAL. TANK	3	Various Corners on Track
	Safety Truck With 125 GPM Pump and 65 Gal. Tank	1	Roving
	ABC Extinguishers	100	Various
	AB Extinguishers	100	Various
Rescue tools	TNT Rescue Systems	3	Safety Trucks
	Reciprocating Saws	3	Safety Trucks
	Air lifting bags	1 set	M-1
	Air chisel	3	Safety Trucks
Cleanup equipment	Oil Dry	Varies	Storage Trailer behind RA Center and on Clean Up Truck
	Clean up trucks	2 to 4	Various track side locations
	“Pig” clean up mats	40 plus	Paddock recycling centers
	Vacuum Sweeper	1	5B

## Emergency Medical Services Component

On-site emergency physician present: Yes  No

Location of physician	Paddock Medical Center
Time on-site	0800 until 30 minutes after last on track session
Contact info (radio channel, phone number, pager, etc.)	Medical Radio or telephone ext. 2040 or 920-892-4881

Air ambulance available: Yes  No

Location of air ambulance (off-site vs. on-site and where)	Off site except NASCAR, then helipad.
Contact info (radio channel, phone number, etc.)	Through Safety dispatch, Only called on Safety Channel of radio
If not on-site, response time	15 minutes

Advanced Life Support ambulance present: Yes  No

Location of ALS ambulance	Varies
Time at location	07:30 hours
Contact info (radio channel)	Safety Channel 1

Basic Life Support ambulance present: Yes  No

Location of BLS ambulance	Varies
Time at location	07:30
Contact info (radio channel)	Safety Channel 1, if not on site contact Security

First aid station(s) present: Yes  No

Location(s) of first aid station(s)	South of Sargento Bridge drivers left
Time stations staffed	08:00
Contact info (radio channel, phone number, etc.)	Medical Channel or ext. 2038

	Facility & Contact Information/Phone Numbers
Closest Trauma Center	Froedert Milwaukee 414-259-5717
Closest Burn Center	St. Mary's Milwaukee 414-291-1200 EM 414-291-2876 burn hotline
Closest Emergency Department	St. Nicholas Hospital 1601 Taylor Dr. Sheboygan 920-459-4760

## Traffic Control Component

Varies from event to event. Contact Road America or Sheboygan County Sheriff

# Facility Maps



Spectator parking is allowed in designated parking areas or around the facility unless posted. Spectator parking is NOT allowed in the paddock or in the reserved parking lots.

## LEGEND

- |          |                  |                   |                 |                   |                  |
|----------|------------------|-------------------|-----------------|-------------------|------------------|
| Track    | Car Corral       | Pedestrian Bridge | Security Point  | Medical           | Pedestrian Trail |
| Pit Lane | Reserved Parking | Pedestrian Tunnel | Concessions     | Campground        |                  |
| Parking  | Spectator Gates  | Traffic Bridge    | 4-Mile Merchant | VIP / Media Tower |                  |
| Paddock  | Winner's Circle  | Traffic Tunnel    | Restrooms       |                   |                  |

# TENT & MOTORHOME CAMPING AREAS

**RA**  
**ROAD AMERICA™**  
 ELKHART LAKE  
 WISCONSIN  
 RoadAmerica.com  
 800-365-7223



Spectator parking is allowed in designated parking areas or around the facility unless posted. Spectator parking is NOT allowed in the paddock or in the reserved parking lots.

\*\* Availability of color-designated areas is based on demand

## LEGEND

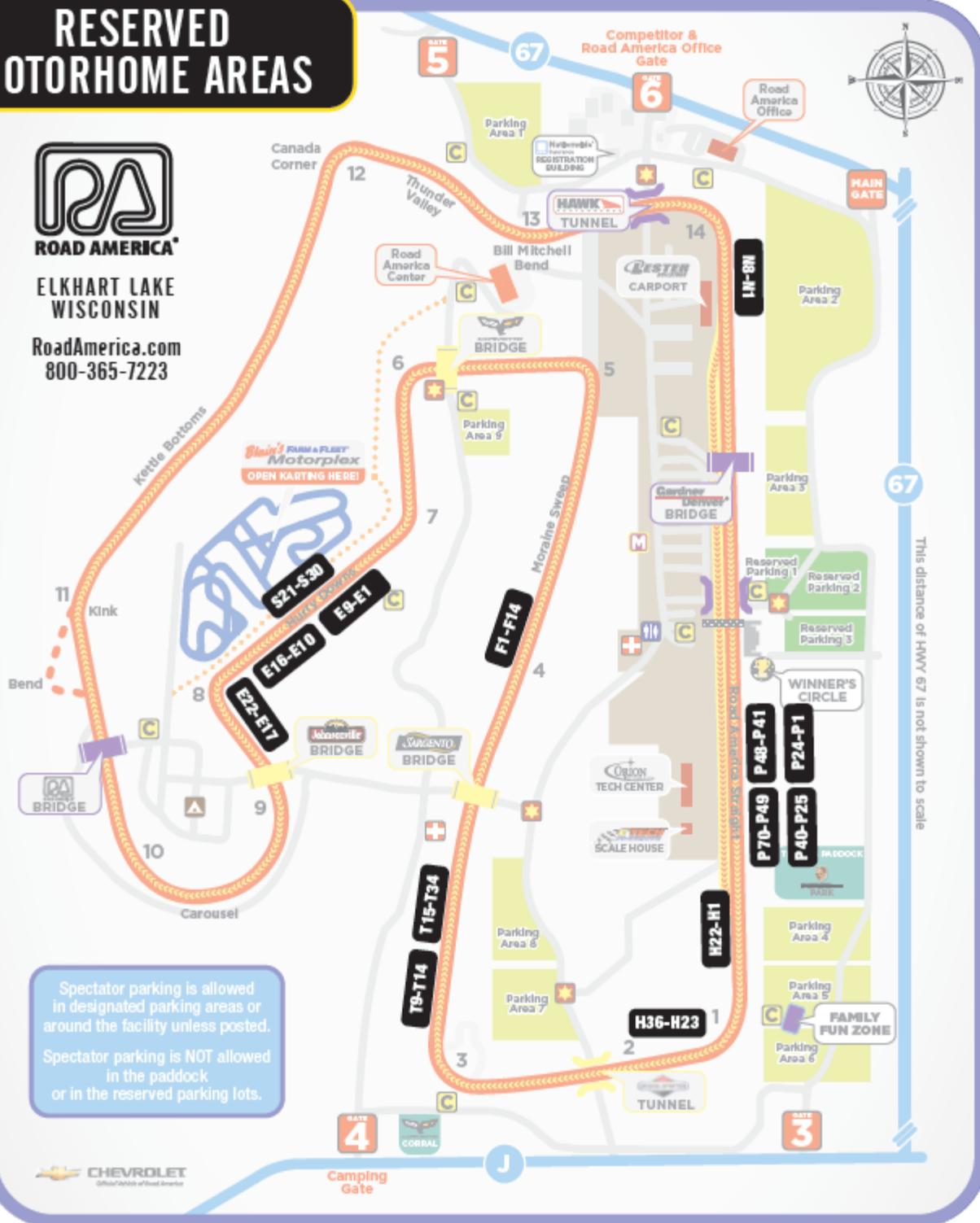
- Track
- Car Corral
- Pedestrian Bridge
- Security Point
- Medical
- Pedestrian Trail
- Pit Lane
- Reserved Parking
- Pedestrian Tunnel
- Concessions
- Campground
- Parking
- Spectator Gates
- Traffic Bridge
- Paddock Shop
- Paddock
- Winner's Circle
- Traffic Tunnel
- Restrooms
- VIP / Media Tower

# RESERVED MOTORHOME AREAS



ELKHART LAKE WISCONSIN

RoadAmerica.com  
800-365-7223

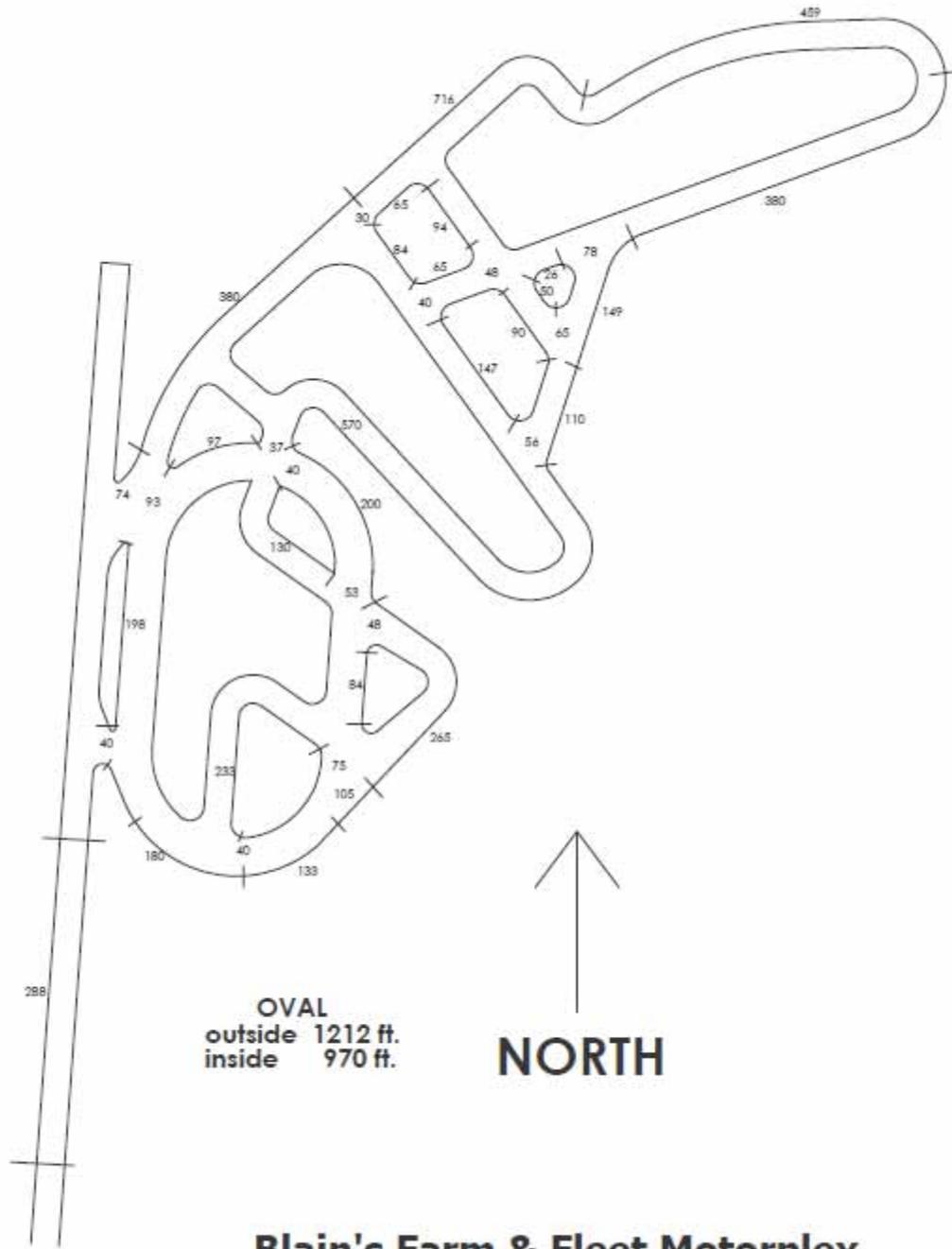


Spectator parking is allowed in designated parking areas or around the facility unless posted. Spectator parking is NOT allowed in the paddock or in the reserved parking lots.

This distance of HWY 67 is not shown to scale

## LEGEND

- Track
- Car Corral
- Pedestrian Bridge
- Security Point
- Medical
- Pedestrian Trail
- Pit Lane
- Reserved Parking
- Pedestrian Tunnel
- Concessions
- Campground
- Parking
- Spectator Gates
- Traffic Bridge
- Paddock Shop
- Paddock
- Winner's Circle
- Traffic Tunnel
- Restrooms
- VIP / Media Tower



**Blain's Farm & Fleet Motorplex  
At Elkhart Lake's Road America**