

## LOGGING/FORESTRY SAFETY SERIES

### *IN CASE OF EMERGENCY*

*Photo credit: Cornelis F. de Hoop, PhD*

#### **Incident Summary:**

On March 28<sup>th</sup>, Mike was operating a skid steer on a logging site in southeast Arkansas. He was a new crew member; although, he had been logging most of his life. Mike suffered from high blood pressure and multiple other health conditions which took him out of work for a while. At approximately 1:30 p.m., the machine Mike was operating fell off a three foot embankment and rolled on to its cab. The skid steer was not in view of the other crew members at the time, but they heard a crash and came to investigate. They found Mike unconscious in the cab. They were not sure if he had lost consciousness before or after the fall. The crew leader called 911 and emergency responders arrived about 45 minutes later. The health care workers asked the crew if Mike had any medical conditions. They did not know. They knew Mike was married, but none of the crew members knew how to contact his wife. Luckily, the emergency responders were able to get into Mike's cell phone and call his wife who informed them of Mike's health conditions and medications. This information likely saved his life.

#### **Discussion Questions:**

1. Think about your own health. Do you have high blood pressure, diabetes, asthma, sleep apnea, or another condition that would be important in the event of a health emergency?
2. Do other crew members know how to contact your family in case of an emergency?
3. Do you carry an ICE (in case of emergency) card? Why not?

#### **Take Home Message:**

Make sure every crew member completes an ICE card. See template on the back of this page. Seal each card inside an envelope with the person's name on the front and keep all envelopes in the first aid kit. Only open the envelope In Case of Emergency.



### In Case of Emergency

Full name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Blood type \_\_\_\_\_  
Address \_\_\_\_\_  
Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_  
Current Meds \_\_\_\_\_  
Conditions \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies/additional info \_\_\_\_\_

### In Case of Emergency

Emergency Contact #1 \_\_\_\_\_  
Relationship \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_  
Emergency Contact #2 \_\_\_\_\_  
Relationship \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_  
Additional info \_\_\_\_\_  
\_\_\_\_\_ Last updated \_\_\_\_\_

Print, fill in blanks, cut out, fold in half, and laminate.

