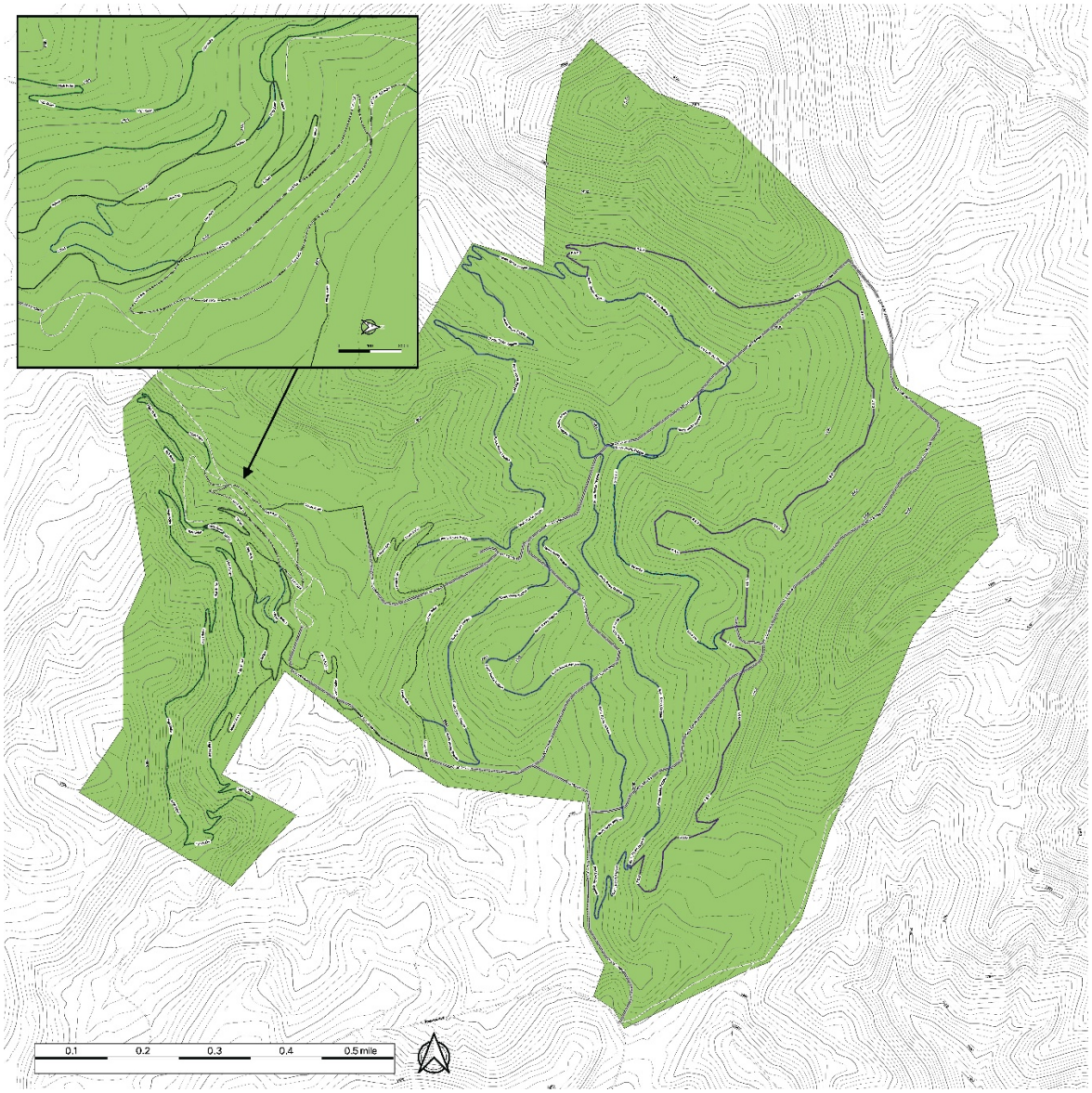
Emergency Action Plan: Sweetwater Farm Trail Center



Beginner:	Intermediate:	Advanced:
Let it Roll (.5 miles)	Roots, Rocks, & Reggae (4.25 miles)	Rake & Destroy (2.1 miles)
Lower Roller (1.1 miles)	Escalator (.4 miles)	
High Roller (2.2 miles)	A1 & A2, Double track (3 miles)	
Rerun (.6 miles)	Lifted (progressive jumps)	
Roly Poly (progressive rollers)	Drop Zone (under construction)	

The Sweetwater Farm Trail Center (SWFTC) is a 600-acre property located near Sugar Grove, West Virginia. The trail system consists of twelve miles of purpose-built single track trail in a variety of styles

and different ability levels. In addition, there are approximately 3 miles of access road (double track) that is blazed and maintained to crisscross the property.

Types of Use Defined:

Events & Group Rentals: Any event or group rental managed by an outside entity or organization.

Camps & Programs: Any program or summer camp directly managed by Experience Learning.

Individual Guest Use: Any individual user who is not associated with a program, summer camp, event or group rental.

Standard Operating Procedures:

Medical and Liability Releases: All visitors must sign a SWFTC liability release waiver. All camp and program participants will complete an Experience Learning medical and liability release waiver. These completed documents will always be kept electronically in an accessible location on the cloud.

Emergency Communications: Cell phone reception is unreliable throughout the area surrounding the SWFTC. Due to this, the trail system is operated on a 'use at your own risk' basis. Visiting guests are required to complete the self-check in process once on site, this will alert the on-site staff of their presence and timing on the trail system. Before leaving, guests are required to complete the self-check-out process. This check-in/check-out process allows us to better understand guest use and provides a mechanism for sweeping the trails without having to physically ride each trail at the close of business each day.

- Programs & camps: The lead instructor will carry a SPOT device during the length of the program. The SPOT device will be monitored by a 24 hour on-call staff member at the Spruce Knob Mountain Center. The SPOT device will also be monitored by NICA camp director and program manager. ExL staff will also carry staff radios & cell phones for use whenever reliable service exists.
- Events & group rentals: The organizing entity will be responsible for managing emergency communications during the event or rental unless contracted otherwise.

First Aid Supplies: Are stored at the community center and are to be used only by or under the supervision of Experience Learning staff who have undergone adequate medical training.

- Programs & Camps: Instructors and the camp director will carry first aid kits for the length of the program. A larger first aid kit will be kept in the vehicle at all times.
- Events & group rentals: The organizing entity will be responsible for managing first aid during the event or rental unless contracted otherwise.

In Case of Emergency:

Due to the remote location of our facility and our programs, our policy is to always move in the direction of higher care.

Programs & camps: The organizational van will always be parked in a known and consistent location at the trail head. The keys will always be left with the vehicle in the known stash spot. Instructors will

contact the on call staff member via the radio or SPOT device. Emergency medical services will be alerted as needed. If patient cannot walk or ride out on their own, staff will arrange for recovery and transport of the patient using an off road vehicle to access hard to reach locations. Experience Learning staff will follow the emergency protocol and standing orders for treatment until EMS arrives at the scene (see below).

Events & group rentals: Organizing entity will determine the best mechanism for maintaining communications during the event or rental. When an emergency happens, organizing entity will contact the staff on site. Emergency medical services will be alerted as needed. If patient cannot walk or ride out on their own, staff will arrange for recovery and transport of the patient using an off road vehicle to access hard to reach locations. Experience Learning staff will follow the emergency protocol and standing orders for treatment until EMS arrives at the scene (see below).

Individual guest use: We encourage visitors to ride in groups of 2 or more whenever possible and to utilize the guest check in process. If we do not know you are on site, it considerably delays our response time and our ability to help. Ride at your own risk.

<u>In case of a missing person,</u>

The group will remain together and come up with a plan. In groups no smaller than three people (2 kids/ 1 coach) the group will form a search party. Each small group will be given a specific local area on the map to search and a clear meeting time and location. If the missing person cannot be found after the initial search, a fine search will be coordinated in unison with local EMS.

Mass Evacuation Procedures

When a mass site evacuation is determined necessary:

- A staff member with a radio will block incoming traffic at the front gate, transforming the driveway into a one-way exit.
- All visitors will be instructed to remain in their cars. Do not move your vehicle until directed by a staff member.
- Staff will release groups of vehicles in phases, starting from the community center and moving back towards the farmhouse, until all guest vehicles have left the property.

Risk of Lightning:

In the U.S., there have been approximately 400 injuries and 40 fatalities from lightning per year over the last decade. Awareness and prevention are key - Carefully monitor the skies and get weather updates as often as necessary.

There are four things a group can do to reduce the risk of lightning injury.

1) time visits to high risk areas with weather patterns.
2) find safer terrain if you hear thunder.
3) avoid trees and long conductors once lightning gets close.

4) get in the lightning position if lightning is striking nearby.

Lightning is more prone to strike high peaks and ridges, open fields, open water, trees, bushes, and other objects taller than their surroundings, long conductors (metal fences, wet ropes, railroad tracks, power lines, etc.) and entrances to caves.

Safer areas include dry ravines, depressions, and forests (away from tree trunks). Staff should avoid unsafe areas in anticipation of a storm and begin moving toward safer areas at the first sign of the storm – not after it is already overhead. The lightning position (see diagram) should be utilized if the group is caught in an electrical storm in a reasonably safe place. If caught in a lightning prone area, the group must move to safer ground first.

Tents (the poles in particular) may increase the likelihood of a lightning strike if they are taller than nearby objects. Select tent sites with this in mind. If a group is camped in a lightning prone area when a storm strikes, the group should move to a safer area. Staff must anticipate the hazards associated with this: determine a meeting spot, have rain gear and flashlights accessible, and have a plan for managing the group at this time. Because of the hazards associated with moving a group in the dark, if a group is caught in an electric storm at night while camped in a relatively safe area, participants should remain in their tents.

Calculate Approximate Distance to Lightning:

Estimate how close the storm is by counting the time that elapses between a lightning strike and its thunderclap (since light moves faster than sound, lightning will be visible first). If five seconds elapse between the strike and the clap the storm is approximately a mile away; if ten seconds elapse it is about two miles away, etc.

<u>If the storm comes within three miles (fifteen count).</u>

*Everyone must move inside or under shelter, either to the community center, or to a personal vehicle until the threat of lightning strike clears.

If unable to move inside, staff must have participants get into the lightning position inside their tents.

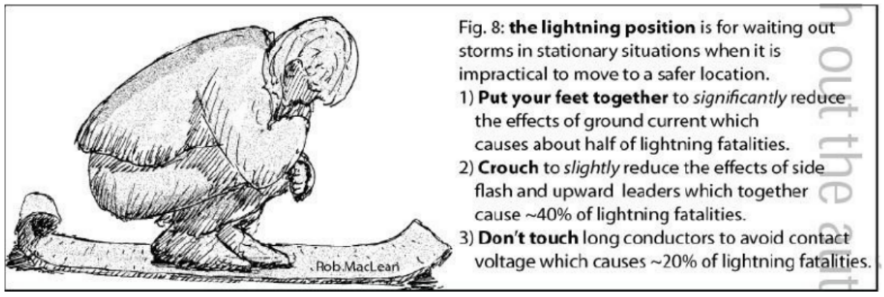


Fig. 8: **the lightning position** is for waiting out storms in stationary situations when it is impractical to move to a safer location.
1) **Put your feet together** to *significantly* reduce the effects of ground current which causes about half of lightning fatalities.
2) **Crouch** to *slightly* reduce the effects of side flash and upward leaders which together cause ~40% of lightning fatalities.
3) **Don't touch** long conductors to avoid contact voltage which causes ~20% of lightning fatalities.

EMERGENCY PROTOCOL

1. Secure your group to prevent further accident/ injury. Then, deal with the victim (see standing orders and treatment procedures document).

2. Stabilize your patient for transport. Double check for shock and bleeding.

3. Keep written notes, having a coach or camper act as a scribe if necessary. Have your notes signed by a witness,
including time and date. Your notes should include:

- What happened
- Time
- What you did
- Ongoing symptoms or patient response
- Location
- Statements from eyewitnesses

4. Call in to base using your radio/SPOT*. Notify the "on-call" staff member. They will notify the course director. If possible, keep your radio on for further contact with High Camp.

*If this is not possible, send three people for help. One should be an Experience Learning staff member.

Equip rescue party with a written description of the accident. Mark the accident site on a map, and include the route the rescue party will take to get help. If the patient can be moved, include the route the evacuation party will take. Mark the intended meeting point for the Experience Learning van or rescue squad.

KEEP THE MEDICAL RELEASE WITH THE PATIENT AT ALL TIMES!!!!!!!

5. In the case of a life threatening emergency, High Camp will call 911. The Healthnet Helicopter may be dispatched. Their direct contact is (800) 255-2146.

- If Healthnet is available, secure a landing zone. See directions in the Host binder. Determine exact location for pilots.
- If Healthnet is not available, determine the nearest roadside evacuation site. High Camp will arrange for an Experience Learning vehicle or ambulance to meet you.
- High Camp is in the system under The Mountain Institute, N3840.44, W7934.18

6. Follow up by contacting the program supervisor, starting with the course director. Typically, the course director will inform the other managers; generally, Melinda for field based programs and public school programs. If supervisor cannot be reached follow the chain of command, and then (see important phone numbers document). Do not stop calling until you speak with someone.

The program manager (or course director if program manager is unavailable), will notify the school/ group coordinator. If available, the school/group coordinator will contact the participant's family; if unavailable, the program manager will contact the participant's family (the object is to notify the parent BEFORE the hospital calls).

1. Do not give details to anyone not directly involved with medical assistance. Refer these people to the Executive Director (Dave).
2. The Experience Learning office will support you. Do NOT, out of nervousness or concern, imply that you were at fault. Blame is not yours to determine. Call the office before answering any questions that are not immediately necessary to obtain medical assistance.

*If the participant is brought in from the field for treatment, even for minor injuries, discuss with the on-site manager whether to call the parents.

Standing Orders and Treatment Procedures for Experience Learning

PATIENT ASSESSMENTS

The following is a list of common illness and injuries one may come across, as well as commonly accepted treatments appropriate for those trained as Wilderness First Responders. Refer to your training, and always use Universal Precautions when treating patients. Remember the key concerns with every situation:

1. Scene Safety
2. BSI (Body Substance Isolation)
3. General Impression and Mechanism of Injury/ Illness

Patient Care:

1. **A**wake/ Airway Open
2. **B**reathing: Quality and Quantity
3. **C**irculation: Check Pulse, perform a Chunk check for major bleeds,
4. **D**isability/ Deformity: check for obvious deformities in your chunk check, is there a possible head/ spinal injury?
5. **E**nvironment: Protect them from environmental exposure
6. **E**veryone Else: Monitor the group

Perform your secondary survey, including AMPLE History, Vital Signs, and detailed physical exams. Fill out your SOAP Note/ Accident Report.

Evacuation to Definitive Care

Anytime a patient must be evacuated to the hospital, they should be evacuated directly from the field to the nearest hospital. The patient should be brought to High Camp only if it is necessary in order to obtain a vehicle. If going directly to the hospital, Instructors should attempt to make contact with the course director as soon as possible.

TREATMENT PROCEDURES

Abrasions (minor scrapes, scratches and cuts)
Scrub with soap and water or iodine solution, apply antibiotic ointment, and cover with sterile dressing. If deep, pressure irrigate with by filling and piercing a plastic bag.

Allergic Reactions
Diphenhydramine may be administered in the event of minor stings or contact dermatitis. Patient may stay in the field. In the event of a systemic allergic reaction Diphenhydramine should be administered IMMEDIATELY. Dosage: 25 mg for people under 100 lbs, 50 mg for people over 100 lbs. Repeat every four to six hours as needed. Will cause drowsiness. Evacuate to the yurts and monitor patient for anaphylaxis. If the condition deteriorates the patient should be transported to the hospital.

Anaphylaxis: Life threatening emergency! Local and systemic reaction symptoms present, with swelling of face, tongue, lips, neck. Altered LOC (agitated, anxious), increased pulse and respiration rate + INSUFFICIENT AIR EXCHANGE ANDBECOMING HYPOXIC (pale, ashen, may be turning blue, very labored breathing, falling blood pressure, etc). When insufficient air exchange occurs, administer epinephrine. If the patient has their own Epi-Pen, assist them in administering it, reading the directions on the side of the container. If the patient does not have their own, administer Epinephrine using the organization's

epinephrine. Dose is .3mg or cc epinephrine for all patients. Evacuate to hospital immediately. **Diphenhydramine should be administered IMMEDIATELY following a dose of epinephrine in the case of anaphylaxis, if it has not yet been given. Monitor patient for rebound anaphylaxis, as an additional dose of epinephrine may be required.**

Asthma
In case of shortness of breath and wheezing, give patient calm encouragement to relax and breathe with control. If the irritant is known, remove them from it. Encourage pursed lip breathing. Assistance with their inhaler may be required. If condition subsides, continue to monitor the patient and stay in the field. If there is any question about patient's condition, or ability to participate further, evacuate to the yurts to monitor. If condition persists, evacuate to higher care. In the case of status asthmaticus, an attack that will NOT stop; 30 minutes of continuous asthma attacks, epinephrine may be administered. See dosage directions above under allergic reactions.

Blisters
Treat "hot spots" with moleskin donut or duct tape. Bubbles should be drained with sterile needle. Sterilize around site thoroughly with Iodine Solution. Open the blister and gently massage fluid out. Leave excess skin intact. If excess skin is gone, treat this wound as any other soft tissue injury.

Bruises
Apply ice or cold compress. Monitor, and watch for signs of internal bleeding if bruises are located on the abdomen or flank. NSAIDS may be administered with parent consent.

Burns Cool skin with copious amounts of cold water. Apply aloe for first degree sunburn. Evacuate to High Camp for discomfort issues, or when partial thickness (2nd degree) burns are larger than a quarter. For third degree burns, or any burns to genitalia or airway, evacuate to higher care. Monitor ABC's, check for signs of airway burns (soot or burns around nose and mouth.) Beware of fluid loss from burns, encourage hydration.

Constipation
Give plenty of fluids, fruits, raisins, bran products and vegetables. Encourage regular use of the bathroom. Prevention is better than treatment.

Dehydration
Prevention: Drink at least 2 liters day, more during periods of heat or exercise. Drink enough to keep urine clear. Treatment: Patient should sip, not gulp, room temperature water. Monitor patient vital signs, particularly LOC. Record how they are feeling and how much they have drank. Rehydration solution of 1 liter water, 1 tbsp sugar, and ½ tsp salt is beneficial for advanced stages of dehydration.

Diabetic Emergency
Treat with honey or glucose from First Aid Kit. Take a good AMPLE History. Evacuate to hospital.

Diarrhea
One loose stool daily should not be considered a problem under most circumstances. Give plenty of clear

liquids in frequent doses until stool frequency and consistency improve (up to 48 hours). Slowly advance diet as tolerated. If no improvement after 48 hours, or if unable to keep up with fluid loss, consider evacuation. Foods used to advance diet include: crackers, toast, rice, noodles. Immodium AD may be administered if the situation or circumstances necessitate use. IE: A student needs to hike 8 miles to the trailhead, or severe dehydration is a concern.

Dislocations
Splint the *joint* in order to stabilize it in the position found.

Fractures
Check CSM's (Circulation, Sensation, and Motion) distal to the potential fracture site. Splint the injury, immobilizing the joint above and below the injury site. Ensure the splint is well padded, is rigid, and is secure. If possible, elevate above the heart. Reassess CSMs after splinting. Evacuate to Pendleton Community Care (PCC) in Franklin (call PCC to see if someone is available to work the X-Ray machine) if minimal likelihood of fracture. In the event of obvious deformity or angulation transport immediately to hospital.
*For fractured femurs, apply an improvised traction splint. DO NOT Release traction once it is pulled.

Frostbite
Prevention is key, particularly for body parts that aren't visible, such as feet. Perform foot checks to ensure adequate perfusion, remedy the situation if skin is pale, cool, and has poor capillary refill. For first and second degree frostbite, rewarm the site with skin to skin contact. Do NOT use an external heat source. Do NOT rub the skin. Rewarm the entire body, monitor for signs of hypothermia, and protect from further cold. Upon rewarming, if blebs appear (second degree) evacuate the patient to High Camp. DO NOT break the blebs. Third degree frostbite (already frozen, large blebs apparent, white, waxy, hard tissues) should be evacuated to hospital WITHOUT field rewarming.

Headache
In our setting, most headaches are due to dehydration. Rehydrate, rest. If a headache comes on suddenly and is not relieved by rest and hydration seek medical attention.

Head Injury
No loss of consciousness - Control any bleeding using Universal Precautions. Apply ice pack to lumps. Monitor patient, consider evacuation for anything more than a slight cut or bruise. Loss of consciousness - evacuate to hospital, monitoring vital signs and watching for signs of increasing intracranial pressure. Head injuries are prime candidates for fast evacuations.

Hypothermia
Mild - Remove wet clothing. Move out of wind and into shelter. Give warm sweet drinks. Fluids are important. If patient can move easily, encourage exercise.
Severe - Remove clothing and wrap patient in as much dry insulation as possible. Place hot water bottles wrapped in dry shirts or socks at the armpits, hands, feet, & chest. Place the patient in a hypothermia wrap (layers, hats, inside sleeping bag, surrounded with tarp, on insulating pads). Do not force food or liquids, but attempt to have them drink warm, sweet drinks.

Insect Bite/Sting (SEE ALLERGIC REACTIONS)
If bee sting (or other insect bite that cause allergy) is suspected, observe victim carefully and make sure First Aid Kit is readily available. Clean the site, monitoring for infection. Watch for signs of itching,

systemic reaction (away from-site-of-sting-or-bite), trouble breathing, wheezing and/or shock. If difficulties begin administer oral Diphenhydramine. If patient's airway is in jeopardy administer Epinephrine. See allergic reactions for more information.

Lightning Injuries
Perform your traditional assessment, focusing on ABC's. Look for burn injuries. Evacuate to hospital. If CPR is required, continue CPR until you are directed to stop by medical control.

Medications
Faculty members from the visiting school will collect all medications from the participants in their group. Faculty members are responsible for the proper administration of these medications.

Nosebleeds
Ask patient to sit upright and pinch top of nose for 10-15 min. Monitor patient.

Needle Sticks
Experience Learning employees will always have a sharps container and will take every precaution to avoid unintentional needle sticks. Before use of the needle they will assure the safety of the group and the patient. After the needle has been used it will go directly into the sharps container. If an unintentional needle stick occurs before the needle has been used, instructors will clean and bandage the puncture site, monitor for infection and alert the course director. If an unintentional needle stick occurs after the needle has already been used instructors will collect the medical background information of both parties and follow the same protocols as above. The patient should be evacuated to High Camp for consultation.

Poison Ivy/Oak
Wash affected areas with warm water and soap; consider using poison ivy soap or dish soap to remove volatile oils. Calamine may be applied to relieve itching. For severe cases, seek medical attention.

Soft Tissue Injuries
Control all bleeding via direct pressure, elevation, digital pressure, or last, pressure bandaging. Clean wound-by irrigating with water. Apply a clean, sterile dressing. Clean wound and replace dressings at least once per day, more often as needed. Monitor for signs of infection.

Severe - Severed digit, etc. Control bleeding; seek emergency medical attention as soon as possible. Collect severed digit, wrap in damp gauze, place in plastic bag and transport with patient.

Snakebites
Clean wound site, transport to Rockingham Memorial Hospital in Harrisonburg (from Spruce Knob), or the nearest hospital with an ICU if off site.

Spinal Injury
In the event of a possible spinal injury, immobilize the spine with a Cervical Collar and long spine board/ litter. Evacuate to hospital immediately.

Splinters

If above the skin, use sterilized tweezers to remove splinter. If embedded in the skin, find direction splinter went in and use fingers to push out until able to grasp with tweezers.

Sprains/Strains
RICE: rest, ice, compression and elevation. RICE *for* 20-30 min. Allow joint to re-warm naturally for 10-15 min. Recovery occurs more quickly if RICE is repeated 3-4 times a day. NSAIDS may be administered with parental permission.

Sun/Heat related
Protect yourself and your students! Use a hat, light-colored, long-sleeved shirt, bandanna, etc. Use sunscreen.

Heat Cramps - cramping; especially in the calves and abdomen, due to exertion and heavy perspiration with inadequate replacement of fluids and salt. Treat with fluids, rest, and lightly salted food. Prevent by drinking lots of fluids, salting foods, and taking sufficient rest stops during the day.

Heat Exhaustion- results from loss of both fluids and salt due to excessive loss and inadequate replacement. Look for heavy sweating, cool/clammy/pale skin, weakness, dizziness, faintness, and headache. Treat by allowing the patient to rest in a cool shaded spot, give water and fluids with electrolytes, and take temperature frequently.

Heat Stroke - results from thermo-regulatory failure. Signs & Symptoms: hot, sometimes dry and flushed skin, high temperature, (<105F), altered mental status (e.g.: confusion), weakness, faintness, dizziness, headache, nausea and/or vomiting. Skin may present as hot/red/moist in highly humid environments. Treat by moving victim into water if this can be done safely. Place water-soaked towels on the victim or sponge with wet towels and fan. Give dilute sugar and salt-containing fluids if mental status will allow. Take temperature often and continue cooling vigorously until the temperature approaches the normal range. Vigorously massage limbs. Follow temperature closely after successful cooling to be sure temperature does not rebound. Victim should be evacuated to High Campfor medical evaluation. If disoriented for more than 15 minutes.

Sunburn - Prevention! If not prevented, apply aloe. See burns section above.

Ticks
Remind participants to do regular tick checks morning and evening when in tick country. If a tick is found, remove the tick using sterilized tweezers. Grasp the tick by its head and gently pull it out. Be careful not to crush the tick. Clean the area.

Vomiting
May occur due to illness or dehydration. Ask patient if they have been drinking water and what they have eaten. Rest may be the best option. Arrange to have patient removed from group. Always monitor patient recording any change in their condition.

Emotional Safety during camp or program:
While in the field, students occasionally bring up challenging subjects including hate speech, suicide, sex, and abuse. As an instructor it is your job to create a space that is both physically and emotionally safe for your group of students. If a student brings up a challenging subject (even in a joking manner), it is

important that you first speak with them individually about their words and/or actions so that they know that you are taking them seriously. Involve your chaperone in these discussions. If a challenging situation or conversation affects the entire group, address the topic with the entire group. Open discussions of challenging subjects are not necessarily bad if you can make them productive and steer an individual or group towards a positive outcome. Involve your chaperone in these discussions. Once you have addressed the topic, close the discussion and re-direct conversation back towards the goals of the course. If at any point you are not comfortable addressing a challenging situation or conversation, contact your course director for help.

Mandatory Reporting: As a staff member at Experience Learning, you are a mandated reporter. If a student is suffering abuse and they confide in you, you must report the incident to a course director who will then contact the proper entities within 48 hours.

If you ever feel that a student is a threat to the safety of himself/herself, the group, or you and your co-instructor, contact your course director immediately to remove that student from the field and get them the help that they need.

PROCEDURES FOR HEALTH SCREENING

Experience Learning Staff screen all Health History Forms ahead of the program. The course director will e-mail copies of the medical release to Dr. Seegar for students with asthma, diabetes, seizure disorder or prescriptions for epi-pens for allergies. Should any information on the health history form indicate that a participant might be unfit to participate or is at risk by participating, the course director will contact the parent and the physician for discussion. Decisions as to whether or not the student may participate will be made on a case by case basis. Students without their prescription medications will not be allowed to participate. *These Standing Orders and Treatment Procedures are approved by J. King Seegar, M.D.*

SOAPNOTE

Name: _____ Sex: _____ Age: _____.
Birthdate: _____ Weight: _____
Emergency Contact: _____ Relationship: _____ Phone: _____.

Scene:

Symptoms (in patients' own words):

Allergies: _____
Medications: _____
Pertinent Medical History: _____
Last in/out: _____

Events leading to injury/illness:

Physical Exam:

Vitals:

Time	Pulse	Resp.	BP	Skin	Temp.	AVPU

Assessment and Treatment Plan:

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan

Directions to Hospitals

SENTARA ROCKINGHAM MEMORIAL HOSPITAL (*Preferred Hospital***)**
Address: Sentara RMH Medical Ctr, 2010 Health Campus Dr, Harrisonburg, VA 22801
Call Ahead (540.689.1000) ~ Plan 1.25 hours from SWFTC

- Right onto Doe Hill Road
- Take Doe Hill Rd and Sugar Grove Rd to US-33 E/Blue Gray Trail in Brandywine
- Turn right onto US-33 E/Blue Gray Trail, crossing over Shenandoah Mountain into VA
- Follow Erickson Ave and State Rte 280/Stone Spg Rd to your destination
    - Turn right onto Erickson Ave, 2.8 miles
    - Continue onto State Rte 280/Stone Spg Rd 2.5 mi
    - Turn right 0.2 mi
- Hospital will be on the right

Other Area Hospitals:
GRANT MEMORIAL HOSPITAL: 117 Hospital Dr, Petersburg, WV 26847
+1 304 257 1026, 1.25 hours from SWFTC

DAVIS MEMORIAL HOSPITAL: 801 Harrison Ave, Elkins, WV 26241
+1 304 636 3300, 2 hours from SWFTC

PRIMARY CARE & URGENT CARE FACILITIES:
Good for: Minor injuries, & x-rays

PENDLETON COMMUNITY CARE, 82 Pine Street, Franklin, WV
(304) 358-2355, 25 minutes from SWFTC

NORTH FORK CLINIC, 16921 Mountaineer Dr, Riverton, WV 26814
+1 304 567 2101, 1 hour from SWFTC

Experience Learning - IMPORTANT PHONE NUMBERS

Facility Address:
Sweetwater Farm Trail Center, 990 Lightstone Lane, Sugar Grove, WV 26815
Spruce Knob Mountain Center, 18 Woodlands Way, Circleville, WV 26804

Main Business Line	(304) 606-3233
(Exp. Learning Executive Dir.)	Home (304) 567-3149

Dave Martin	Mobile (231) 633-3449

SWFTC	
Melinda Brooks	Mobile (304) 668- 4596
Jason Brooks	Mobile (304) 668-0355

Katrina Weyland (HR)	Mobile (815) 261-8258

SKMC	
Jackie Lambert	Mobile (804) 405-7113
Mathias Merrick (maintenance)	Mobile (802) 751-5378
Erika Vikander (Camps & Events)	Mobile (703) 405-2658

Emergency Medical Services:

South Branch Rescue Squad (Sugar Grove)	911
Franklin Emergency Medical Services	304-358-3271
Sentara Rockingham Memorial Hospital – Harrisonburg, VA	540.689.1000
Pendleton Community Care – Franklin, WV	(304) 358-2355
State Police	(304) 746-2100
Davis Memorial Hospital – Elkins, WV	+1 304 636 3300
Grant Memorial Hospital – Petersburg, WV	+1 304 257 1026
North Fork Primary Care (Riverton)	+1 304 567 2101
Healthnet 1 (Aeromedical Service- Helicopter)	Winchester (800) 824-6184
	Morgantown (800) 255-2146

Cave and Rock Emergency Resources:

Tactical Skills Team	911
NCRC Cave Rescue Team	(804) 674-2400

Additional Resources:

First Energy (Report Power Outage)	(888) 544-4877
Tax ID # 81-1372464	