



UNIVERSITY of CALIFORNIA
**Agriculture &
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CITIZENSHIP

LEADERSHIP

LIFE SKILLS

4-H
Youth
DEVELOPMENT
PROGRAM

CAMP RISK ASSESSMENT WORKBOOK

May 2006

*This workbook is approved for use in planning and conducting
California's 4-H Youth Development Program Camps.*

CALIFORNIA 4-H YOUTH DEVELOPMENT PROGRAM (YDP) CAMP RISK ASSESSMENT WORKBOOK

INTRODUCTION

The following California 4-H Youth Development Program (YDP) *Camp Risk Assessment Workbook* is intended to promote safety and provides guidelines in the management of emergency situations. The workbook offers a set of tools to develop risk management plans and provides worksheets related to the critical areas of crisis and risk management planning for site and facilities, administration, camp program operation, personnel, and health and safety. Camp planners and directors can utilize these sixty-three (63) worksheets to develop comprehensive 4-H YDP camp risk management plans and provide staff training to ensure healthy, safe, high quality, well-run, educational and fun camping programs.

In the first section, Crisis Management (1-21), worksheets have been designed to help guide management through a crisis, and these tools should be easily accessible on the site during the program. The remaining worksheets are grouped by the following sections: Site and Facilities (22-33), Risk Documentation (34-40), Program Administration (41-47), and Staff Development and Training (48-63). Some worksheets may not apply to all 4-H YDP camp programs (e.g. 4-H YDP managed/operated camp facilities versus leased/rented facilities).

This workbook is based on and modeled after accepted and tested comprehensive group camp risk management planning materials and camp standards including Camp Fire USA's *Managing Risks and Emergencies in Camp Programs* and the *American Camp Association (ACA) Camp Standards*. The materials have been adapted for use in California 4-H YDP camps and have been revised to be compatible with the University of California Cooperative Extension (UCCE) Health and Environmental Safety Standards as well as 4-H Policies, including *Section 800: Health and Safety* (revised in March 2005).

WHAT IS RISK MANAGEMENT?

A *risk* is an uncertainty or probability concerning the potential for injury or loss of resources. The purpose of risk management planning and the aim of this workbook are to help:

- ❖ Provide for the safety of 4H members, volunteers, and staff.
- ❖ Protect 4-H YDP, including ANR, and the UCCE system in California and the directors, staff and volunteer resources.
- ❖ Support continued operation of California 4-H YDP camp programs.

Risk management plans are systems to identify, evaluate, reduce, prevent or control loss of resources associated with the 4-H YDP or the operation of a camp program on managed/operated camp facilities or those on leased/rented facilities. Most importantly, risk management plans are designed to provide for a safe experience for youth and volunteers. Risk management plans are also intended to reduce or prevent legal and public relations problems.

WHO WE ARE

The 4-H Youth Development Program (4-H YDP) operates within established guidelines, policies, and procedures of the University of California (UC), and the Division of Agriculture and Natural Resources (ANR), which includes the Agricultural Experiment Station (AES) and Cooperative Extension (CE) system in California. The Statewide 4-H YDP Office established the California 4-H Camping Task Force in 2004 to help assure healthy, safe, high quality, educational, well-run, and fun camp program experiences for campers and staff through the California 4-H YDP. The Task Force identified the need for risk management tools to help 4-H YDP camp programmers implement state-of-the-art risk management plans throughout California. Since September 2005, this draft has been reviewed and pilot-tested by key University of California, Agriculture and National Resources Cooperative Extension staff, the Statewide 4-H Policy Advisory Committee, and other 4-H YDP stakeholders including administrators, staff, volunteer leaders, youth and external experts.

We are grateful for and indebted to Connie Coutellier, Camp Fire USA, for providing the foundation and starting point for the enormous task of developing this workbook and fine set of tools. We offer a special acknowledgement to Brian Oatman, of Agriculture and National Resources' Environmental, Health, and Safety Unit. We also acknowledge the dedicated efforts of members of the 4-H YDP Camping Task Force Risk Management sub-team including Marianne Bird, Jim Brenner, Connie Coutellier, Ginny Houtz and Ed Larimer who were instrumental in developing this document.

Comments and questions should be directed to Marianne Bird mbird@ucdavis.edu and Jim Brenner jsbrenner@ucdavis.edu, chairs of the California 4-H YDP Camping Task Force.

TABLE OF CONTENTS

CRISIS MANAGEMENT

1: WHO IS IN CHARGE WHERE?7

2: EMERGENCY PHONE NUMBERS9

3: UCCE AND/OR 4-H EMERGENCY CONTACTS12

4: EMERGENCY PROCEDURES FOR HAZARDS AND/OR DISASTERS .13

5: UTILITIES16

6: FIREFIGHTING EQUIPMENT AND PROCEDURES18

7: EMERGENCY COMMUNICATION AND WARNING SYSTEMS19

8: SECURITY21

9: PARENT CONTACT24

10: MISSING PERSONS26

11: DIVERSION ACTIVITIES28

12: SITE EVACUATION30

13: FIRST-AID32

14: PARTICIPANT AND STAFF WHEREABOUTS35

15: EMERGENCY ON-SITE TRANSPORTATION36

16: INSECT/RODENT-TRANSMITTED DISEASES37

17: EXPOSURE TO BLOOD-BORNE PATHOGENS41

18: TRANSPORTING PARTICIPANTS AND STAFF44

19: EMERGENCY EQUIPMENT.....46

20: YOUTH SUICIDE AND SELF-MUTILATION47

21: DEALING WITH A DEATH49

SITE AND FACILITIES

22: SITE HAZARD IDENTIFICATION NATURAL AND MAN-MADE52

23: SITE OPERATIONS AND MAINTENANCE54

24: PROPERTY USE AND LIABILITY56

25: SAFE WATER SUPPLY58

26: NOTIFICATION OF OPERATION.....59

27: FIRE PREVENTION AND SAFETY60

28: SERVING PERSONS WITH DISABILITIES.....62

29: FOOD-BORNE ILLNESS.....64

**30: STORAGE AND HANDLING OF HAZARDOUS, FLAMMABLE OR
POISONOUS MATERIALS67**

**31: INSURANCE SAFETY AUDIT FOR 4-H MANAGED/OPERATED SITES
.....69**

**32: FEDERAL, STATE AND LOCAL LAWS/ORDINANCES, CODES AND
REGULATIONS70**

33: INTERSTATE AND INTERNATIONAL LAWS.....72

RISK DOCUMENTATION

**34: WAIVERS, PERMISSIONS AND AGREEMENTS FOR
PARTICIPATION73**

35: PROGRAM RECORDS RETENTION75

36: COPYRIGHTS AND ROYALTIES FOR THIS PROGRAM77

37: CONTRACTS FOR SERVICES79

38: OPERATIONAL FINANCIAL RISKS81

39: RISK REDUCTION ANALYSES84

40: INCIDENT REPORT85

PROGRAM ADMINISTRATION

41: EMERGENCY DRILLS86

**42: PARTICIPANT INFORMATION, REGISTRATION, CHECK-IN AND
CHECK-OUT88**

**43: CAMP USE OF PRIVATE VEHICLES AND DRIVER
AUTHORIZATION AND RESPONSIBILITY91**

44: GUESTS ON SITE93

45: PARENT NOTIFICATION OF CHANGES94

46: DROP-IN PROGRAMS95

47: SHOOTING SPORTS EQUIPMENT, SHARP-EDGED IMPLEMENTS AND WEAPONS97

STAFF DEVELOPMENT AND TRAINING

48: SCREENING OF STAFF AND VOLUNTEERS99

49: PLAN FOR SUPERVISION OF STAFF 101

50: GENERAL PARTICIPANT SUPERVISION PLAN 103

51: CONDUCT OF PARTICIPANTS AND STAFF 105

52: DEALING WITH COMPLAINTS..... 107

53: STAFF TRAINING..... 109

54: PREVENTING CHILD ABUSE..... 111

55: SEXUAL HARASSMENT 113

56: EMPLOYMENT PRACTICES 115

57: ACTIVITIES REQUIRING STAFF WITH SPECIALIZED TRAINING OR CERTIFICATION 118

58: WEATHER AND/OR ENVIRONMENTAL HEALTH EFFECTS ON PROGRAM..... 120

59: PARTICIPANTS IN OFF-SITE PROGRAMS OR EXCURSIONS 122

60: STAFF SELECTION AND TRAINING FOR EMERGENCIES 124

61: HEALTH SUPERVISION 126

62: HEALTH SCREENING AND RECORDS 128

63: PERSONAL MEDICATIONS 131

APPENDIX 133

4-H MISSION & DIRECTION SUMMARY 134

SAMPLE ACCIDENT/INCIDENT REPORT 135

PROGRAM ACTIVITY OPERATIONAL PLAN..... 139

RISK AND ACCIDENT POTENTIAL ASSESSMENT IN OUTDOOR PROGRAMS 140

CRISIS MANAGEMENT WORKSHEET 1: WHO IS IN CHARGE WHERE?

Rationale

To avoid confusion and misinformation, each person needs to be aware of his/her responsibilities and who is in charge. In the event of a major emergency, the media scans police radios and will quickly arrive on the scene or call by phone. It is important to be prepared so that the media can do their job and the administrators can do theirs. The 4-H Youth Development Program has a responsibility to provide accurate information to the public.

Plan

| | |
|--|----------------|
| 1. Emergency: In case of emergency, who will be in charge: | Back-up person |
| <i>At the site of the emergency?</i> | |
| <i>At the county 4-H office (or other in-town location)?</i> | |
| <i>While participants are on a hike, trip or excursion?</i> | |
| 2. What are the responsibilities of the person in charge at the site of emergency? | |
| 3. How often will contact be made between site of emergency and in-town location, e.g. every hour, twice per day? | |
| 4. What are the responsibilities of the person in charge at the office or in-town location? | |
| 5. What are the responsibilities of the person in charge if emergency happens off-site? | |
| 6. In case of emergency, who has the authority to develop brief factual statements or “Key Message” for media release? | |
| 7. Who has the authority to approve brief factual statements? | |
| 8. Use the following as an outline for forming key messages in a brief statement. The scenario facts – nature of situation and who (by title or role) is involved: | |
| <i>-indicate your cooperation with the authorities</i> | |
| <i>-state concern for those involved</i> | |
| <i>-restate the facts of the scenario without editorializing</i> | |
| <i>-indicate openness for future updates and response</i> | |
| The following are people who can approve a more detailed media release: | |
| 9. Who is the official spokesperson designated to respond to the media during an emergency? | |
| 10. In addition to the media who should the brief factual statement be given to? | |
| 11. When and how are other staff informed and/or trained in their role (or non- role) in dealing with the media? | |

Guidelines

1. When clarifying in-town staff responsibilities, be sure to consider all of the procedures and all aspects of the operation.
2. Make sure training takes place to inform the staff who is in charge and the specific responsibilities of each staff member.
3. The UCCE 4-H YDP staff and camp administration should identify an official media spokesperson in case of emergency. A spokesperson should be chosen that has a general understanding of the media, who possesses excellent communication ability and has experience with interviews and reporters. Often the person handling the emergency is too busy to function in this role. This person's responsibility will include speaking in an official capacity for the program and the organization, and must have knowledge of and sensitivity to the program's policies about what should or should not be disclosed, as well as some expertise and credibility. This should be designated to the County Director or State 4-H YDP Program Director whenever possible.
4. The news media have a right to cover newsworthy events. You may not exclude the media from the site of such an event. They should receive the same courteous treatment you expect when are asking for positive media coverage. Discuss the organization's legal rights with legal counsel. Be sure the plan includes an absolute commitment to accuracy.
5. One person, the staff person in charge, should be authorized to develop and/or approve a brief factual statement for release to the media as soon as possible following an emergency. A "no comment" or delay in releasing information may give the appearance of an attempted "cover-up" or result in reports based on rumor or inaccurate information. It is suggested the brief statements include location, type of incident, when it occurred, and whether it involved adults and/or children. Do not give specific names of persons involved until families have been notified.
6. Sample key messages should be developed prior to program operation. Key messages should answer basic questions, express facts only, briefly describe the nature of the situation, who is involved, and be limited to three (3) or four (4) statements. Indicate your cooperation with the authorities, state concern for those involved, restate the facts for the scenario without editorializing, and indicate openness for future updates and response.
7. Copies of the brief statement should be distributed to all those who might receive inquiries. It should be stressed to staff and volunteers that they should release only the information included in the statement and not speculate about the incident to others. Questions that go beyond the information in the news releases should be referred to the official spokesperson.
8. Information gathered regarding campers and youth staff should be handled in an appropriate and confidential manner. Any information must have written authorization from parent/guardians and approval from the UCCE 4-H YDP staff.
9. Refer to Worksheet 42: *Participant Information, Check in and Check out* and Worksheet 62: *Health Screening and Records* for information with regard to releasing camper and staff information. Refer to: 4-H Sections 202, 203.1, 802, 813 and ACA Standard OM-9 for more information.

CRISIS MANAGEMENT WORKSHEET 2: EMERGENCY PHONE NUMBERS

Rationale

These emergency telephone numbers need to be posted along with what to report and the names of camp staff who can contact officials. Information about available medical services will simplify and speed securing the needed treatment in the event of accident, injury or illness.

Plan

| | | |
|---|-----------------------------|----------------|
| 1. Emergency: Information to give to official or medical service | | |
| Name of the reporting party: | | |
| Site address: | | |
| Site phone #: | | |
| Directions to be given in case of emergency: | | |
| 2. What are the emergency phone numbers and service information for: | | |
| Local Officials | Name of Service Area | Phone # |
| Fire | | |
| Police | | |
| Sheriff | | |
| Health Department | | |
| Veterinarian (small and/or large animal) | | |
| Animal Control Officers | | |
| 3. Medical Services | | |
| Poison Control Center | | Phone # |
| Name of Service: | | |
| Ambulance | | Phone # |
| Name of Service: | | |
| <i>When do you call for an ambulance?</i> | | |
| <i>What is the estimated response time?</i> | | |
| <i>How many victims can the ambulance transport?</i> | | |
| <i>Who is transported with the injured?</i> | | |
| <i>Can anyone else ride in the ambulance?</i> | | |
| <i>What forms are needed?</i> | | |
| Helicopter | | Phone # |
| Name of Service: | | |
| <i>When do you call for a rescue helicopter?</i> | | |
| <i>What is the estimated response time?</i> | | |
| <i>How many victims can the rescue helicopter transport?</i> | | |
| <i>Who is transported with the injured?</i> | | |
| <i>Can anyone else ride in the rescue helicopter?</i> | | |
| <i>What forms are needed?</i> | | |
| Hospital | | Phone # |
| Closest available hospital: | | |
| <i>Directions from site to hospital:</i> | | |
| <i>How long does it take to get there?</i> | | |

| What forms are needed for treatment? | Needed? | Where located? |
|---|----------------|----------------|
| -Health history/physical exam form | | |
| -Parent permission | | |
| -Insurance form | | |
| -Other | | |
| <i>When (if ever) is it necessary to call ahead for treatment?</i> | | |
| <i>Do parents need to be reached before treatment will be given?</i> | | |
| <i>What method of payment is required for treatment?</i> | | |
| <i>In case of animal bite, does the hospital require you to bring the animal?</i> | | |
| <i>Who should transport the injured to the hospital?</i> | | |
| <i>Alternates:</i> | | |
| Doctor | Phone # | |
| Closest available doctor: | | |
| <i>Directions from site to doctor:</i> | | |
| <i>How long does it take to get there?</i> | | |
| <i>Do you need an appointment?</i> | | |
| Urgent Care Center/Alternate Medical Service | Phone # | |
| Name of Service (e.g. emergency rescue service): | | |
| <i>Directions to service from site:</i> | | |
| <i>How long does it take to get there?</i> | | |
| <i>Do you need an appointment or prior notification of arrival?</i> | | |
| What forms are needed for treatment? | Needed? | Where located? |
| -Health history/physical exam form | | |
| -Parent permission | | |
| -Insurance form | | |
| -Other | | |
| <i>Do parents need to be reached before treatment is given?</i> | | |
| <i>What method of a payment is required for treatment?</i> | | |
| <i>Who should transport ill or injured to doctor?</i> | | |
| <i>Alternates:</i> | | |
| Specialty Units (e.g. Burn Unit) | Phone # | |
| Closest specialty units: | | |
| <i>Directions to service from site:</i> | | |
| <i>How long does it take to get there?</i> | | |
| <i>Do you need an appointment or prior notification of arrival?</i> | | |
| What forms are needed for treatment? | Needed? | Where located? |
| -Health history/physical exam form | | |
| -Parent permission | | |
| -Insurance form | | |
| -Other | | |
| <i>Do parents need to be reached before treatment is given?</i> | | |
| <i>What method of a payment is required for treatment?</i> | | |

Guidelines

1. These phone numbers should be reviewed yearly and posted by phones where problems can be reported.
2. Also post information on what to say (e.g. name of reporting party, site address and phone number, in case local official did not understand messages and needs to return call for clarification.
3. Make preliminary visits to the medical facilities, doctors' or dentists' offices with health supervisors and key administrative personnel to secure information. Provide ambulance with map to site.
4. Designate an adult staff responsible for transporting or traveling with victim.

Refer to: 4-H Section 812, H-3, H-4 and ACA Standard HW-3, HW-21, HW-22, PD-10 for more information.

CRISIS MANAGEMENT WORKSHEET 3: UCCE AND/OR 4-H EMERGENCY CONTACTS

Rationale

It is important to know who needs to be contacted in case of an emergency, where they can be contacted and for what emergencies they wish to be notified.

Plan

Determine who should be notified in what types of emergency situations and how quickly they should be told.

| Title | Name | Office # | Home # | Site Emergency | Image Issue | Serious Behavior Problem | Serious Injury | Hazard or Disaster | Death | How Soon? Immediately or within 24 to 48 hours? |
|-----------------------|------|----------|--------|----------------|-------------|--------------------------|----------------|--------------------|-------|---|
| CE County Director | | | | | | | | | | |
| CE Regional Director | | | | | | | | | | |
| ANR Vice President | | | | | | | | | | |
| OGER Director | | | | | | | | | | |
| County 4-H Staff | | | | | | | | | | |
| 4-H Council President | | | | | | | | | | |
| State 4-H Director | | | | | | | | | | |
| University Counsel | | | | | | | | | | |
| Insurance Agent | | | | | | | | | | |
| Media Spokesperson | | | | | | | | | | |
| Other | | | | | | | | | | |

Guidelines

1. This contact list should be located where persons needing this information have access to it.
2. There should be an alternate means of notification (e.g. cell phone or radio) if the phones are inoperable or too busy to get a call out.
3. It may be helpful to determine who calls others after first person has been contacted. Decide what information needs to be given or shared with whom. The call should then include the information decided upon and the expected actions needed from the person receiving call.

Refer to: 4-H Section 802, 815.2 and ACA Standard OM-9 for more information.

CRISIS MANAGEMENT WORKSHEET

4: EMERGENCY PROCEDURES FOR HAZARDS AND/OR DISASTERS

Rationale

Emergency procedures for identified hazards or disasters, both natural and man-made, for each program site must be written and distributed and/or posted to help ensure a safe experience for all participants and staff.

Plan

| 1. Natural hazards | | | |
|--|---------------|------------------------------|---------------------------|
| Type common to program area | Warning signs | Safety precautions taken | Emergency Action Required |
| | | | |
| | | | |
| 2. Natural and man-made disasters at the program site | | | |
| Type possible in program area | Warning signs | Safety precautions taken | Emergency Action Required |
| | | | |
| | | | |
| 3. Widespread disasters affecting the community where participants live | | | |
| How will facts be verified? | | Who will be responsible? | |
| What kinds of information will be shared with staff? | | Who will prepare statements? | |
| What kinds of information will be shared with participants? | | Who will prepare statements? | |
| 4. Man-made hazards related to operation of facility or equipment | | | |
| Type common to program area | Warning signs | Safety precautions taken | Emergency Action Required |
| | | | |
| | | | |
| 5. Contaminated food or water | | | |
| Procedure for handling food-borne illness: | | | |
| | | | |
| Procedure for handling illness from contaminated water: | | | |
| | | | |
| 6. Man-made hazards related to behavior of people | | | |
| Types included for this program | Warning signs | Safety precautions taken | Emergency Action Required |
| | | | |
| | | | |

| | | | |
|--|--|--|--|
| | | | |
| List other crisis worksheet number(s) when addressed there: | | | |
| Intruders | | | |
| Vandalism | | | |
| Kidnapping | | | |
| Harassment | | | |
| Drug and alcohol misuse | | | |
| Hostage | | | |
| Terrorism | | | |

Guidelines

1. Worksheet 22: *Program Site Hazards* includes the identification of site hazards and plans for elimination when possible. When not possible, the worksheet includes rationale, plans for protection, and procedures for avoiding hazard. This worksheet addresses prevention and any emergency action required if an incident does occur.
2. Include warning signs and emergency action required for natural disasters common to the area such as tornados, earthquake, flood, snow, lightning, forest fire, mud slides, etc. and man-made disasters such as fire, terrorism, etc. that may be widespread and include the whole community. Local authorities may direct the operations.
3. If any kind of disaster happens in the community where the participants and staff live while camp is in session, you will need to decide what information is disseminated and how to coordinate information between staff and families, and between campers and their parents. There also needs to be a system designed to identify and refer people who need extra support.
4. Hazards related to the operation of the facility or equipment include both injuries caused by the operation of equipment, illnesses caused by contaminated food or water brought to the site, and the food handling procedures or faulty equipment. Procedures include handing multiple participants and staff that are ill, working with the health department to determine the cause and being prepared to answer questions from the media. See Worksheet 29: *Food-borne Illness* for safety procedures and Worksheet 2: *Emergency Phone Numbers* for health department and other emergency phone numbers.
5. Cal-OSHA has mandatory reporting requirements when an employee gets hurt. The Confined Space Rule requires a written safety plan as well as staff training for spaces not designed for human occupation (see ANR Safety Note # 39, http://danrrec.ucdavis.edu/ehs/safety_notes/39_confined_space.pdf). The Lock-out/Tag-out Rule on Worksheet 5: *Utilities* requires procedures to protect employees from accidental injury from any stored energy (see ANR Safety Note#55, http://danrrec.ucdavis.edu/ehs/safety_notes/55_lockout_tagout.pdf). There are also rules on the use of chemicals or toxins often found in paint, cleaning supplies, yard equipment or office machines. See ANR Environmental Health and Safety (<http://danrrec.ucdavis.edu/ehs/index.html>) or CAL-OSHA (http://www.dir.ca.gov/occupational_safety.html) for OSHA requirements.
6. Many of the man-made hazards related to the behavior of people such as intruders, vandalism, kidnapping, harassment, drug or alcohol misuse, acts of terrorism, hostage, child abuse, etc. have specific crisis worksheets or have been included on staff (paid or volunteer) behavior expectations.

7. Emergency action includes what to do and who to call for immediate help during the crisis-not the follow-up reports or actions needed. Be sure phone numbers are listed on the Worksheet 2: *Emergency Phone Numbers* and are posted and included with crisis information. (See Appendix for sample Incident Report).

Refer to: 4-H Section 810 - Machinery, ACA Standard SF-2, SF-9, PA-12 for more information.

CRISIS MANAGEMENT WORKSHEET 5: UTILITIES

Rationale

In case of an emergency, it may be important to shut down utility systems without delay.

Plan

| | | |
|--|----------------------------------|---|
| Emergency: The following information may be needed in a crisis. | | |
| 1. Which staff members are knowledgeable of utility systems and practiced shutting them down? | | |
| Maintenance personnel: | | |
| Administrative personnel: | | |
| Other: | | |
| 2. Where are utility charts located? | | |
| 3. Water and Sewage | | Phone # |
| Name of Service Company: | | |
| <i>Where are water shut-off valves located?</i> | <i>Are they clearly labeled?</i> | <i>Are tools to operate located nearby?</i> |
| <i>How is sewage disposed of?</i> | | |
| <i>Who is responsible for problems?</i> | | |
| 4. Electric | | Phone # |
| Name of Service Company: | | |
| <i>Where is the main electricity shut-off switch?</i> | | |
| <i>What is the Lock Out/Tag Out procedure?</i> | | |
| <i>What power sources are covered?</i> | | |
| <i>Who is responsible for training?</i> | | |
| <i>Who is trained?</i> | | |
| <i>Where are the breaker boxes and fuse boxes?</i> | | |
| Room | Location | All switches and fuses clearly labeled? |
| <i>Who is responsible for conducting the annual electrical evaluation?</i> | | |
| 5. Gas | | Phone # |
| Name of Service Company: | | |
| <i>Where are gas shut-off valves?</i> | | |
| Room | Location | Are valves clearly labeled? |
| 6. Telephone | | Phone # |
| Name of Service Company: | | |
| <i>Quantity and location of phones onsite:</i> | | |
| <i>Where are the service boxes located?</i> | | |

Guidelines

1. Site manager and on-site director should tour the site prior to the opening of the program and practice operating utility shut-off points.
2. Several other staff members should also be familiar with the utility operation. For example, cooks need to know where main kitchen's electrical, water and gas shut-offs are located.
3. OSHA's Lock-Out/Tag-Out rule requires a written plan, inventory of power sources and training. See ANR Safety Note #55 http://danrec.ucdavis.edu/ehs/safety_notes/55_lockout_tagout.pdf for Lock Out/ Tag Out requirements.

Refer to: ACA Standard SF-6, SF-7, for more information.

CRISIS MANAGEMENT WORKSHEET 6: FIREFIGHTING EQUIPMENT AND PROCEDURES

Rationale

It is important to take action to prevent fires and have the appropriate types of firefighting equipment readily available at all times.

Plan

| 1. Preparation: What are the safety procedures in the event of a fire? | | | |
|---|-------------------|----------------------|---------------------------------|
| How often are the procedures reviewed with the staff? | | | |
| 2. Emergency: Where is equipment in each building and who in each building, facility, is knowledgeable in the use of the firefighting equipment? | | | |
| Building | Type of Equipment | Location in Building | Person knowledgeable in its use |
| | | | |
| | | | |
| | | | |
| Where are fire access roads? | | | |
| What are the control and fire fighting procedures? | | | |

Guidelines

1. Keep an inventory of the firefighting equipment in each building, facility and program area.
2. See :Worksheet 27:: *Fire Prevention And Safety* for the inventory of the firefighting equipment and alarms and safety checks. See Worksheet 12: *Site Evacuation* for evacuation procedures.
3. Determine what the step-by-step procedures are in the event of a fire and who is responsible for what. The first concern should always be for the safety of people.
4. Fire procedures should include methods and control by such actions as shutting doors to delay fire’s progress. Fireproof files or safes should be closed when not in use and included in the evacuation procedures.

Refer to: 4-H Section 811 – Meeting Place and ACA Standard OM-9 for more information.

CRISIS MANAGEMENT WORKSHEET

7: EMERGENCY COMMUNICATION AND WARNING SYSTEMS

Rationale

Often in a disaster situation, such as severe weather conditions, the primary communication system (e.g. telephone) may be inoperable. An alternative means of communication is necessary to call for help or to inform authorities. Some areas need emergency communication systems within the site. Warning systems create an efficient method to quickly communicate to the entire site population. Everyone on the site should know what the various alarms mean and the action they are to take.

Plan

| | | |
|--|--|---------------|
| 1. Emergency: Communication to or from off-site services | | |
| What kinds of emergency communications are available at the site? | | |
| What is the back-up system in case the telephone is not working? | | |
| Who has cell phones that can be used in emergency? | | |
| <i>Name</i> | <i>Location</i> | <i>Number</i> |
| | | |
| Have they been tested in the area? | | |
| Who is responsible for keeping them charged? | | |
| Is there a pay phone in the area? | | |
| 2. On-site communication | | |
| Is there an on-site communications system? | | Type: |
| Who on site is trained and has written copies on the use of the on-site communications system and back-up emergency communications system? | | |
| Is there a non-electric warning system? | | |
| How is it practiced? | | |
| What are the emergency warning signals for different situations? | | |
| <i>Warning signal</i> | <i>Situation or action to be taken</i> | |
| | | |
| Who can initiate the different warning systems? | | |
| Are the communications system(s) checked and practiced periodically? | | |
| When? | | |
| By whom? | | |
| Is there a back-up battery in case of an electrical failure? | | |
| Can the above cell phones be used in emergency for on-site communication? | | |

Guidelines

1. Explore possible types of systems with police department, communication systems specialists, CDF or others knowledgeable in this field. Include mobile cell phones, CB systems, two-way radios, etc.
2. Staff may have personal mobile cell phones, however, cell phones do not work in remote areas.
3. Non-electric warning systems include air horns, car horns, bells, or even sending runners, etc. Signals should be established and practiced. For example, a steady horn means EVACUATE SITE NOW; continual beeping means GATHER AT A CENTALLY DESIGNATED PLACE, etc.
4. Distribution of your warning system may include:
 - a. staff
 - b. council office
 - c. posting in strategic places
 - d. local law enforcement officials
 - e. fire officials
 - f. civil defense office
 - g. school, church, or user groups
5. Communications systems related to specialized activities or trips may need to be specific to each activity or trip and are included on the specialized activity form in the appendix.

Refer to: 4-H Section 811 – Meeting Place and ACA Standard OM-9, OM-14, OM-17, TR-6 for more information.

CRISIS MANAGEMENT WORKSHEET 8: SECURITY

Rationale

Feeling personally secure is a state of mind based on knowing that reasonable precautions have been taken. The development of an active prevention program can provide a relatively secure working and service environment. The objective of security planning is to provide an environment which allows activities to continue in an uninterrupted and orderly fashion.

Plan

| 1. Preparation: What is your security plan regarding the following? | | |
|--|------|-----------|
| | Plan | Rationale |
| a. Lighting | | |
| b. Paths | | |
| c. Identification Signs | | |
| d. Alarms | | |
| e. Boundary barriers | | |
| f. Brush and undergrowth around cabins or buildings | | |
| g. Keys and locks | | |
| h. Posting "no trespassing" signs | | |
| i. Off Season security | | |
| j. Appeal of camp to outsiders | | |
| k. Bed checks | | |
| l. Buddy system for traveling on-site | | |
| m. Staff supervision | | |
| n. Orientation of campers | | |
| o. Orientation of staff | | |
| p. Visitors | | |
| q. Security patrols | | |
| r. Entrance gate closed at night | | |
| 2. How are participants and staff informed of security plans? | | |
| 3. What information is given or withheld from parents/general public for security reasons? | | |
| Emergency: How are intruders dealt with? | | |
| Follow-up: What is the follow-up procedure when there is evidence of intrusion (e.g. vandalism, threatening notes, etc.)? | | |

Guidelines

1. Each of the above items needs to be considered in designing the security plan. Develop a written rationale for every item implemented and for every item not implemented. A clear rationale helps interpret security to parents, county councils and members, as well as the public at large, insurance companies and other authorities.
 - a) External lighting—Consider types and how extensive. May include lights at sanitary facilities, infirmary, living or program areas, connecting walks or paths and parking areas.
 - b) Paths—Consider paths leading out of camp, isolation of connecting paths and brush near paths.
 - c) Signs—Camps and program sites become more vulnerable if they utilize highway directional and entrance signs. Consider hanging signs on arrival or departure days only or using maps for parents driving to the site.
 - d) Alarms—Consider which alarms would be best to use for security reasons.
 - e) Boundary barriers—Plant dense growth of hedgerows or brambles, or build structural barriers such as fences or other construction that serve as a deterrent to unauthorized entry. Contact your local forester for suggestions on natural barriers.
 - f) Brush and undergrowth near buildings—The area immediately around a building or tent should be free of brush when possible.
 - g) Keys and locks—Keys should be distributed according to need instead of convenience. Keys should be collected or locks re-keyed when there is a staff position change. What buildings are locked and why?
 - h) Posting “NO TRESPASSING” signs—Check on local requirements to make signs valid.
 - i) Off-season security—Base on needs and use.
 - j) Appeal of the program site—Assess the attractiveness of a site to outsiders. Possible attractions are young girls or boys, horses, waterfront equipment, etc. Steps can be taken to reduce the appeal through a show of protection, discussion of appropriate behavior of participants toward outsiders, less public exposure, etc.
 - k) Bed checks—Routine checks on participants provide for safety and keeps staff more alert.
 - l) Buddy system—Encourage participants to traveling in pairs. Encourage night travel in groups. Encourage staff to travel in pairs if at all possible.
 - m) Staff supervision—Program staff should be scheduled or placed to provide maximum supervision at all times. Arrange staff so they will be sleeping in participant cabins, at least in the cabins of younger participants. In units housing older participants, staff should either be in same sleeping facility or located close by. Make arrangements for supervision between activities.

- n) Orientation of participants—Impress upon youth the importance of safety without unduly alarming them. Discuss rules such as traveling in groups, informing leader or counselor if leaving the group, and using a flashlight after dark.
 - o) Orientation of staff— constantly impress upon staff their role in helping to ensure the safety of all. Training should include a thorough discussion of all facets of the security and emergency procedures.
 - p) Visitors—If visitors are permitted, require a check-in and wear identification while on the site. Be sure they check out and return their ID pass. Develop procedures for authorized and unauthorized visitors.
 - q) Security Patrols—Possibilities for consideration are a security service, staff patrols and police patrol.
 - r) Entrance gate closed at night- the entrance gate should be closed at night. Whether or not it is locked will depend on the location and situation. Be sure to allow for emergency access.
2. Participants, staff, program administrator and site maintenance personnel should have a clear understanding of when and if to approach an intruder and what follow-up steps are necessary.
 3. Occasionally, what appears to be a prank or vandalism may be a sign of a more serious problem and should always be investigated.
 4. Information on where the program site is located should be given to parents but not necessarily the general public. Other information, including staff time off, when the facility is locked or unlocked, participant or staff personal information, etc. should be carefully evaluated before providing to anyone.

Refer to: ACA Standard OM-7, OM-18 for more information.

CRISIS MANAGEMENT WORKSHEET 9: PARENT CONTACT

Rationale

Parents are entrusting 4-H with their most precious possessions, their children. It is 4-H's responsibility to keep parents informed of the well-being of their children and to provide as much support as possible.

Plan

| |
|--|
| 1. Emergency: In case of serious accident, how will parent contact be made? |
| <i>Who does the contacting?</i> |
| <i>Back-up person?</i> |
| <i>When should contact be made?</i> |
| 2. In an emergency not involving death or serious accident, how will parent contact be made? |
| <i>Who does the contacting?</i> |
| <i>Back-up person?</i> |
| <i>When should contact be made?</i> |
| 3. What is the procedure if parents or guardian cannot be reached or do not have a phone? |
| 4. In the event of a serious accident, what type of follow-up support is provided for parents and/or legal guardian? |
| 5. In the event of a major emergency or disaster, what is the plan to contact the parents of all campers to relieve their anxiety and inform them about what their children are facing? |
| 6. Where is the list of alternative contact(s) to reach parents if a disaster has stopped communications in the area located? |
| 7. How do parents receive a phone number at camp to call in case of a family emergency? |

Guidelines

1. On registration cards and health forms, there should be a home phone number, a number where parent and/or guardian can be reached in case of emergency, and the number of a relative or friend of the family to serve as an emergency contact. Contact local authorities for assistance if emergency contacts cannot be reached.
2. The administrative and medical personnel of the program should discuss ahead of time who is responsible for calling parents, under which circumstances, and who is to be the back-up person if the designee is not on site.
3. The parent or legal guardian should be contacted as soon as possible following the incident to meet the participant at the hospital, pick the participant up at the site, or carry out whatever action is necessary.
4. The parent or guardian should be contacted whenever emergency treatment is necessary.
5. Care should be taken whenever contacting the parent so undue alarm is not caused. However, all facts pertaining to the situation should be given. Explain what the child has witnessed or experienced and how they are handling it.
6. Information provided to the parent should coincide with information contained on the incident report form (sample Incident Report form in the Appendix).
7. In the event of death, great sensitivity and support will be needed. See Worksheet 21: *Dealing with a Death*.
8. In the event of a major emergency or disaster:
 - a. All parents or guardians should be contacted immediately and informed of their children's welfare.
 - b. Parents should then be informed of any evacuation procedures that are necessary.
 - c. The county UCCE office can act as the phone calling station if the situation involves many participants. In a disaster where the affected area is wide, telephone lines may be down. Contact local authorities for assistance if emergency contacts cannot be reached. The national office or another council may be able to help contact parents.
9. Information gathered regarding campers and youth staff should be handled in an appropriate and confidential manner. Any information must have written authorization from parent/guardians and approval from the UCCE 4-H YDP staff. Refer to Worksheet 42: *Participant Information, Check-In and Check-Out* and Worksheet 62: *Health Screening and Records* for information with regard to releasing camper and staff information.

Refer to: 4-H Section 802, 809, 812 and ACA Standard HW-17, OM-17 for more information.

CRISIS MANAGEMENT WORKSHEET

10: MISSING PERSONS

Rationale

It is essential to have a well-developed plan to respond quickly to a person missing on the site or in an off-site activity.

Plan

| |
|--|
| 1. Preparation and training |
| Who has written copies of the plan? |
| When is staff trained in the procedure? |
| How is the plan practiced? |
| How often is a head count made? |
| Who is responsible for making a headcount? |
| 2. Emergency: Immediate or first steps to take when someone is thought to be missing: |
| |
| 3. Method or plan for search |
| Name of designated persons for internal search of site: |
| Names or position of designated persons of a water search for a lost person: |
| What signal is used to identify that the person has been found? |
| At what point would notification of law enforcement officials take place? |
| At what point would notification of parents take place? |
| At what point would notification of UCCE youth staff or county director take place? |
| Who from the county office is responsible to work with law enforcement and the media in case an AMBER Alert is issued? |

Guidelines

1. First steps to use when a child or staff is thought to be missing:
 - a. Question those who saw the missing person last. Was the person angry, depressed or particularly excited about something? Did the person tell you of any plans to go somewhere or have a favorite spot or friend or counselor? Ask for the time and location last seen. Record information.
 - b. Check area where the person was last seen.
 - c. Check sign-out book to see if the person left the site and with whom.
 - d. If not found, notify the designated person in charge of Missing Persons.
2. Write down the times of the search and notification on an incident report as they happen.
3. Be specific with your internal search procedures so all staff members are aware of their responsibilities. Know who is included in the search and who is to stay with the rest of the youth. Other participants may be involved in diversion activities planned ahead of time.
4. Being sensitive to the moods of the participants and conversations that take place can often prevent problems.
5. When it is determined that the help of a law enforcement agency is needed, work cooperatively with them and follow their directions. It is their responsibility to determine whether an AMBER Alert is issued.

Note: According to the National Center for Missing and Exploited Children: The AMBER Alert Plan is a voluntary partnership between law enforcement agencies and broadcasters to activate an urgent bulletin in the most serious child-abduction cases.

Once law enforcement has been notified about an abducted child, they must first determine if the case meets the AMBER Alert Plan's criteria for triggering an alert. Guidance on Criteria for Issuing AMBER Alerts can be found at :http://www.missingkids.com/en_US/documents/AMBERCriteria_Apr04.pdf.

Recognizing the importance of local determination of AMBER Alert criteria, while acknowledging the importance of consistency across the country to help ensure a smooth AMBER Alert system, the U.S. Department of Justice recommends the criteria listed below for AMBER Alert programs nationwide:

1. There is reasonable belief by law enforcement that an abduction has occurred.
2. The abduction is of a child age 17 years or younger.
3. The law enforcement agency believes that the child is in imminent danger of serious bodily injury or death.
4. There is enough descriptive information about the victim and the abduction for law enforcement to issue an AMBER Alert to assist in the recovery of the child.
5. The child's name and other critical data elements, including the Child Abduction flag, have been entered into the National Crime Information Center (NCIC).

Refer to: ACA Standard OM-16, for more information.

CRISIS MANAGEMENT WORKSHEET 11: DIVERSION ACTIVITIES

Rationale

During an emergency situation, it is often necessary to occupy and/or distract other participants from the emergency.

Plan

| Emergency: What are the diversion activities or techniques for the following situations? | | Who is in charge? |
|---|--|--------------------------|
| When confined to cabins | | |
| When total group confined in one large building | | |
| When total group confined in a small area | | |
| When group has been confined in darkness | | |
| During emergency involving bus or van breakdown or accident | | |
| When there is a need to be excluded from an activity or living area | | |
| When there is a need to be outdoors in adverse weather | | |
| While there is an emergency with an injured participant or staff | | |
| While there is a missing person search | | |

Guidelines

1. It is helpful to pre-assign several staff to be in charge of diversion activities. Consideration should be given to dividing staff between diversion activities and response to emergencies.
2. A variety of songs, games and other activities should be planned during staff training for use during possible emergencies. The list should consider size of group, size of space and probable length of time.
3. In specialized activities, diversion activities should be specific to the situation or program area (e.g. waterfront). These should be listed on the form for participation in specialized activities in the appendix.

Refer to: ACA Standard OM-9 for more information.

CRISIS MANAGEMENT WORKSHEET 12: SITE EVACUATION

Rationale

An evacuation plan enables the camp director to quickly organize and remove part or all of the population to a pre-determined, safer location. Adequate warning provides an opportunity for important papers to be gathered.

Plan

| | |
|---|--|
| 1. Preparation: Reasons site might need to be evacuated : | |
| Who has copies of the written site evacuation plan? | |
| Safe locations to go to: | |
| Alternate routes out of the site: | |
| 2. Emergency -Evacuation responsibilities | |
| Who determines the need for an evacuation? | |
| Who is in charge of evacuation? | |
| Back-up person? | |
| Who is responsible for bringing personal medications? | |
| Who is responsible for bringing first-aid kit? | |
| Who will stay behind if necessary? | |
| 3. Mode of transportation (see Emergency On-site Transportation Worksheet) | |
| Alternate mode of transportation: | |
| 4. Take the following (based on the emergency, possible return and time of day): | |
| | Participant and staff list with home # |
| | Participant and staff health forms |
| | Jackets |
| | Shoes |
| | Water/snacks |
| What valuable papers that cannot be replaced, such as deeds, historical documents, policies, etc., should be taken? | |
| 5. Method to account for persons on the site: | |
| Participants: | |
| Staff: | |
| Guests: | |

| | | |
|--|--------------------------|--------------|
| 6. Notification of county 4-H office | | |
| Who makes the call | Who needs to be notified | Phone number |
| | | |
| 7. Notification of authorities | | |
| Who makes the call | Who needs to be notified | Phone number |
| | | |
| 8. What are the procedures for contacting parents? | | |
| | | |
| 9. What are the procedures for evacuating animals? | | |
| | | |
| 10. What is the plan to continue communications? | | |
| With site: | | |
| | | |
| With 4-H staff: | | |
| | | |
| With authorities: | | |
| | | |
| 11. Who notifies neighbors if they are threatened by the emergency? | | |
| Neighbors' names | Phone numbers | |
| | | |
| | | |
| 12. Who determines safe return to site? | | |
| | | |

Guidelines

1. Consult Red Cross Disaster Services, Forest Service, Civil Defense and the National Guard for help in developing a plan.
2. In some emergencies, someone may need to stay behind to help authorities guard the site, etc. It is helpful to know in advance who will stay and in what circumstances.
3. If site is being evacuated due to threat of natural disaster, such as fire, flood or hurricane, and time allows removal of valuable papers, it would be helpful to identify those to save and/or have fireproof containers.
4. Neighbors should be notified if the site is being evacuated, especially if they are threatened by the emergency.

Refer to: ACA Standard OM-9, OM-14, TR-1 for more information.

CRISIS MANAGEMENT WORKSHEET

13: FIRST-AID

Rationale

Knowing who is currently trained and certified in first-aid are and having supplies accessible are important in the planning for first aid coverage on-site, at specific activities and on trips.

Plan

| 1. Preparation: List staff that have current certification in first-aid, cardiopulmonary resuscitation (CPR), etc. | | | |
|--|------------------|---------------|-----------------|
| Name | Unit or Location | Certification | Expiration Date |
| | | | |
| | | | |
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| | | | |
| What are the minimum first-aid expectations of all staff? | | | |
| 2. What are the procedures for educating staff in the “Universal Precautions” to deal with blood-borne pathogens, medical waste and/or body fluids? | | | |
| When and how are these procedures either taught or reviewed? | | | |
| 3. What activities or off-site trips must have a certified first-aiders present? | | | |
| 4. Who is responsible for restocking first aid kits? | | | |
| 5. Emergency: Who is the first line of care for emergency first-aid? | | | |
| Where can you find him or her? | | | |

| 6. First aid kits are stocked and available at the following activity areas (check those applicable to the site): | | | | | |
|---|--|---------------------------------|--|--|------------------------------|
| Activity Area | | Where First Aid kit is located: | | | |
| Lake and/or pool | | | | | |
| Archery | | | | | |
| Stables | | | | | |
| Crafts | | | | | |
| Units | | | | | |
| Dining area | | | | | |
| Sports area | | | | | |
| Vehicle | | | | | |
| School premises | | | | | |
| Other | | | | | |
| 7. First aid kits include: | | | | | |
| | Needle for splinters | | Small roll of adhesive tape | | Zinc oxide tube |
| | Scissors | | Small butterfly bandages | | Elastic bandage |
| | Tweezers | | Large butterfly bandages | | Moleskin |
| | Safety pins | | Band-Aids tin | | Insect sting kit |
| | Small bottle of alcohol | | Gauze pads | | Latex gloves |
| | Alcohol swabs | | Non-stick adhesive pads | | Note pad or medical log form |
| | Instant cold pack | | Triangle bandages | | Other: |
| | Green soap or small bar antibacterial soap | | Individual box or package (belt-less) sanitary napkins | | Other: |

Guidelines

1. Some programs, such as resident and day camps, assume responsibility for health services, while others, such as in-school programs, may only be responsible for notifying the school. If first aid is required as a part of an employee's job, you may be responsible for offering Hepatitis B vaccination shots. See *Worksheet 17: Blood-borne Pathogens and Exposure Control Plans*.
2. Ask for information on staff and chaperone application forms to identify current certification, the certifying agency and expiration date.
3. It may be helpful to seek medical advice on the content of first aid kits. Since children may be allergic to over-the-counter medications, they should not be included in a first aid kit unless recommended by a medical professional.
4. Have first aid kits available at all activity areas and on trips. Have a system to ensure that they are replenished after each use.
5. Determine what the minimum first-aid skills should be for all staff and design a system to provide in-service training to staff. See *Worksheet 17* for what should be included in the training. Whenever possible have the injured person take care of his/her own injury under the supervision of a staff

member. It is recommended, not required, that volunteers take first-aid training; at least minimum skills and precautions should be addressed in training.

6. Offer first aid training as a part of staff training or promote first aid training events offered by other groups in the community prior to the program.
7. Clearly explain the responsibility of first-aiders to report any treatment to health supervisor. Design a system or form to make the reporting consistent, complete and included in the health log maintained by the health supervisor.
8. Have a system for informing person(s) responsible for first aid of any health history information on staff or participants that is important to their participation.
9. Be sure that first-aiders have consent for treatment forms if program is away from activity site.

Refer to: 4-H Section 809.1, 809.2, 812 and ACA Standard HW-1, HW-10, HW-12, HW-13, HW-22, TR-12, PA-7, PA-12, PA-22, PC-12, PT-5, PT- 16, PH-10 for more information.

CRISIS MANAGEMENT WORKSHEET 14: PARTICIPANT AND STAFF WHEREABOUTS

Rationale

In the event of an emergency, everyone on the site must be accounted for. If a personal emergency should occur, staff should be able to locate a particular participant or staff member quickly.

Plan

| |
|---|
| 1. Preparation: What method do you have for knowing the whereabouts of each participant and staff member at all times? |
| Is there a list of participants and staff by location such as group or unit/cabin? |
| Where is the check in/out list for guests at the camp? |
| Who makes the lists? |
| Who keeps the information on the whereabouts of each person? |
| 2. Emergency: Where are the lists kept? |
| Who has access to the lists? |

Guidelines

1. A total list or card file should include name, age, address, home and business phone, emergency contact phone number of participants, staff, and the group to which they are assigned. While this list should be accessible in case of emergency, care must be taken that participants' and staff information remains confidential.
2. The person in charge of each group can do group or housing lists. These lists should be posted in a central place such as the office or infirmary. Staff should also have a list of participants for whom they are responsible.
3. Program planning sheets should be posted in each unit or cabin to help locate individuals or groups. Copies could be kept in the camp office.
4. Staff off-site sign-out sheets should be in a central place for staff to fill out as they leave and return to the camp site.
5. A total participant and staff list with home phone numbers should also be at the county office. This should be listed by dates participants are on the site and corrected when changes are made.

Refer to: ACA Standard OM-7, OM-9 for more information.

CRISIS MANAGEMENT WORKSHEET 15: EMERGENCY ON-SITE TRANSPORTATION

Rationale

When the situation calls for use of transportation available on site, it is important to have immediate access to the vehicle and driver. This worksheet may be used in conjunction with Worksheet 12: *Site Evaluation*.

Note: Worksheet 2: The Emergency Phone Number Worksheet should be used if emergency medical services are needed from off the site.

Plan

| | | |
|---|---------------|--------------------------|
| 1. Preparation: In what situations would this be used instead of outside help, such as an ambulance service? | | |
| Are emergency vehicles checked for safety and reliability? | | |
| Who is responsible for seeing that emergency vehicles have enough gas? | | |
| Where is the nearest source for gas? | | |
| 2. Emergency: List of available vehicles | | |
| Vehicle | Where parked? | Where are the keys kept? |
| | | |
| | | |
| Location of back-up vehicle(s) and keys? | | |
| 3. Who are designated emergency drivers? | | |
| Who else will ride along? | | |
| 4. What emergency equipment is kept in the emergency vehicles? | | |
| | | |

Guidelines

1. Designate on-site emergency vehicles and be sure drivers and vehicles are insured for such use.
2. Always park on-site emergency vehicles in the same place. Supply all emergency drivers with keys or put keys in a predetermined convenient location.
3. If vehicle is also used for another purpose, design a plan for back-up vehicle(s).
4. Be sure the vehicle has gas or emergency driver has access to the fuel supply.
5. When transporting a very frightened child or a vomiting or bleeding patient, it is advisable to have another person along to assist the patient.

Refer to: 4-H Sections 605.2, 809, 815.2 and ACA Standard TR-1, TR-12, TR-15, TR-16, TR-17, OM-9 for more information.

CRISIS MANAGEMENT WORKSHEET 16: INSECT/RODENT-TRANSMITTED DISEASES

Rationale

Some insect bites can cause serious health problems and in some instances arboviral (insect borne) diseases can cause an epidemic or death. To help determine those bites that need immediate medical attention and help reduce the risk spreading the virus it is important to know high-risk areas, incidents in the area, symptoms, prevention techniques and treatment. Contact with urine, droppings, or saliva from rodents carrying hantavirus may transmit the disease.

Plan

| |
|---|
| 1. Preparation: Check potentially dangerous insects in the area and document any evidence of infectious virus |
| MOSQUITOES |
| Encephalitis |
| A. Evidence of mosquitoes carrying encephalitis: |
| B. Prevention techniques: |
| C. Symptoms verified by doctor include: after 7 to 10 days, high fever, headache, vomiting, drowsiness, stiff neck and/or back, severe irritability. Other: |
| D. Recommended action including notification of parents: |
| E. Staff training includes: |
| Dengue Fever |
| A. Evidence of mosquito carrying Dengue virus: |
| B. Prevention techniques: |
| C. Symptoms verified by doctor include: flu-like reactions, sudden high fever, severe headache, measles-like rash, joint and muscle pain. Other: |
| D. Recommended action including notification of parents: |
| E. Staff training includes: |
| West Nile Virus |
| A. Evidence of mosquito carrying West Nile virus: |
| B. Prevention techniques: |
| C. Symptoms verified by doctor include: fever, headache, tiredness, and body aches, occasionally with a skin rash (on the trunk of the body) and swollen lymph glands. While the illness can be as short as a few days, even healthy people have reported being sick for several weeks. The symptoms of severe disease (also called neuroinvasive disease , such as West Nile encephalitis or meningitis or West Nile poliomyelitis) include headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, and paralysis. <u>Other</u> : |
| D. Recommended action including notification of parents: |

| |
|---|
| E. Staff training includes: |
| TICKS |
| Lyme Disease |
| A. Evidence of ticks carrying Lyme disease: |
| B. Prevention techniques: |
| C. Symptoms verified by doctor include: after 2-14 days, flu-like reactions, fatigue, headaches, joint aches, minor stomach upsets, about two-thirds have a bull's eye-like rash at the bite and some have a stiff neck. Other: |
| D. Recommended action including notification of parents: |
| E. Staff training includes: |
| Babesiosis |
| A. Evidence of ticks carrying Babesiosis fever: |
| B. Prevention techniques: |
| C. Symptoms verified by doctor include fever, headaches, chills, and fatigue. <u>Other</u> : |
| D. Recommended action including notification of parents: |
| E. Staff training includes: |
| STINGING INSECTS (honeybees, yellow jackets, hornets, wasps, and fire ants) |
| A. Evidence of stinging insects in area: |
| B. Prevention techniques: |
| C. Symptoms verified by doctor include: pain, swelling, redness, itching; (allergy to insect may cause swelling of the mouth, tongue or throat and/or breathing difficulties). <u>Other</u> : |
| D. Recommended action including notification of parents: |
| E. Staff training includes: |
| LETHAL SPIDERS |
| A. Evidence of black widow or brown recluse spiders in area: |
| B. Prevention techniques: |
| C. Symptoms verified by doctor include: within hours, a black widow bite can cause pain, slight swelling, faint red marks, severe muscular and abdominal pain, stiffness, chills, fever and nausea. Within eight hours, a brown recluse may produce only a red bump or blister that turns into a deep ulcer. Mild fever, rash, nausea and lethargy may also occur. <u>Other</u> : |
| D. Recommended action including notification of parents: |

| |
|---|
| E. Staff training includes: |
| 2. Emergency Response: Procedures for any serious bite or sting from those identified above |
| INFECTED RODENTS |
| Hantavirus pulmonary syndrome (HPS) |
| A. Evidence of infected deer mice in area: |
| B. Prevention though rodent control techniques: |
| C. Symptoms verified by doctor include: early symptoms 1 to 5 weeks after exposure include fever, chills and muscle aches especially in large muscle groups may also have headaches, dizziness and nausea abdominal pain and diarrhea, followed in 4 to 10 days after initial phase abrupt onset of respiratory distress and shortness of breath. <u>Other:</u> |
| D. Recommended action includes notification of parents of possible exposure to hantavirus: |
| E. Staff training includes: |

Guidelines

1. A doctor or health department should verify symptoms in your area.
2. Recommended action should include treatment recommended by a doctor and any required notification to the health officials.
3. Since some of the signs will not show while the child is in the program, a procedure should be in place to handle inquiries from parents after the child has left the program. A person should be designated to inform parents if the child has had a bite that showed some of the symptoms and explain there have been problems in the area.
4. Staff should be aware of allergies and symptoms and instructed in immediate action needed, if applicable.

Insects, Ticks, and Spiders

5. High-risk areas for mosquitoes carrying encephalitis include southern and central states; north central states; the eastern seaboard from Florida to Mid-Atlantic States and the western states including California.
6. California’s Central Valley and other areas have become high-risk areas for West Nile virus.
7. High-risk areas for Dengue fever are along the Texas-Mexico border.
8. Stinging insects are found throughout the United States. Africanized honeybees (commonly referred to as killer bees) are now confined to Texas and certain areas of California, but are expected to invade south central and southern states in the next five years. Check with local authorities.
9. High-risk areas for lethal spiders are mostly in the south.

10. Deer ticks which carry Lyme disease are considerably smaller than wood or dog ticks. Nearly every state has reported cases of Lyme disease. Check with the health department in your area to see if occurrences are common.
11. See ANR Safety Notes #79 (http://danrec.ucdavis.edu/ehs/safety_notes/79_fieldwork_lyme.pdf), #85 (http://danrec.ucdavis.edu/ehs/safety_notes/85_west_nile.pdf), and #86 (http://danrec.ucdavis.edu/ehs/safety_notes/86_insects.pdf).

Infected Rodents

1. Rodent control in and around the area is the primary strategy for preventing hantavirus infection (HPS). See Worksheet 23: *Site Operations and Maintenance* for guidelines.
2. Opening or cleaning cabins, sheds and buildings that have been closed during the winter is a potential risk. Infested trail shelters or areas used periodically may be infested.
3. Infected rodents shed the virus through urine, droppings and saliva. HPS is transmitted to humans through a process call aerosolization. Aerosolization occurs when dried materials contaminated by rodent excreta or saliva are disbudded and inhaled by humans.
4. Although rather rare, thirty (30) states have reported HPS, mostly western states although some have been reported in eastern states. Over half of the cases reported have been in the Four Corners area (AZ, CO, NM, UT).
5. Since the signs will not show while the child is in the program, a procedure should be in place to handle inquiries from parents after the child has left the program. A person should be designated to inform parents if a child is diagnosed or other cases have been reported in the area.
6. Staff training should include facts about hantavirus symptoms and transmission in California including avoidance of handling dead rodents – see <http://www.dhs.ca.gov/ps/dcdc/disb/pdf/hantavirus%20brochure%202004.pdf>.
7. Staff Training should include facts about hantavirus symptoms and transmission in California including avoidance of handling dead rodents. See ANR Safety Note #82 http://danrec.ucdavis.edu/ehs/safety_notes/82_hantavirus.pdf and <http://www.dhs.ca.gov/ps/dc/dc/disb/pdf/hantavirus%20brochure%202004.pdf>.

Refer to: 4-H Section 811, 812, Appendices H-3, H-4 and ACA Standards HW-2, OM-9 for more information.

CRISIS MANAGEMENT WORKSHEET 17: EXPOSURE TO BLOOD-BORNE PATHOGENS

Rationale

The exposure to blood-borne pathogens (pathogenic microorganisms that are present in human blood and can cause disease in humans) presents a risk of serious illness. This includes, but is not limited to, hepatitis B virus (HVD) and human immunodeficiency virus (HIV). (OSHA 1910.1030 requires employers to develop an **Exposure Control Plan** to eliminate or minimize employee exposure.)

Plan

| | | |
|---|--|---|
| 1. Preparation: To determine exposure, list all staff which, by virtue of their job description... | | |
| -incur the risk of exposure to blood and other body fluids. | Date received education about the nature of his/her risk (attach training content) | Status of hepatitis B vaccination |
| Name: | | |
| Name: | | |
| Name: | | |
| -provide first aid care as an ancillary task rather than a primary task. | Date received education about the nature of his/her risk (attach training content) | Informed about procedure to follow if exposure occurs |
| Name: | | |
| Name: | | |
| Name: | | |
| 2. Training for all other staff <i>not</i> expected to provide first aid includes: | | |
| | <i>Information on who to refer staff and participants to in need of healthcare</i> | |
| | <i>Appropriate response practices in case of emergency</i> | |
| Where are records of attendance, job titles and dates stored? | | |
| Name and qualifications of person giving training: | | |
| 3. Procedures for disposing of contaminated equipment or waste: | | |
| 4. Emergency: What are the procedures for employees who have a suspected exposure? | | |
| 5. What is the exposure control plan for persons who have a suspected exposure but are not employees? | | |
| 6. Follow-up: Medical records for participants or staff that have had some exposure, as well as a copy of this plan, are boxed and labeled to identify the end of participation and/or employment date plus 30 years for disposal date. These records are located: | | |
| 7. Procedure for evaluating exposure incidents: | | |

Guidelines

1. All employers that have employees with occupational exposure must have an exposure control plan. Occupational exposure is reasonably anticipated contact with blood or other infectious materials that may result from the performance of an employee's duties. ANR Safety Note #1 describes the Bloodborne Pathogen Standard (http://danrec.ucdavis.edu/ehs/safety_notes/1_bloodborne_pathogen.pdf). The CDC has a sample exposure control plan at: <http://www.cdc.gov/elcosh/docs/d0300/d000378/d000378.pdf>.
2. Staff that by virtue of their job descriptions (occupational exposure) incur the risk of exposure to blood and other body fluids likely include the RN, LPN, or Physician. Employers must make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposures, and post-exposure evaluations and follow-up to all employees who have had an exposure incident. Many health care workers will have had vaccinations as part of previous work. Training should include:
 - Identification of risk areas: Contact with blood-borne pathogens (e.g., hepatitis, HIV), contact with airborne pathogens (e.g., common cold, TB), contact with surface-borne pathogens (e.g., staph infections).
 - Education about the nature of the risk: Method of transmission, virulence of pathogens, resistance factors related to potential host, and symptoms and information sources which provide clues to potential risk areas.
 - Work practices designed to minimize exposure.
 - Behavior expected from employees to minimize risk.
3. Staff who provide first-aid care as an ancillary task rather than a primary task should receive information about the nature of his/her risk and what to do if an exposure occurs. If first aid is an "ancillary task," then the vaccination may be offered to those persons upon exposure. Based on low risk (regardless of whether or not a specific known Hepatitis B exposure incident occurred), the vaccination can be given within the first 24 hours of any exposure involving blood or other potentially infectious materials. In addition to offering the vaccine, incidents must be reported to the employer and include information on persons, circumstances, dates and times, and an "exposure incident" as defined by the standard has occurred. Reports must be available to employees and OSHA.
4. All staff should receive training in appropriate response practices in case of emergency including Universal Precautions. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood pathogens. Training usually includes the following appropriate response practices:
 - Staff are instructed to use a CPR mask for CPR and artificial respiration; masks are kept at the waterfront and health center.
 - Staff are instructed to use gloves when potential for contact with blood or blood-tinged fluids exist. Gloves are in all first aid kits. Staff members who want to carry a pair on their person may obtain them from the health center.
 - Staff are instructed to respond in emergency situations to the level of their training per State Good Samaritan regulations.
 - Staff are instructed to initiate the camp emergency response system immediately.

- Staff participate in a discussion of "emergency" to establish defining attributes of their response.
 - Staff are educated to approach care of minor injuries from a coaching perspective and specifically directed to refer injured people to the healthcare team if self-care is inappropriate or impossible.
5. Employers must provide training to employees who have no previous experience in handling human pathogens. Training records must include dates, content, and qualifications of person giving training, names and job titles of persons attending. Training records must be kept for three years from the date of the training.
 6. Gloves may deteriorate faster when exposed to air. Putting gloves in film canisters or re-sealable bags may prolong their period of use. A regular system of checking and replacing supplies and equipment should include a time schedule (i.e., weekly, monthly, etc.).
 7. Hand-washing facilities should be readily available to employees; protective equipment should be made available; contaminated needles, equipment or waste should be properly labeled and disposed of.
 8. Medical records which contain employee name, social security number, employee's Hepatitis B vaccination status, exposure reports and follow-up procedures need to be kept confidential and maintained for the duration of employment, plus 30 years.
 9. Establish and follow a post-exposure evaluation and follow-up procedure that includes a confidential medical exam and other required steps.

Refer to: ACA Standard HW-1, OM-9 for more information.

CRISIS MANAGEMENT WORKSHEET 18: TRANSPORTING PARTICIPANTS AND STAFF

Rationale

It is important to provide safe transportation of participants by determining who may transport participants and staff, when, under what circumstances, what safety precautions will be taken, and how accidents should be handled. Accidents can result in expenses for medical deductibles, legal fees, replacement of persons and/or equipment, loss of program, etc.

Plan

| | | |
|---|--|----------------------|
| 1. Preparation: Who regularly transports participants? | | |
| What drivers are required to complete a driver's information form? | | |
| Whose responsibility is it to obtain above forms? | | |
| Who verifies driving records? | | |
| 2. In what circumstances and in what vehicles can participants and/or staff be transported? | | |
| Circumstances/Vehicle | Capacity | Supervision required |
| | | |
| | | |
| 3. Training for drivers is done by: | | Qualifications: |
| 4. Training is required for the following positions: | | |
| 5. Training includes: | | |
| | Use of seatbelts | |
| | Defensive driving | |
| | Responsibilities for control of passengers | |
| | Evidence of skill with vehicle to be used | |
| <i>And, when appropriate, such topics as:</i> | | |
| | Safe driving tactics for gravel roads | |
| | Avoidance of people, animals and other vehicles | |
| | Mountain driving | |
| | Driving in adverse weather conditions, i.e. fog, snow, rain, heavy wind, etc. | |
| | Information on the area, i.e. deer crossings, dangerous intersections and high water areas | |
| | Other: | |
| 6. What are the safety procedures for vehicles transporting participants and staff? | | |
| Who is responsible for determining procedures are being followed? | | |
| When and how are participants and staff trained in these procedures? | | |
| 7. Vehicles used for transporting participants and/or staff are equipped with: | | |
| | First aid kit | |
| | Flares/reflectors | |
| | Seat belts for each passenger | |
| | Fire extinguisher | |
| | Jack, spare tire | |
| | Communications system | |
| 8. What are the arrival/departure procedures to control traffic and personal safety? | | |
| 9. If travel is more than one hour, what kinds of programming will occur during transit? | | |
| Who is responsible? | | |
| 10. Emergency: What are the step-by-step procedures to be used in the event of a vehicle accident? | | |
| 11. Who notifies parents when there has been an accident? | | |

Guidelines

1. Determine who may, on a regular basis, transport participants and/or staff before the program begins. All drivers transporting participants or staff must be 18 years of age and have a current driver's license. The only exception to this might be participants with written consent of their parents to ride with a licensed driver under 18. Be sure to consider to and from program and/or during program operation.
2. When transporting youth, it is recommended that two adults be present in the vehicle. In the event that two adults cannot be present, the alternative is one adult and two or more youth. An adult should not be alone with a youth (other than his/her own child) without the advance written permission of the youth's parents.
3. Safety procedures should include safety education for riding, safe seating, use of seat belts, highway stops, relief drivers, adequate supervision, permission for treatment forms in each vehicle, types and ownership of vehicles used or not used, what to do in the event of an accident, etc.
4. Safety procedures for participant and/or staff transportation should include the type and capacity of vehicle(s) in which persons may be transported. Only vehicles designed to transport persons should be used. Capacity should be according to the manufacturer's instructions. Vehicles being towed on public highways or roads should not carry passengers. Hay wagons should have side rails, maintain a predetermined slow speed, and be on private property. Participants should know and understand safety rules.
5. Participants and staff should be trained in safe loading and unloading of passengers, have designated areas for waiting, and staff to supervise the area.
6. When children are traveling longer than an hour, quiet and safe programming should occur during transit by staff other than the driver.
7. In the event of an accident where the driver or other adult is able to function, the adult will handle the emergency and take responsibility for first aid and safety of passengers, notification of police and/or ambulance, notification of the camp administrator and parents, and identify any witnesses. The vehicle should not be moved until police have authorized its movement. An accident report should be completed and given to the camp administrator.

Refer to: 4-H Section 809 and ACA Standard TR-2, TR-3, TR-7, TR-8, TR-9, TR-10, TR-11, TR-12, TR-14, TR-17, TR-18, TR-19 for more information.

CRISIS MANAGEMENT WORKSHEET 19: EMERGENCY EQUIPMENT

Rationale

Being prepared for emergencies requires having appropriate equipment available, in good condition and ready for use, as well as having personnel trained in the use of the equipment.

Plan

| | | | | |
|--|-------------------|---|-----------------------------------|---|
| 1. On Site | | | | |
| What safety and emergency equipment is kept on the site? | Where is it kept? | Who is responsible for checking and maintaining it? | When and how often is it checked? | Who is trained and authorized to use equipment? |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2. Off Site | | | | |
| What safety and emergency equipment is taken off-site? | Where is it kept? | Who is responsible for checking and maintaining it? | When and how often is it checked? | Who is trained and authorized to use equipment? |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 3. What special emergency equipment has been secured or is needed for specialized activities? | | | | |
| Activity | Equipment | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Whose advice have you sought as to the appropriateness of safety and emergency equipment? | | | | |

Guidelines

1. Seek advice on emergency equipment from a doctor, local Red Cross chapter, fire department, medical emergency professionals, and safety product supply companies.
2. Check with those knowledgeable in specialized activities for appropriate safety equipment.
3. Personnel responsible for using equipment should be trained on the specific use of the equipment and uniqueness of the site.

Refer to: 4-H Section 810 and ACA Standard TR-12, HW-1, HW-22 for more information.

CRISIS MANAGEMENT WORKSHEET

20: YOUTH SUICIDE AND SELF-MUTILATION

Rationale

Suicide has teetered between the second and third leading cause of death among youth. Every year, a half million young people attempt suicide. A young person's attempt may be based on a combination of long-standing problems coupled with a triggering event. "Cutting" and other forms of self-mutilation may also be a sign of emotional pain. A young person may reach out or confide in a trusted program leader or peer.

Plan

| | |
|--|-------------------------------------|
| 1. Preparation: Procedure for dealing with threats, attempts or warning signs: | |
| 2. Staff training includes: | |
| | Warning signs |
| | Suicide awareness skills |
| | Procedures for dealing with threats |
| 3. Emergency: Suicide threats should be reported to: | |
| 4. Person(s) authorized to discuss threat, attempts or warning signs with parents: | |
| 5. Physician or professional resource to provide expertise or services to troubled youth or staff member: | |
| 6. Procedures for dealing with other staff or youth after a threat, attempt or actual suicide has happened: | |

Guidelines

1. Threats should be treated seriously. People who threaten suicide do, in fact, commit, and may try again if the attempt was not successful.
2. Procedures for dealing with threats, attempts or warning signs should be communicated with staff and include identification of the person(s) in whom the troubled person has confided and developed a trusting relationship.

Procedures should also include when the situation merits discussing the situation with a professional resource and/or the parents.

3. Warning signs are important, especially if more than one sign is present and persists over a period of time. The National Mental Health Association (or their local affiliate) is a good resource and has identified the following as warning signs:
 - a. Decreased appetite
 - b. Interrupted or changed sleep patterns
 - c. Avoidance of friends and normal social activities
 - d. Angry outbursts, tearfulness or increased touchiness
 - e. Withdrawn, uncommunicative

- f. Marked personality change from outgoing to isolated, or from quiet to extremely active
- g. Frequent physical complaints or fatigue
- h. Use of drugs, alcohol or self-abusive behavior (includes intentional reckless driving)
- i. Preoccupation with death
- j. Obsessive fear of nuclear war
- k. Irrational, bizarre behavior
- l. Overwhelming sense of guilt or shame
- m. Feelings of sadness, hopelessness or despair
- n. Previous suicide attempt
- o. Giving away treasured belongings or writing a "will"
- p. An apparently normal or unusually calm period following a very troubled period

Cutting and Self-Mutilation

1. According to the staff at the Mayo Clinic, self-injury may occur in many forms, including cutting the skin or burning the skin with a cigarette. It's often an attempt to get temporary relief from increasing emotional pain. The intent behind the injury isn't suicide, but people who repeatedly injure themselves are at greater risk of suicide.
2. Self-injury can be associated with mental illnesses such as:
 - a. Borderline personality disorder
 - b. Antisocial personality disorder
 - c. Post-traumatic stress syndrome
 - d. Eating disorders, such as bulimia
 - e. Substance abuse disorders
3. Self-injury can also become an overwhelming pre-occupation in itself. An affected person may want to stop the behavior but can't. In these cases, doctors consider self-injury to be an impulse control disorder. Cutting isn't always a mental disorder. Some may do it for attention or as a result of drug use or peer influence.
4. Resources for teen suicide include: 4-H Section 800 Appendix H-2 – Role of the Adult Volunteer When Youth Turn to Them in Crisis, and Children at Risk in the Camp Community by Gerard W. Kaye, published by The Union of American Hebrew Congregations at 838 Fifth Avenue, New York, NY 10021.

Refer to: 4-H Section 800 Appendix H-2, ACA Standard OM-9, HW-1 for more information.

CRISIS MANAGEMENT WORKSHEET 21: DEALING WITH A DEATH

Rationale

The most difficult incident to address is that of a fatal accident or illness of a participant or staff member. Because of this difficulty and the emotional impact of such a tragedy, having a plan in place is essential. (An incident report form should also be completed and the UC-ANR Risk Management Coordinator should be notified.) There should also be a procedure for lending support to or informing a staff member or participant of a death or serious injury of someone in their family or close to them.

Note: Once the victim has been pronounced dead by legal authorities, the crisis is dealing with the emotional ramifications to kin, staff and participants.

Plan

| | | |
|---|----------------------|-------|
| 1. Emergency: After the emergency and steps have been taken for the care of the victim, the first person to be notified is: | | |
| 2. Others to be notified before next of kin are: | | |
| Name | Title | Phone |
| | UCCE County Director | |
| | | |
| 3. If legal authorities do not notify next of kin, the organization person(s) to take this responsibility is: | | |
| The procedures for notification of next of kin are: | | |
| Additional procedures, if death occurred on a trip away from the program site: | | |
| 4. Procedures for taking the parent or guardian to the deceased: | | |
| 5. Procedures for disposition of personal belongings: | | |
| 6. Decisions about support to the family on transportation of the body, funeral arrangements or other support needed are made by: | | |
| 7. Support to other participants and staff includes: | | |
| 8. Procedure for working with the family to lend support or inform a staff member or participant of a death or serious injury in their family: | | |
| 9. Who reports employee deaths or hospitalizations to OSHA? | | |

Guidelines

1. The legal authorities, medical personnel and staff member on the scene will be the first that have knowledge of the death. Each will have procedures they are required to fulfill when such an incident occurs. As soon as the legal authorities have been notified, the press will have knowledge of the incident.
2. Steps to be followed at the scene are identified in emergency procedures and reported on an incident report form. If the program director and/or the UCCE county director are not at the scene, they should be notified immediately. The county director should notify the appropriate University authorities as soon as possible.
3. If there is a serious injury (that requires overnight hospital stay) or deaths of an employee, Cal-OSHA requires a written report be submitted to them immediately (see ANR Safety Note#76 (http://danrec.ucdavis.edu/ehs/safety_notes/76_reporting_injury.pdf)).
4. Procedures to deal with the media, the notification of UCCE risk management coordinator and the insurance company are on other worksheets. It is critical that next of kin is notified before any release is made. The parents of other participants will also be concerned if the incident is reported by the news.
5. The legal authorities will probably assume the responsibility of notifying next of kin. If not, or in addition to the authorities, the UCCE county director or 4-H youth development advisor should notify the family in person not by phone.
6. The local 4-H unit leader, religious leader or other people familiar with the family may be of help in the notification, with arrangements to take the family to where the deceased is, with the personal belongings or funeral arrangements.
7. If the incident occurred while on a trip, the authorities and/or the county director should help with arrangements for sending the body home.
8. It is important to provide support to the family through the entire process and until the shock wears off.
9. County UCCE/4-H office contact persons need to be briefed on the accident in order to be supportive, but not discuss any responsibility for the incident with the family.
10. County UCCE/4-H office contact persons should plan to attend the funeral, unless advised not to by legal counsel, and be ready for any future support needed by the family.
11. Other parties involved such as the staff and other participants may need the support of a trained professional after the incident. It is normal for other participants or staff to feel blame or regret that they could have done something differently. For liability reasons, they should be informed that they should not discuss the incident with the press or anyone without first checking with the county director.
12. Identify the appropriate person and determine the procedures necessary to lend support or inform a staff member or participant of a death or serious injury in their family while they are in the program.

13. Information gathered regarding campers and youth staff should be handled in an appropriate and confidential manner to include:
 - a. All campers, youth staff and their parents are to be treated with respect and dignity. All volunteers and staff should be sensitive to the feelings of both the individuals and their families.
 - b. Confidentiality of information regarding campers and youth staff must be strictly protected. All volunteers and staff shall adhere to confidentiality requirements about youth and staff. Release of any information must have written authorization from parent/guardians and approval from the UCCE 4-H YDP staff.
 - c. All questions or requests from media regarding name(s) or photos should be referred to the person in charge of camp administration. Photo releases must be signed by parent/guardian.

Refer to: 4-H Section 802, Appendix H-2 and ACA Standard OM-14, OM-15, OM-17 for more information.

SITE AND FACILITIES WORKSHEET

22: SITE HAZARD IDENTIFICATION NATURAL AND MAN-MADE

Rationale

All hazards both natural and man-made, on each site must be identified, eliminated, or reduced. Procedures must be developed to help ensure a safe experience.

Plan

| | | | | |
|---|-------------------------------|--|--------------------------------------|------------------------------|
| 1. Site is surveyed for hazards before participants arrive and on a regular basis | | | | |
| When | | Person(s) responsible | | |
| | | | | |
| 2. Survey includes appraisal of crime risk (Crime Prevention Through Environmental Design - CPTED) | | | | |
| When | | Person(s) responsible | | |
| | | | | |
| 3. Site hazards identified to be eliminated are: | | | | |
| Hazard Identified | How Eliminated | Date Completed | By Whom | |
| | | | | |
| | | | | |
| | | | | |
| 4. Site hazards identified and not eliminated are: | | | | |
| Hazard Identified | Rationale for not Eliminating | Protection from Hazard (Physical and/or Human) | Rules or Procedures Regarding Hazard | How and to Whom Disseminated |
| | | | | |
| | | | | |
| | | | | |

Guidelines

1. Include man-made hazards such as low hanging wires, dumps, abandoned roads and buildings, exposed pipes, broken steps, broken playground equipment, trash, discarded needles, swimming pools and other hazardous program areas.
2. Include natural hazards such as dead trees, poisonous plants or animals, land irregularities, weather conditions, etc. ANR has several Safety Notes for Outdoor operations that consider many of these hazards. See http://danrec.ucdavis.edu/ehs/safety_notes/index.html.
3. The upper bunk of a bunk bed may be considered a man-made hazard if used by children under 16 years of age. Beds should be equipped with guardrails. The Consumer Product Safety Commission recommends that the bottom of the guardrail be no more than three-and-a-half inches from the top of the bed frame and that the top should extend five inches above the mattress.
4. Protection from hazards may include such things as putting up a fence or sign, training staff in personal security practices, to identify snakes, making a display of poisonous plants to watch for, installing alarms, removing large bushes where people could hide, evacuation procedures, etc.
5. Rules or procedures may include such things as a rule that persons walk on designated paths, having a steep eroding area “off limits” to staff and participants, reporting hazardous trees, etc.
6. Cal-OSHA’s Confined Space Rule requires that there must be a written safety plan as well as staff training for spaces not designed for human occupation.(see ANR Safety Note#39, http://danrec.ucdavis.edu/ehs/safety_notes/39_confined_space.pdf). The OSHA Lock Out/Tag Out Rule on Worksheet 5 requires procedures to protect employees from accidental injury from any stored energy (see ANR Safety Note#55, http://danrec.ucdavis.edu/ehs/safety_notes/55_lockout_tagout.pdf). There are also rules on the use of chemicals or toxins often found in paint, cleaning supplies, yard equipment or office machines. See ANR Environmental Health Safety (<http://danrec.ucdavis.edu/ehs/index.html>) or Cal-OSHA (http://www.dir.ca.gov/occupational_safety.html) for OSHA requirements.
7. Touring the site with a small group of observant people and/or insurance company representatives can help identify risks. This group might include a fire marshal, forester or others. Most local police departments have someone with the title of Crime prevention through environmental design (CPTED) who will come to your office or program site and advise you on areas of risk in your facility. This should include surveying the site for facility design risks that reduce crime or help prevent child abuse.

Refer to: ACA Standard SF-2, SF-8, SF-9, SF-10, SF-15, SF-25, PA-11, PA-12 for more information.

SITE AND FACILITIES WORKSHEET

23: SITE OPERATIONS AND MAINTENANCE

Rationale

Analyzing maintenance needs and establishing a plan to maintain facilities in a safe, clean and sanitary condition and having procedures for use of equipment may prevent accidents or illnesses from occurring.

Plan

| | | | |
|---|-------------------------|----------------------------------|-------------|
| 1. List below regular responsibilities for maintaining facilities and equipment in a safe, clean, sanitary condition. | | | |
| Responsibilities for: | Who? | How Often? | Checked By: |
| Food Service Area | | | |
| Dining Area | | | |
| Bathroom Area | | | |
| Maintenance Facilities | | | |
| Office Facilities | | | |
| Program Areas | | | |
| Living Areas | | | |
| Grounds | | | |
| 2. List Hand Tools, Power Tools and other Equipment Used On-Site | | | |
| Equipment Used On-Site | Persons Approved to Use | How Equipment is Safety Checked | By Whom |
| | | | |
| | | | |
| | | | |
| 3. Who is responsible for analyzing maintenance needs and how often are site maintenance surveys made? | | | |
| 4. How are funds made available to carry out established maintenance plans? | | | |
| 5. Operating and routine maintenance instructions are scheduled on the following mechanical equipment. Where are the specifications for parts or service kept? | | | |
| Equipment/Brand | When Scheduled | Specifications Parts and Service | |
| | | | |
| | | | |
| | | | |

Guidelines

1. A survey of maintenance needs and a plan of action with related costs should be made at least annually. There should be an annual review and analysis of maintenance effectiveness. An important part of all procedures for maintaining clean facilities should include rodent control. See hantavirus on Worksheet 16: *Insect and Rodent Transmitted Diseases*, especially in buildings that have not been used or have been closed for the winter. See Center for Disease Control and Prevention (www.cdc.gov/ncidod/diseases/hanta/hps_stc/stc_spot.htm) for guidelines to Seal-up, Trap-up and Clean-up. Also see ANR Safety Note#82, http://danrec.ucdavis.edu/ehs/safety_notes/82_hantavirus.pdf.
2. Work should be scheduled, if possible, to not interfere with operations or program or create additional hazards.
3. There should be a file of all mechanical equipment that includes date and source of purchase, operating information, specifications for ordering parts and getting service and any warranties.
4. Persons responsible for an area may be maintenance staff person, volunteer, group of participants or other staff member.
5. How often periodic maintenance checks need to be done may depend on usage and age or condition of facility or equipment.
6. A procedure should be established for reporting any hazard to a designated person.
7. Persons using tools should be trained and experienced in their use. Manufacturers' instructions should be maintained on the site.
8. Tools should be in good repair and have proper safety devices installed.
9. Cal-OSHA has reporting requirements when an employee gets hurt and rules for certain hazards such as the Confined Space Rule that requires there must be a written safety plan as well as staff training for spaces not designed for human occupation (see ANR Safety Note #39, http://danrec.ucdavis.edu/ehs/safety_notes/39_confined_space.pdf). The Lock-out/Tag-out Rule on Worksheet 5 Utilities requires procedures to protect employees from accidental injury from any stored energy (see ANR Safety Note #55, http://danrec.ucdavis.edu/ehs/safety_notes/55_lockout_tagout.pdf). There are also rules on the use of chemicals or toxins often found in paint, cleaning supplies, yard equipment or office machines. See ANR Environmental Health & Safety (<http://danrec.ucdavis.edu/ehs/index.html>) or Cal-OSHA (http://www.dir.ca.gov/occupational_safety.html) for OSHA requirements.

Refer to: ACA Standard SF-8, SF-9, SF-10, SF-11, SF-13, SF-16, SF-17, SF-18, SF-19, SF-21, SF-22, PD-4 for more information.

SITE AND FACILITIES WORKSHEET 24: PROPERTY USE AND LIABILITY

Rationale

Use of non-4-H operated/managed property for programs, such as schools, churches, farms. etc., or having other persons or groups participating on 4-H managed/operated property may be cause for certain liabilities.

Plan

| | | | |
|--|---|--|--------------|
| 1. Use of Non-4-H Property | | | |
| Permission was secured by: | | To use property owned by: | |
| In case of emergency, owner can be reached at: | | | |
| Day: | | Night: | |
| Hazards identified by owner are: | | | |
| Areas or equipment on-site but not available for use: | | | |
| Who inspected site: | | Date: | |
| Precautions given participants: | | | |
| 2. 4-H Managed/Operated Property | | | |
| Hazards identified | | Notice given by | How given |
| | | | |
| | | | |
| | | | |
| Site inspected for maintenance problems before use by: | | | |
| Equipment or areas not available for use. | Notice given by | How given | How enforced |
| | | | |
| | | | |
| Do procedures for rentals include request for: | | | |
| | Memorandum of Understanding/Facility Use Permit | Office of Risk Management—Verified by: | |
| | Certificate of insurance | Office of Risk Management—Verified by: | |
| | Evidence of being named as additional insured | Office of Risk Management-Verified by: | |
| If copies of the above are not provided with agreement, what are the follow-up procedures? | | | |

Guidelines

1. There are three classifications of persons on lands not owned by the person on the land. **Invitees** are those who paid to come or come on invitation without a fee. **Trespassers** enter illegally without permission. **Licensees** enter with a limited permission, such as to attend a closing camp ceremony or hunt on the property. Many states have **Recreational User** statutes that encourage landowners to permit the public to use their property for outdoor recreation by limiting their liability for injuries. The landowner owes all four a “duty for notice” of hazardous situations, such as a dangerous hole, vicious dog, rifle range, etc.
2. Licensees become trespassers if they go beyond the limits of their permission, such as when a hunter decides to swim in the pool. Trespassers become licensees when ignored or allowed to remain on the property and more protective duty may be required.
3. A property owner who leases or permits persons to use property retains liability for injury related to the premise. It is, therefore, important to maintain the property in good condition, make it clear what can or cannot be used, and identify hazards.
4. Proper maintenance includes replacing light bulbs that may cause hazards in the dark, as well as replacing broken boards, protruding nails or broken equipment.
5. Be sure persons using 4-H-owned and/or operated property can reach someone in case of emergency before arrival and during stay. Office staff may not be available after hours.
6. Agreements for use of 4-H managed/operated property should include a hold-harmless clause indicating they will indemnify or hold the University of California harmless against claims and legal expenses arising from the use of the property.
7. A certificate of insurance showing that a renting group carries liability insurance to cover activities should back agreements for use of 4-H managed/operated property. Request to be named as an additional insured under the group policy and be sure the group insurance is primary.

Refer to: Office of Risk Management website at: <http://danr.ucop.edu/riskmanagement/> and ACA Standard OM-4, OM-11, OM-20, OM-21 for more information.

SITE AND FACILITIES WORKSHEET 25: SAFE WATER SUPPLY

Rationale

Because many diseases are transmitted through water, a safe, ample supply of water is imperative for cooking, drinking, bathing and swimming. The drinking water supply at a seasonally or year-round operated private or public campground must be permitted and regulated by either the State of California Department of Health Services (or appropriate state agency outside California) or a county health agency. As a state-permitted drinking water supply, the water will be sampled and tested regularly at a state-certified laboratory to verify that it meets standards and is fit for human consumption. Never drink untreated water from a stream, spring, lake or reservoir. In addition to water quality, temperature can be a concern as young children may not be able to regulate hot water by hand.

Plan

| |
|--|
| 1. Water supply |
| Is the drinking water supply permitted? |
| What department or agency is responsible for maintaining water quality and safety? |
| Are test results available for your review? |
| Are swimming pools licensed? |
| Who is responsible for responding to unsatisfactory reports? |
| What local resources are available to help with providing safe water? |
| 2. Water temperature |
| System to prevent scalding: |
| Person responsible for testing: |

Guidelines

1. Contact you local or state health department for information on safe water for drinking and swimming.
2. If you are using a water source that is not part of a community water supply, or is not otherwise permitted by DHS or the county health agency, contact ANR Environmental Health and Safety at (530) 752-6024 for assistance in determining the safety of the drinking water supply.
3. A system to regulate water temperature, other than adjusting by hand at the tap, is important to prevent scalding when used by children. Systems include thermostatically controlled temperature valves, mixing valves or water heater thermostats. Recommended safe water temperature is usually not higher than 110°F.

Refer to: ACA Standard SF-5, SF-20, SF-27, SF-29, PA-11 for more information.

SITE AND FACILITIES WORKSHEET

26: NOTIFICATION OF OPERATION

Rationale

Fire and law enforcement officials should have detailed information on program operation so they can be best equipped to help in an emergency.

Plan

| A notification of site operation or program event was made to the following local emergency officials | |
|---|------|
| | Date |
| Law Enforcement | |
| Fire Services | |
| Civil Defense or Homeland Security | |
| Forest Service/National Park | |

Guidelines

1. If at all possible, have both the fire and law enforcement officials visit the site. At that time, a letter can be presented to them. If that is not possible, a letter should be delivered in person on a visit to their office or mailed 6-8 weeks prior to the program opening. See Worksheet 2:: *Emergency Phone Numbers*.
2. Even when a program is covered by municipal emergency services, annual contact helps to establish a relationship and provide updated information for emergency services.

Refer to: ACA Standard SF-3 for more information.

SITE AND FACILITIES WORKSHEET 27: FIRE PREVENTION AND SAFETY

Rationale

It is important to have a fire prevention safety check done on a regular basis and have systems in place that will reduce the possibility of a fire.

Plan

| | | | |
|--|-------------------------------------|-------------------------|------------------------------------|
| 1. Routine safety check | | | |
| Inspection of: | How often is the safety check done? | By whom? | |
| Firefighting equipment | | | |
| Electrical cords | | | |
| Circuits | | | |
| Shut-off devices | | | |
| Storage of combustibles | | | |
| Alarm systems | | | |
| Fire doors | | | |
| Exits | | | |
| Emergency lighting | | | |
| Appliances | | | |
| Fireplaces and chimneys | | | |
| Open fire areas | | | |
| Cooking areas | | | |
| 2. Where are records of safety checks kept? | | | |
| 3. Flammable materials are labeled and stored appropriately | | | |
| Flammable materials | Location | Who has access to them? | Who has been trained in their use? |
| Gas | | | |
| Liquid flammables | | | |
| Explosives | | | |
| 4. All sleeping quarters in buildings have one emergency exit in addition to the main door and all sleeping floors have a direct emergency exit to the outside. | | | |
| Types of Sleeping Quarters | | Emergency Exit | |
| | | | |
| | | | |
| | | | |
| | | | |
| 5. Where are floor plans for multi-room buildings kept? | | | |
| 6. Smoke detectors and other detection devices are in all permanent sleeping quarters and other enclosed buildings used by participants or staff | | | |
| Inspected by: | | How often? | |

Guidelines

1. Enclosed buildings and buildings used for sleeping should have smoke detectors. A fire safety check by a qualified person takes place on a regular basis and at least completed with change in participants and/or staff. Battery-operated smoke detectors are checked to see if batteries are functioning and have not been removed. A qualified person completes an annual check of fireplaces and chimneys.
2. An electrical check should be made annually.
3. Records of safety checks are kept in a safe, fireproof place and not in the building being checked.
4. Flammables should be stored in safe containers that are covered and labeled. Be sure persons who have access to flammables are trained in their proper use.
5. See ANR Safety Notes #50 (http://danrrec.ucdavis.edu/ehs/safety_notes/50_fire_extinguisher.pdf) and #72 (http://dannrrec.ucdavis.edu/ehs/safety_notes/72_basic_fire_prevention.pdf), and #88 (http://danrrec.ucdavis.edu/ehs/safety_notes/88_fire.pdf).

Refer to: ACA Standard SF-1, SF-2, SF-4, SF-7, SF-8, SF-13, OM-4 for more information.

SITE AND FACILITIES WORKSHEET 28: SERVING PERSONS WITH DISABILITIES

Rationale

The Americans with Disabilities Act is a national mandate for the elimination of discrimination against persons with disabilities. The University of California’s 4-H Youth Development Program is where inclusiveness is a fundamental goal for all operations and services. The titles of most importance to youth services are Title I - Employment and Title III - Public Accommodations.

Plan

| | | | |
|---|----------------|---------------------------|-----------------------|
| 1. Self-evaluation guidelines (see appendix) for Title I completed by: | | | |
| Required action has been determined and is assigned to be completed by: | | Under the supervision of: | |
| 2. Self-evaluation guidelines (see appendix) for Title III completed by: | | | |
| Completed by: | | And reviewed by: | |
| Required action has been determined and is assigned to be completed by: | | Under the supervision of: | |
| 3. Quick-look Barriers Checklist (see appendix) completed by: | | | |
| A list of action has been compiled by: | | | |
| Action required | Cost of action | Dates for completion | Person(s) responsible |
| | | | |
| | | | |
| | | | |
| 4. Other plans to make UC/4-H operations and services more inclusive to persons with disabilities include: | | | |
| 5. Programs/activities/services that would <u>fundamentally alter the nature of the program</u> or those where adaptation for certain disabilities would not be <u>readily achievable</u> include: | | | |

Guidelines

1. The general rule on employment (July 26, 1992, employers with 25 or more employees and July 26, 1994, with 15 or more) is to not discriminate in regard to job applications procedures, the hiring, advancement or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment.
2. **Essential functions of the job** are determined by the employer and are the key components or skills that must be performed. Applications may not ask if the applicant has a disability but can ask if there are any reasons the applicant would have difficulty in performing any of the essential functions of the job. Be sure that essential functions include any physical requirements such as lifting, required mobility, communications skills, driving, etc.
3. **Reasonable Accommodations** means making facilities used by employees readily accessible to and usable by individuals with disabilities and/or job restructuring, part-time or modified work schedules, acquisition or modification of equipment or devices, training materials or policies, the provision of qualified readers or interpreters and other similar accommodations.

4. **Undue hardship** means an action requiring significant difficulty or expense, when considered in light of several factors such as the nature and cost of the accommodation, the overall financial resources, the type of operation etc.
5. Programs must also be accessible. The intent of the law is that persons with disabilities have the opportunity to participate in activities with their non-disabled peers. All buildings, vehicles and program activities do not need to be accessible. Benefits of participation should be the same and not separate. For example, housing those with disabilities in a separate area or having a special session and requiring persons with disabilities to only participate in that session is unacceptable.
6. Persons with disabilities need the opportunity to participate in integrated programs when such participation does not **fundamentally alter the nature of the program** being provided and when accommodations are **reasonable and readily achievable**.
7. **Readily achievable** means easily accomplishable and able to be carried out without much difficulty or expense. Factors used to determine this will include the nature and cost of the action needed the overall financial resources of the facility and the type of operation.
8. Applications for participants may ask about disabilities. It is important to convey that this information is to help determine appropriate supervision, support and accommodations for the participant.
9. See Appendix for Self-Evaluation and Quick-Look Barriers Checklist.

Refer to: 4-H Section 500 for assistance with assessing reasonable accommodations, the County Office to confer with Office of Affirmative Action, and ACA Standard SF-12, HW-14 for more information.

SITE AND FACILITIES WORKSHEET 29: FOOD-BORNE ILLNESS

Rationale

Salmonella is a form of food poisoning that is caused by the ingestion of food or water contaminated with salmonella bacteria. An outbreak can involve the local health department or other authorities, and if it affects a number of people, the incident will probably receive media coverage. It is important to select food purveyors who have a good record of providing “safe” food.

Plan

| | |
|--|----------|
| 1. Person in charge of food service: | |
| Experience or training required: | |
| 2. Who selects food purveyors? | |
| Title: | |
| 3. Who is responsible for checking references or records for safety in providing food? | |
| 4. Persons/positions who will be handling food: | |
| 5. Food Handling Procedures | |
| Procedures to assure good personal hygiene for persons handling food include: | |
| Procedures for cleaning and sanitizing work surfaces and equipment include: | |
| Procedures for sanitizing dishes and food service utensils include: | |
| Procedures for safe thawing of meats and poultry include: | |
| Procedures for refrigerating foods and/or keeping food out of the “danger zone,” which is between 40 degrees and 120 degrees, include: | |
| Procedures for cooking and holding temperatures above the “danger zone,” or above 140 degrees, include: | |
| Procedures for safe cooling include: | |
| Procedures for safe reheating include: | |
| Food preparation and storage areas are protected from rodents and vermin by: | |
| 6. Local health department or authority | |
| Contact Name: | Phone #: |
| 7. Procedures to handle this type of medical emergency with doctor: | |
| Special instructions: | |
| <i>(See Crisis Worksheet 2 for names and numbers)</i> | |
| 8. Person(s) to notify health insurance carrier: | |
| <i>(See Crisis Worksheet 3 for names and numbers)</i> | |

Guidelines

1. Salmonella-B is one of the most common bacterial infections and can be acquired from contaminated or inadequately processed foods, especially meat, eggs, poultry and milk.
2. Salmonella usually results in gastroenteritis with symptoms of diarrhea, abdominal cramps, vomiting and fever occurring six to 72 hours after ingestion of contaminated food. The very young and the very old are particularly vulnerable.
3. Persons handling food include not only food service personnel, but also other staff and even participants that may be serving snacks, cooking out, having a sack lunch or picnicking. In some cases, maintenance staff lift, stack or move heavy food service equipment or crates and packages. Persons purchasing food supplies need to know basic information about contamination.
4. Food service workers can be carriers of bacteria and other dangerous microorganisms. Smoking can cause ashes to fall into the food and handling a cigarette may carry microorganisms from the workers mouth to the fingers and then into the food. Without hair covering, bacteria as well as hair fall from the scalp into the food.
5. Human hands are a primary means of contaminating foods. Encouraging everyone to wash their hands especially when leaving the bathroom, eating and handling food will help prevent the spread of dangerous bacteria and other microorganisms.
6. Cleaning and sanitizing work areas, surfaces and equipment immediately after use prevents contamination. Harmful bacteria can lodge in the corners of work areas and equipment and be transferred to the next product that is prepared in the area.
7. Water temperature for washing dishes and utensils should be at least 180°F for rinsing or an approved chemical sanitizer should be used.
8. The “danger zone” is 40 degrees to 120 degrees °F, the range of temperature in which dangerous bacteria multiply rapidly and increases the possibility of food-borne illness. Safe food preparation is the result of both careful planning and good operating procedures. Forecasting the number of portions, using standard recipes, and preparing the right amount will help eliminate leftovers and last-minute substitutions.
9. Thawing meats and poultry in a refrigerator prevents the product temperature from reaching the danger zone. Thawing on the counter is dangerous because the temperature of the outside parts rises faster than the core. If it must be thawed rapidly place the product in a water-tight plastic bag and place in a sink with constant running water.
10. There are harmful bacteria and microorganisms everywhere in the kitchen and in the food itself. Most harmful bacteria cannot survive temperatures above 140 degrees °F for very long. The food must be heated and maintained above 140 degrees °F or the growth will resume.
11. Cross-contamination requires both the presence of a dangerous level of bacteria on one food product and the means of transporting it to another food product. The harmful organisms can be carried by utensils, equipment, cutting boards or surfaces and human hands. Carefully clean and sanitize work

surfaces and equipment, wash hands between steps, use proper storage techniques and separate work areas help to prevent cross-contamination.

12. Improper cooling has been shown to be the primary cause of food poisoning. The quicker the product cools or is reheated, the less opportunity bacteria will have to multiply. When food is left out for long periods before refrigerating or when refrigerated in large, deep containers, cooling occurs slowly (i.e. a large 8-pound roast may take more than five (5) hours to fall from 135 degrees to 70 degrees °F and up to 17 hours to dip to 45 degrees°F). Food will cool more rapidly in a shallow pan than in a stockpot, and slices and smaller portions will cool quicker.
13. Reheating foods to an internal temperature of 165 degrees is important in preventing the spread of food-borne illness. Reheating foods up to the serving temperature of 110-125 degrees °F will only bring the food into the danger zone where harmful bacteria can resume their growth. Use a chef's thermometer to check the internal temperature before serving.
14. If several people are showing symptoms of food poisoning, arrange for medical assistance and cultures to be taken. Contact the local health department to take a survey of food service areas, drinking water and water used for swimming. Follow the procedures of the health authorities and try to isolate what caused the problem.
15. If moving those who are ill is not recommended by the health authorities, set up an area with beds, toilets and sinks to provide care. Watch for signs of dehydration and monitor the overall medical status. Provide a liquid such as Gatorade, as well as extra linens, soap, toothbrushes, thermometers and medications recommended by a physician.
16. Be prepared to institute plans for dealing with the media and notifying the insurance carrier and parents, and responding to parent inquiries. *See Crisis Management Worksheets #1, #2, and #9.*
17. Most of the information in this worksheet came from a training package with a video, posters and trainers' manual produced by the U.S. Department of Agriculture, Food Safety and Inspection Service. The package title is "Food Service Is No Mystery". The USDA has a Meat and Poultry Hotline at 1-800-535-4555. Also see UC-ANR publication "Make it Safe – Serve it Safe" at [http://danr.ucop.edu/riskmanagement/Brochure%20\(Aug%202001\).pdf](http://danr.ucop.edu/riskmanagement/Brochure%20(Aug%202001).pdf).

Refer to: 4-H Section 814 and ACA Standard SF-22, SF-23, SF-24, SF-26, SF-27, SF-28, SF-29, SF-30, SF-31, SF-32, HW-15, HW-16, OM-13 for more information.

SITE AND FACILITIES WORKSHEET

30: STORAGE AND HANDLING OF HAZARDOUS, FLAMMABLE OR POISONOUS MATERIALS

Rationale

Hazardous, flammable, poisonous and explosive materials may be mistaken for other substances, especially when not labeled and stored where usage can be supervised and/or controlled. OSHA’s 1989 Hazardous Communication standard requires a written plan and training on safe use and storage.

Plan

| 1. Storage and handling of hazardous, flammable liquids or explosive materials for maintenance | | | | | |
|---|------------------|----------|----|---------------|----------------|
| Liquid or Material | Storage Location | Used for | By | Amount Stored | PPE/ Use Rules |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. Storage and handling of hazardous or flammable liquids for program | | | | | |
| Liquid or Material | Storage Location | Used for | By | Amount Stored | PPE/ Use Rules |
| | | | | | |
| | | | | | |
| | | | | | |
| 3. Storage and handling of hazardous or poisonous materials for maintenance, cleaning and/or kitchen use | | | | | |
| Liquid or Material | Storage Location | Used for | By | Amount Stored | PPE/ Use Rules |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Storage and handling of hazardous or poisonous materials for program | | | | | |
| Liquid or Material | Storage Location | Used for | By | Amount Stored | PPE/ Use Rules |
| | | | | | |
| | | | | | |
| | | | | | |
| 5. Policies regarding training or verification of experience in the use of the above substances include: | | | | | |
| Policies and/or procedures have been reviewed by: | | | | | |
| Qualifications: | | | | | |
| 6. Manufacturers’ Data Sheets are kept: | | | | | |

Guidelines

1. Flammable liquids and/or explosive materials include gasoline, kerosene, paint thinner, alcohol-based substances etc. that may be used for maintenance or in program activities.
2. Poisons include bleach, cleaning agents, insecticides, and weed killers, some craft supplies and other substances labeled poisonous and may be used in program areas, kitchens, maintenance areas or health facilities.
3. Policies and/or procedures should include where the materials can be safely stored, who can handle what substances, their appropriate use, any personal protective equipment (PPE) or other handling requirements, and the training or supervision required. Local officials may have recommendations on the above.
4. Cal- OSHA's Hazardous Communication Program requires that a written plan be in place that includes an inventory of all hazardous materials, availability of Manufacturers' Data Sheets (MSDS which are available from the vendor when purchased) and that persons using the materials have had training on how to read the MSDS sheet and use of the materials. An exception to the above would be hazardous material in a household container with a Consumer Product Safety Commission Warning on the label. The cost of a violation may exceed \$70,000. MSDS sheets should be kept where they are accessible to persons using hazardous materials or to emergency responders. See ANR Safety Note#48, http://danrec.ucdavis.edu/ehs/safety_notes/48_hazard_communication.pdf.

Refer to: 4-H Section 604, Office of Risk Management, and ACA Standard SF-2, SF-32, OM-4 for more information.

SITE AND FACILITIES WORKSHEET

31: INSURANCE SAFETY AUDIT FOR 4-H MANAGED/OPERATED SITES

Rationale

Usually insurance companies will do a safety audit of a 4-H managed/operated site every 2-5 years, but an annual audit may be requested. This is a preventive program that can alert the camp staff and/or UCCE and 4-H officials to potential dangers. The safety-conscious, non-camping or program-related auditor brings a different perspective to the site.

Plan

| Insurance safety conducted by (company): | | | |
|---|--|----------------|------------------------------|
| Person who conducted audit: | | | |
| Date of last audit: | | | |
| How often audit is conducted: | | | |
| Next audit scheduled: | | | |
| Recommendations Made | Actions Taken or Insurance Policy Changes Made | Date Completed | Rationale for Non-Compliance |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Guidelines

1. Be sure to respond to the safety audit report with specific actions taken, time lines or rationale for non-compliance.
2. Contact your agent to review previous reports and to schedule the next safety audit.

Refer to: 4-H Section 604 and ACA Standard SF-9, OM-4, OM-6 for more information.

Guidelines

1. The following are suggested resources:
 - a. Local Government
 - Health Department
 - Building Department
 - Fire Department
 - Law Enforcement
 - b. State Government
 - Health Department
 - Transportation Department
 - Social Services Department
 - c. Federal Government
 - National Park Service
 - U. S. Forest Service
 - BLM
 - CDC
 - d. American Camp Association section or national office
 - e. National Camp Fire USA office
 - f. Other local agencies working with youth
 - g. County UCCE Office

2. The following are some of the areas of laws/regulations that might apply to the operation:
 - a. Building codes
 - b. Food service
 - c. Fire safety
 - d. Child abuse/neglect
 - e. Program activities, e.g. waterfront, horseback riding, shooting sports
 - f. Health regulations
 - g. Security
 - h. Environmental protection
 - i. Employment regulations
 - j. Accessibility
 - k. Staff qualifications
 - l. Staff training
 - m. Fund raising

Refer to: ACA Standard OM-2, HW-3 for more information.

SITE AND FACILITIES WORKSHEET

33: INTERSTATE AND INTERNATIONAL LAWS

Rationale

4-H camp planners need to be aware of local, state and/or international laws when operating a program that is across the state or national border from the council’s legal address. Laws may vary from state to state and country to country. Staff or participants from other states or countries may need to have special permission or papers while in the program.

Plan

| |
|--|
| 1. Programs your camp offers that occur in another state or country: |
| 2. Laws, ordinances, codes and regulations pertaining to above programs can be obtained at: |
| 3. Programs that have staff or participants from other states or countries: |
| 4. Laws and regulations pertaining to international visitors: |

Note: The following are areas have been considered:

- Parental permission
- Legal age of majority in state
- Licensed medical personnel practicing interstate
- Insurance coverage
- Serious injury or illness that might require medical service to continue after program is over
- Transportation and/or supervision of staff or participants if required to return home at other than arranged times
- Applicability of insurance

RISK DOCUMENTATION WORKSHEET

34: WAIVERS, PERMISSIONS AND AGREEMENTS FOR PARTICIPATION

Rationale

Requiring the participant and his or her parent/guardian to sign forms for participation in an activity helps the participant and/or parent be aware of and assume some of the responsibility inherent in the activity. Such forms do not transfer from the county/state 4-H YDP to the participant responsibility for defective equipment or construction, poor instruction or supervision, or dangerous conditions. In drop-in activity centers where children come and go, the responsibility for health and safety, except in emergencies, is the responsibility of the parent or other responsible adult.

Plan

| |
|--|
| 1. What inherent risks are participants assuming in a signed agreement? |
| 2. What permissions have or have not been provided for in the agreement? |
| 3. What has the agency agreed to assume responsibility for? |
| 4. What else has the participant and/or his or her parents agreed to assume responsibility for? |
| 5. Where are agreement forms kept? |
| 6. Who has access to forms? |

Guidelines

1. Exculpatory clauses are waivers and releases that are contracts that endeavor to not hold one liable for injury caused by negligence. As a contract, they must meet the criteria for a contract that includes being of majority age. Generally, a parent cannot contract away the rights of a minor, since a minor can disallow such contract upon reaching the age of majority. Waivers, however, are valid when properly written for persons of majority age and parents can waive their own rights. Often a waiver is suggested for minors, believing it will deter people from proceeding with damage claims—but not so in today's society.
2. Permissions may include photo releases, use of material written by participants, permission for medical treatment, permission to release campers to persons other than legal parent or guardian, etc.
3. It is recommended that an agreement to participate be used. It will show that the employee, the family, and/or participant received notice of the risks involved. It is important to thoroughly explain the activity, supervision, expectations of participants, and for what the agency will and will not be responsible. When a participant agrees to assume some responsibility for risk, he or she must

“understand and appreciate” the risk and the reason for his/her actions or non-actions. This means a child and the parents must not only know the rules, but also why or what happens if the participant breaks the rules. It also should include participant responsibilities, such as being responsible for his/her conduct, agreeing to obey rules, taking responsibility for belongings, not willfully harming another person or person’s property, etc.

4. Agreements to participate should be signed by both the participant and his or her parents or legal guardian.
5. The agreement should include who is going to be responsible for any unusual or additional transportation, medical expenses, damages that may occur, etc.
6. Permission to participate should be signed by parents or legal guardian if participant is a minor.
7. Policies such as refund policies may or may not be included in the agreement. Printing something in a flyer and noting in the agreement that the participant has read the flyer may be just as effective.
8. A sample of a participant agreement is in the appendix. The council may want to seek legal advice in creating such forms. Agreement forms may be included as a part of a registration form.

Refer to: All participants in 4-H activities must sign the Waiver of Liability form before participating in activities. Form is found at: <http://ca4h.org/4hresource/handbook/index.asp>, see Waiver of Liability, from Risk Management Office 2001, and ACA Standard PD-8 for more information. See 4-H Policy Sections 606.2 and 606.3.

RISK DOCUMENTATION WORKSHEET 35: PROGRAM RECORDS RETENTION

Rationale

A good record-keeping system may protect you if a legal problem occurs, help you analyze incidents, plan and create a sense of accountability for actions taken.

Plan

| 1. The statute of limitations in your state is: | | |
|---|--|----------------------|
| 2. Records that should be dated with the year and kept until the youngest participant is 18 or 21 (circle one), and include: | | |
| Y/N? | Type of Records | Where and how stored |
| | Participant registration including permission to participate and to give emergency medical care and photo releases | |
| | Health histories and physical exams | |
| | Medical logs | |
| | Incident reports and related medical records | |
| | Staff list with positions | |
| | Staff training records and content | |
| | Staff applications, qualifications, certifications, criminal record checks, interview notes and references (or policies showing staffing procedures) | |
| | Brochure and marketing tools | |
| 3. Yearly program administration records that should be kept permanently include: | | |
| Y/N? | Type of Record | Where and how stored |
| | Accreditation records | |
| | Incident reports of child abuse (at home or in the program—especially if criminal charges were made) | |
| | Organizational standards or policies | |
| | Insurance records | |
| | Risk management plan | |

Guidelines

1. Any record can be subpoenaed so the decision about what records to keep or not keep is important. Decisions should be consistent from year to year but evaluated carefully. Statutes of limitations vary from state to state. Even if a parent has not sued, the child, upon reaching 21, has until the statute of limitations runs out to sue on his/her own behalf.
2. Some records should be considered for permanent retention or until superseded by a newer version. See appendix for those suggested for permanent retention.
3. Many accounting and fiscal records should be kept 3 to 5 years and are disposed of at the discretion of the administrator. Employment and payroll records retention must be kept according to the requirements of the Fair Labor Standards Act (FLSA), usually 2 or 3 years. See *Worksheet 62: Health Screening and Records* and suggested records retention timetable on other administrative records.
4. Records that may be related to an accusation of child abuse may have no statute of limitations. The burden of proof lies with the person making the charges but keeping the records may show the program administrators were providing an expected level of care.

Refer to: 4-H Section 305.2 and ACA Standard HW-19, HW-20, HR-4, OM-5 for more information.

RISK DOCUMENTATION WORKSHEET

36: COPYRIGHTS AND ROYALTIES FOR THIS PROGRAM

Rationale

It is important to copyright or protect the materials that have been developed with agency resources for exclusive use of the 4-H YDP and its chartered councils. Materials copyrighted by the council or 4-H YDP are protected and a significant degree of similarity must exist to establish infringement. Copyrights and royalties in the program section have to do with permissions and violations. Information on 4-H YDP registered copyrights are in the organization section. **4-H is a non-profit organization that is prohibited by law to engage in profit-making activities.**

Plan

| |
|--|
| 1. Who is responsible for obtaining permission from UCCE 4-H YDP to use name, service mark and insignias on council developed merchandise for this program? |
| 2. Who is responsible for obtaining permission to reproduce any copyrighted material that is not explicitly identified for this program or council use? |
| 3. What is the procedure to request use of materials that are copyrighted by another person or organization? |
| Where are records of permission to use copyrighted materials kept? |
| Who is responsible for records? |
| 4. Procedures for use of original works of music, art, and film requiring royalties to be paid or permission secured to waive royalty fees include: |

Guidelines

1. The 4-H Name and Emblem is a highly valued mark within our country's history. As such, it was granted a very unique and special status; it is in a category similar to the Presidential Seal and the Olympic Emblem. This federal protection makes it a mark into and of itself with protection that supersedes the limited authorities of both a trademark and a copyright. As a result, responsibility and stewardship for the 4-H Name and Emblem were not given to the U.S. Patent Office, but was given to a higher level of the federal government, a member of the Cabinet, and the Secretary of Agriculture. The Secretary has responsibility for the 4-H Name and Emblem, at the direct request of Congress. The "18 USC 707" is the statement in the United States Code that outlines the protection of the 4-H Name and Emblem.
2. Copyright is the right of the owner to control the reproduction and use of their works from unauthorized competitors. This includes creative expression in the form of photography, audio-visual, literary, graphic, and musical works in a tangible form. One cannot copyright an idea, procedure,

system, concept, principle, etc. A trademark is a distinctive mark, symbol, word or words used to distinguish the goods of a specific manufacturer and thus differentiate them from similar goods.

3. The owner of a copyright is entitled to seek injunction restraining infringement, damages and profits, impoundment of the infringing article, and destruction of infringing copies and plates. The copyright law also provides for the recovery of full costs and attorney fees by successful parties.
4. If a camp develops programs, awards and materials in response to local needs, they should be consistent with the purpose, policies and standards of the California 4-H YDP and not be substitutes for or in competition with national items.
5. A royalty is a set amount that is paid the owner for either exclusive or nonexclusive rights by authorizing the manufacture, use or sale of the product. Royalties are often paid for the use of music or songs, films, name or logo, etc.
6. Performing or presenting music art or films in situations where fees, registrations or admission is collected may be subject to royalty payments. For example, performance or recorded use of copyrighted music - even with your lyrics - is subject to royalty. This includes adding music to the background of a slide show or videotape. Movies rented for home use cannot be shown in situations where a registration fee has been collected. Companies exist that rent movies for showing to groups that include the payment of royalties as a part of the rental fee.

Refer to: Volunteers and staff members should defer to the Director of the California State 4-H Program who is the designee by the Vice President of ANR to authorize use of the 4-H Name and Emblem in this state. 4-H is a non-profit organization that is prohibited by law to engage in profit-making activities. See also, Section 700 for financial policies and Appendix A of the 4-H Policy Handbook for guidelines on using the 4-H Name and Emblem.

Guidelines

1. Contracts are a method of protection against loss by transferring the financial risk to another party or to transfer or assume certain liabilities to your organization. It is important to know the amount of liability being assumed under the contract.
2. Waivers and releases or exculpatory clauses not to hold one liable in case of injury caused by negligence is covered on *Worksheet 34: Waivers, Permissions, and Agreements for Participation*.
3. Contracts may include indemnification clauses or “hold harmless” clauses to transfer the financial consequences of a loss or the responsibility for damages to another party through a contract. These are most often done through insurance and are agreements between businesses, not individuals, as in a waiver or release.
4. Contracts for program services should include such things as who is responsible for providing and maintaining equipment, safety rules, participation requirements, emergency care and/or other items included as the standard of care for this activity.
5. The terms of the contracts should be specified in writing and reviewed by both parties to be sure all aspects and considerations of the agreement are clearly understood. Be sure the indemnification clause includes not only compensatory damages but also both punitive damages and defense costs.
6. Considerations are how one party benefits from the agreement and that benefit is a detriment to the other.
7. Contracts for products include purchase order agreements with vendors, both written and verbal.
8. If you are transferring the risk to another party, be sure they have adequate insurance to handle the risk. Ask for and review a “certificate of insurance” to ensure limits are sufficient. When appropriate, UCCE should be named as an additional insured.
9. It is important to understand the difference between an independent contractor and an employee. See Appendix for guidelines on classification and use of independent contractors.

Refer to: 4-H Section 700 and ACA Standard OM-4, OM-11, OM-21, PD-5, PC-16, PH-13 for more information.

RISK DOCUMENTATION WORKSHEET 38: OPERATIONAL FINANCIAL RISKS

Rationale

To effectively manage and safeguard the organization’s financial resources, it is important to assess and reduce the risk of financial loss by identifying the financial controls needed and determining if the controls merit the expense involved in implementing the control mechanisms. These risks pertain to this program and should be consistent with UC, ANR and 4-H YDP policies and procedures.

Plan

| |
|---|
| 1. Who is responsible for oversight of the financial operations of this program? |
| 2. Petty Cash |
| What is the policy regarding amount of petty cash kept on hand? |
| Maximum amount an individual may request? |
| Who is responsible for maintaining petty cash? |
| Who is responsible for reconciling petty cash? |
| Who has access to petty cash? |
| How is it secured? |
| What is required for reimbursement from petty cash? |
| Who authorizes payments? |
| How is petty cash replenished? |
| 3. Cash Receipts |
| How are checks received by mail handled? |
| How often are deposits made? |
| By whom? |
| How are checks and cash given to individuals (staff, volunteers, etc.) handled? |
| Who has access to checks and cash? |
| How are they secured at the office? |
| How are they secured outside of the office? |
| What is the policy regarding acceptance of checks made out to others? |
| 4. Cash Disbursements |
| What is the policy for cash disbursements? |
| How are unused checks secured? |
| If a facsimile signature is used, how is the stamp or plate secured? |
| How are payments authorized? |
| What is the council refund policy? |
| Who has the authority to purchase or commit agency funds? |
| Who may enter into a contract on the council’s behalf? |
| When are purchase orders issued? |

| |
|--|
| When is bidding required? |
| 5. Reimbursement |
| When are travel expenses reimbursable? |
| What is the mileage rate? |
| What is the policy on hotel allowances and airfare? |
| 6. Reconciliation and Analysis |
| Are bank statements being reconciled monthly? |
| Who is responsible? |
| Who is responsible for analyzing payroll and benefit accrual? |
| Who is responsible for reviewing receivables? |
| What is the policy for any write-offs of accounts receivable? |
| Who is responsible for generating a monthly list of any outstanding unpaid invoices? |
| 7. Who is responsible for inventory of equipment and supplies... |
| In program? |
| Who has access? |
| How is it secured? |
| In the program office? |
| Who has access? |
| How is it secured? |
| In food service? |
| Who has access? |
| How is it secured? |
| In merchandise for sale? |
| Who has access? |
| How is it secured? |
| 8. Tax Liability |
| Is sales tax being collected on goods sold? |
| Who is responsible for collecting and remitting sales tax? |

Guidelines

1. Oversight for the program includes preparation and monitoring the annual budget, cash flow projections and monitoring actual cash flow, etc.
2. There should be a petty cash policy that includes: a) the amount of petty cash available; b) the maximum amount any one person may request at one time; c) how it is maintained; d) who has access to it; e) what kinds of receipts or documentation is required; and f) who is authorized to sign for reimbursements.
3. Checks received by mail should be restrictively endorsed as soon as they are received and deposited in a timely manner. A policy on how cash is to be handled and by whom should be included, as well as a system of utilizing numbered receipts for any cash received. Copies should be reconciled with cash received.

4. Provisions for securing petty cash, cash receipts and checks in the office when handling product sale money or other cash received outside the office (program fees, special events, camp stores, etc.). Provisions should include who has access to the money.
5. The policy for cash disbursements should include use of pre-numbered checks, a system to secure and account for unused checks, the number and names or position of those who are authorized to sign checks. It should also include use of purchase orders, receiving documents required for payment, and who may authorize payment. Check signers should not sign their own checks. All disbursements should be reviewed by one person to assure that duplicate payments are not being made. Paid invoices should be canceled after payment.
6. There should be a policy that includes who has the authority to commit agency funds, purchase, and enter into contract on behalf of the council. Procedures for purchase orders and any limits on authority should also be included.
7. The reimbursement policy should include what expenses are reimbursable and at what rates.
8. It is important to understand the tax liability applicable to the operation. Is tax being collected and remitted upon selling of supplies? The state may allow exemptions on goods purchased but not on goods sold. The council should determine responsibility for remitting payroll tax forms, filing 990's, paying into unemployment funds, and making provisions for any contingencies that might encumber the future operation of the council.

Refer to: 4-H Section 704 and ACA Standard OM-2, OM-4 for more information.

RISK MANAGEMENT WORKSHEET

39: RISK REDUCTION ANALYSES

Rationale

There should be a system to identify, consider and evaluate risk reduction steps at least annually.

Plan

| |
|---|
| 1. What are the categories of accidents, incidents and/or injuries that are required to be reported? |
| 2. Who is required to complete reports and how soon should they be submitted? |
| 3. Who is to receive reports? |
| 4. When are reports categorized and analyzed and by whom? |
| 5. Who is responsible for analyzing medical logs and how often are they reviewed? |
| 6. What is the system for notification of any changes that result from analysis? |

Guidelines

1. Categories might be done in a variety of ways depending on the program or operation. They could include any injury requiring the filing of insurance or workman's compensation claim form, injuries by type, activity, age, staff in charge, size of claim, type of behavior, etc.
2. Persons who are required to complete incident/accident report forms should be trained in their use.
3. Persons receiving reports should follow the procedures for notification of appropriate people and responsibility if any, for addressing media inquiries (see worksheets on incident reports, agency emergency contacts and emergency media plan). The process should also be evaluated as incidents are analyzed.
4. Incidents should be analyzed on a regular basis (not only right after an incident has taken place) to look for trends and any revisions needed in the risk management plan.
5. Changes in either the reporting system or in procedures for handling situations and emergencies should be timely and communicated in writing whenever possible.

Refer to: Office of Risk Management and ACA Standard OM-3, OM-4, OM-5, OM-6 for more information.

RISK DOCUMENTATION WORKSHEET 40: INCIDENT REPORT

Rationale

An incident report form will give you consistent information on incidents that occur. Such information may be needed for follow-up or in case of legal action.

Plan

| |
|--|
| 1. Who is responsible for completing incident reports? |
| 2. What incidents are reported on the incident report form? |
| 3. Where are blank incident report forms kept? |
| 4. Where are completed incident report forms kept? |
| 5. Who is given copies of incident reports? (UCCE county director and camp director at minimum) |
| 6. Who is allowed access to completed incident reports? |
| 7. How soon after the incident must the incident report be completed? |
| 8. What statistical data are gathered from incident reports? |
| 9. Who reports employee deaths or hospitalizations to OSHA? |

Guidelines

1. Incident reports should include any major accident, illness or inappropriate behavior that occurs on-site or during a program event. A sample council incident report form is in the appendix. OSHA requirements for reporting employee incidents are in the appendix. OSHA also requires employers to display a poster that explains protection and obligations of employees.
2. A leader, activity director or counselor may complete sections of the form that relate to their actions. Other sections may be completed by the on-site health supervisor or the program administrator.
3. Incident report forms can be subpoenaed for legal evidence, so information should relate only to the facts, not what should or could have been done, or any statement placing blame on any party.
4. Information and statistical data on incident report forms should be regularly analyzed to make an effort to reduce the risk of future incidents.

Refer to: 4-H Section 812 and ACA Standard OM-5, OM-15 for more information.

PROGRAM ADMINISTRATION WORKSHEET 41: EMERGENCY DRILLS

Rationale

Repeated emergency drills familiarize participants and staff with emergency procedures and help to prevent panic.

Plan

| | | |
|--|----------------|--|
| 1. What types of emergency drills are needed? | | |
| | Warning system | Assembly locations(s) and/or Action required |
| Fire | | |
| Tornado | | |
| Flood | | |
| Evacuation | | |
| Intruder | | |
| Earthquake | | |
| Missing Person | | |
| Other | | |
| 2. How often are emergency drills conducted with participants and staff? | | |
| 3. Who initiates an emergency drill? | | |
| 4. Who is responsible for the list of all participants and staff? | | |
| 5. How are staff and participants provided information on drill procedures? | | |
| 6. How fast can participants and staff complete drill? | | |

Guidelines

1. Drill procedures may be posted in strategic places and be distributed to:
 - a) staff
 - b) council office
 - c) local law enforcement officials
 - d) fire officials
 - e) civil defense office
 - f) school, church or rented property owner
2. The type of drills will depend on the type of emergencies possible in the area. Drills may include fire, flood, tornado, intruder, evacuation of building and/or site, specific activity emergency, etc.
3. Drills for emergencies common to the area should be conducted with each new group within 24 hours of arrival on site. Some drills, such as intruder and missing persons, may only need to be conducted with staff.
4. Drills should include an accounting of every person on the site.
5. Drills should periodically be conducted in cooperation with local authorities. Try to increase efficiency and time on each drill.
6. Transfer and/or check procedures with emergency sheets in Chapter Three.
7. Fire drills should include use of stairways instead of elevators as exits from above-ground-level floors. Drills should also include use of alternative exits in case primary exits are blocked.

Refer to: ACA Standard SF-3, OM-3, OM-9, OM-10 for more information.

PROGRAM ADMINISTRATION WORKSHEET

42: PARTICIPANT INFORMATION, REGISTRATION, CHECK-IN AND CHECK-OUT

Rationale

The program administrator or site manager assumes the responsibility for the health and welfare of the child when a minor participates in a program without being accompanied by a parent or designated guardian. The administrator is responsible for seeing that this information is secured to protect the privacy of the participant and to see that the participant is returned to the parent(s) who have legal custody or to the parent's designee.

Plan

| | | |
|--|--|--------------|
| 1. Procedures for registration includes securing and maintaining the following information on each participant: | | |
| | Name | |
| | Age | |
| | Home address and telephone | |
| | Whom to contact in case of emergency | |
| | Relationship | Telephone |
| | Who is authorized to pick up participant? | |
| | Relationship | Telephone |
| | Is there anyone that is not authorized to pick up participant? | Relationship |
| 2. Where is this information kept? | | |
| 3. Who has access to the information? | | |
| 4. What written information is provided to parents regarding pick-up and drop-off times, and what are the safety procedures parents should know about pick –up and drop-off points? | | |
| 5. Who is responsible for care of participants before pick-up and after drop-off? | | |
| 6. What are the procedures regarding assuming responsibility for a participant during check-in? | | |
| 7. What are the procedures regarding relinquishing responsibility for a participant during check-out? | | |
| 8. What are the procedures for verifying absentees or “no shows?” | | |
| 9. What are the procedures if someone wishes to check a child out early? | | |
| 10. When and how are parents notified if someone who is not authorized requests to take a child from your custody? | | |
| 11. When is the law enforcement office called if an unauthorized person requests to take a child from your custody? | | |
| By whom? | | |
| 12. What are the procedures for handling situations when the child has not been picked up at the end | | |

| |
|--|
| of a program? |
| Who is responsible for implementation? |
| 13. What are the procedures for notification of parents of changes in pick-up or drop-off times or locations? |

Guidelines

1. Every participant should have a completed registration or information form on file at the site. The form includes information on the name of the parent responsible adult and a telephone number where he/she can be reached during the program hours and an emergency contact. Registration information should also have a place for parents to indicate who will be authorized (or not authorized) to pick up the participant at the program site.
2. To protect the privacy of the participant procedures should be established for where this information is stored and who has access to it. See information on Worksheet 62: *Health Screening and Records* regarding HIPPA the Privacy Rule for health information.
3. Since many transportation plans are not complete at the time of registration, information on the registration card should be verified at check-in.
4. During check-out, the person supervising participants should know who is to pick up each participant and what to do if someone comes who is not an authorized person.
5. The child's ability to identify a person picking him/her up is not authorization. Many children may willingly go with a relative or neighbor who says their mother said to pick them up or with a divorced parent who does not have custody.
6. A system to actually sign over the child to the person picking the child up is the best assurance that the child has been turned over to the parent or another person authorized by the parent. File the names and relationships of persons who are authorized to pick up a child. Also note any persons, e.g. non-custodial parents, who are not authorized to pick up the child.
7. Check-out is also an opportunity to tell the parent how much the participant enjoyed the experience, how well the participant did, and to begin the recruiting process for another year or program.
8. When parents understand the rationale for such procedures, they are likely to cooperate and appreciate the concern and responsibility shown for the children in your care.
9. Procedures for notification of parents in case of emergency, delays or weather conditions that may call for a change in travel times or locations should be communicated prior to the program experience.

Additional Guidelines for Drop-in Activity Centers

10. When a child fills out an information card, a welcome note is sent home with them for the parent/responsible adult. The note should include some information about the program, expectation that children Sign In and Sign Out, and a statement that 4-H cannot be responsible for injury and will not treat injury or illness. The issue of responsibility is a liability concern. In a drop-in program, children come and go and it is assumed that the parent/responsible adult is still responsible for their health and safety.

Refer to: 4-H Sections 609 and 809 and ACA Standard TR-5, TR-6, OM-19 for more information.

PROGRAM ADMINISTRATION WORKSHEET 43: CAMP USE OF PRIVATE VEHICLES AND DRIVER AUTHORIZATION AND RESPONSIBILITY

Rationale

Camp-owned, leased and/or privately owned vehicles used for any UCCE/4-H YDP business must meet the applicable requirements and be driven by someone with a current driver’s license and a good driving record.

Plan

| | | | | | | | |
|---|------------------|-------------------------|-------------------------------|------------------------------|--|------------------------------------|----------------------|
| 1. What vehicles are owned or rented/leased for this program? | | | | | | | |
| Vehicle(s) | License # | OK for personal use? | | | | | |
| | | Yes | No | | | | |
| | | | | | | | |
| 2. What is the state law regarding driver’s license classifications? | | | | | | | |
| | | | | | | | |
| 3. Authorized drivers of council-owned, rented or leased vehicles | | | | | | | |
| Driver(s) | Driver License # | Type | Drivers have had training in: | | | | |
| | | | Backing up and refueling | Loading unloading passengers | Breakdowns, illness and/or accident procedures | Safe operation of specific vehicle | Vehicle safety check |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. Who is responsible for maintenance of council-owned, rental or leased vehicles? | | | | | | | |
| 5. Are business-use drivers required to complete a driver information form? | | | | | | | |
| Who is responsible for obtaining forms? | | | | | | | |
| Where are they kept? | | | | | | | |
| 6. Location where copies of authorization and proof of insurance are kept: | | | | | | | |
| 7. What assurance is there that vehicles are in safe operating condition? | | | | | | | |
| 8. Use of privately owned vehicles requires authorization and proof of insurance coverage for: | | | | | | | |
| | Liability | Minimum coverage limit: | | | | | |
| | Bodily injury | Minimum coverage limit: | | | | | |
| | Property damage | Minimum coverage limit: | | | | | |

Guidelines

1. Determine who will use council-owned/rented or leased vehicles, how they may be used and who will be responsible for maintenance. Be sure there is insurance coverage for all uses and drivers.
2. Drivers should have procedures for quarterly inspection of vehicles or within three months prior to use. Vehicles should not be used if repairs affecting the safe operation of the vehicle have not been made. See vehicle inspection in the appendix.
3. Drivers should understand that any traffic violation citation received is the responsibility of the driver.
4. It is helpful to require a vehicle safety inspection and record of regular maintenance and insurance coverage for any vehicle (including commercial vehicles) being used for emergencies or in the implementation of the program.
5. Staff should understand that using their own private cars for transporting participants and/or staff do so at their own risk, if not requested to transport persons as a part of their job.

Refer to: 4-H Sections 605.2, 605.3 and ACA Standard HW-1, HW-13, TR-1, TR-4, TR-7, TR-11, TR-13, TR-15, TR-17, TR-18 for more information.

PROGRAM ADMINISTRATION WORKSHEET 44: GUESTS ON SITE

Rationale

To avoid confusion and to provide for the safety of the visitor, participants and staff, procedures for guests should be established and clearly understood by all parties.

Plan

| | | |
|--|--|--|
| 1. What procedures are guests on the site required to follow? | | How are they informed of these procedures? |
| For general visitation: | | |
| In case of emergency: | | |
| 2. Are visitors permitted to use equipment or program facilities? | | |
| If yes, under what conditions? | | |

Guidelines

1. The director needs to determine if and when visitors are appropriate on the site. Visitors may include people such as health inspectors, contracted plumbers, telephone repairpersons, media representatives, parents, friends of staff, etc. Parents should always be allowed to visit the program.
2. The director needs to determine in advance a system for knowing when visitors are on the site, who is responsible for the safety of visitors, and what action to take if an emergency occurs.
3. A policy should be adopted and made clear to visitors if, when and under what conditions visitors are permitted to use program equipment and/or facilities.

Refer to: ACA Standard OM-7 for more information.

PROGRAM ADMINISTRATION WORKSHEET 45: PARENT NOTIFICATION OF CHANGES

Rationale

When parents entrust an organization with their children, they not only expect the child to be in a safe environment, but they expect to be notified if there is a problem, injury or a change in the communicated plans.

Plan

| Parents are notified if: | By whom? |
|---|----------|
| 1. There is a change in the program location | |
| 2. There is a change in the pick-up or drop-off time | |
| 3. An emergency related to the inappropriate conduct of other participants, such as: | |
| 4. An emergency related to a natural or man-made disaster | |
| 5. An emergency related to the inappropriate conduct of staff or volunteers, such as: | |
| 6. An emergency related to an injury or illness, such as: | |
| 7. Other | |

Guidelines

1. Permission slips should be worded to cover most situations and/or activities that will occur during the program. Parents should be notified if there are changes in these plans, the location of pick-up or drop-off times.
2. Emergency phone numbers should be on file to assist in notification of parents in case of emergency. If it is a widespread natural or man-made disaster, notification may be difficult or delayed.

Refer to: ACA Standard TR-5, TR-6, OM-9, OM-10, OM-14, OM-17, OM-19, HW-17, HR-14, PD-10 for more information.

PROGRAM ADMINISTRATION WORKSHEET 46: DROP-IN PROGRAMS

Rationale

Some programs are designed to provide activities on a drop-in basis, such as a drop-in activity center or day camp. These are often in neighborhoods where children are left at home alone or where parents do not have the resources to pay for childcare. It is very important that it is clear when the organization assumes responsibility and supervision of the child.

Plan

| | |
|--|---|
| 1. Guidelines for ages being served include: | |
| | |
| Procedures for dealing with youth arriving at the program that do <u>not</u> meet those guidelines are: | |
| | |
| 2. Information on each child includes: | |
| | Full name of child |
| | Name of parent/responsible adult |
| | Home address |
| | Telephone number |
| | Any special information the program leaders should know |
| | If possible, the signature of a parent |
| 3. A welcome note is sent home with request for the above information and includes the following: | |
| | Information about the program |
| | The sign in/out procedure |
| | The staff |
| | The responsibility for injury/illness |
| 4. Brochures, flyers, signs and other recruitment or informational literature that include a brief statement on the.... | |
| | Program |
| | Sign-in/out requirements |
| | Responsibility for injury/illness |
| 5. Procedures in case of injury or illness: | |
| | |

Guidelines

1. The issue of responsibility is a liability concern. In a drop-in program, children come and go and it is unclear who has the responsibility for their health and safety.
2. Establish clear enrollment guidelines about the ages being served and have a plan for dealing with the children that arrive but are not eligible to attend. Often youth that enroll in drop-in programs are not only home alone but may have responsibilities for younger siblings. Some older youth may be good aides and role models for younger children.
3. Each child attending should fill out an information card the first time they attend. The card should contain the name of the parent/responsible adult, a telephone number where they can be reached during the program hours and, if possible, the signature of the parent/responsible adult.
4. When a child fills out an information card, a welcome note should be sent home with them for the parent/responsible adult. The note should include some information about the program, expectations that the child sign in and out and a statement that the organization or managers of the program are not responsible for treating injuries or dealing with an illness.
5. In the event of injury or illness, the parent/responsible adult should be called and should be expected to deal with the problem. Helping the child to clean a scrape or providing him/her with a band-aid is acceptable, but staff should not transport a child to seek treatment or emergency care. If immediate care is needed and the parent/responsible adult cannot be located, the community emergency services system should be used (usually 911). Any injury or illness should be documented and an incident report completed.

Refer to: ACA Standard HW-5 for more information.

PROGRAM ADMINISTRATION WORKSHEET

47: SHOOTING SPORTS EQUIPMENT, SHARP-EDGED IMPLEMENTS AND WEAPONS

Rationale

Shooting sports equipment used in program activities, and personal shooting sports equipment brought on site by staff, must be made known to the administrator and stored under lock where they are not accessible to participants or unauthorized staff. Policies and clear consequences about participants and staff bringing shooting sports equipment to the program site must be made known and enforced. All adults and youth need to be aware of the policy about weapons being brought to 4-H camp programs or use of any device as a weapon during the camp program.

Plan

| |
|---|
| 1. Type/number/amount of shooting sports equipment on site. |
| Type(s): |
| Where and how is it stored and locked? |
| Where is ammunition stored? |
| Who has access to the key(s)? |
| What is the procedure for security? |
| 2. What is the policy about shooting sports equipment owned by staff and stored in... |
| Private residences? |
| Vehicles? |
| 3. What is the policy about sharp-edged implements items used for the program? |
| Who has access? |
| 4. What is the policy for shooting sports equipment, sharp-edged implements and weapons brought on the program site by participants and staff? |
| 5. What is the procedure for search and seizure? |

Guidelines

1. Definitions:

Shooting sports equipment as outlined in the guidelines below will include:

- archery equipment
- BB guns
- air guns (pellet guns)
- firearms (cartridge guns of all types)
- muzzle loaders (black powder guns of all types)

Sharp-edged implements as outlined in the guidelines below will include:

- knives
- tomahawks
- hatchets or axes
- any other sharp-edged implement

Weapons are devices designed and/or used to intimidate, inflict injury or death. They are not appropriate or authorized at any 4-H YDP activities or events.

2. Shooting sports activities require specialized knowledge and/or skills and should have a plan regarding qualifications of the leader, operating procedures, controlled access, specialized care of equipment, range set-up, and safety signals and commands. (See Worksheet 57 for programs requiring specialized training and leadership.)
3. Shooting sports equipment must be under lock and stored separate from ammunition with controlled access.
4. Private residences of staff living on the program site should not be accessible to participants or other staff. Vehicles with gun racks or staff cars with shooting sports equipment should be locked at all times.
5. Staff and participants should sign a statement as a part of their registration form acknowledging and agreeing to abide by the program rules or policies including those about shooting sports equipment, sharp-edged implements and weapons on site. Samples of discipline and dismissal policies are in the appendix.
6. For additional information, see California 4-H YDP Shooting Sports Program at <http://ca4h.org/projresource/shootingsports/index.asp>.

Refer to: 4-H Section 400, specifically 415 and ACA Standard OM-1, PD-12, PD-13, PD-14, PD-15, PD-16, PD-17, PD-18, PD-19, PD-20, PD-24 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET 48: SCREENING OF STAFF AND VOLUNTEERS

Rationale

The screening process for paid staff and volunteers is probably one of the most important jobs of an administrator. It not only affects the quality of the program and the benefits of the program to a child, but also helps control losses resulting from their actions.

Plan

| | |
|--|--|
| 1. The documentation to support the screening process includes: | |
| | Job descriptions for each position shared with the applicant |
| | Application forms completed for each applicant |
| | A personal interview with each applicant |
| | Verification of previous work (including volunteer) history and/or references |
| | Criminal records checks where required or appropriate |
| | Driving record for anyone regularly transporting children |
| | Documentation of skills required for the job |
| | Confirmation of volunteer status |
| 2. The interview process includes: | |
| | A face-to-face or phone interview |
| | A set of consistent questions that will help determine suitability of staff to work with children and those specific to the job |
| | Explanation of the program, job expectations, working environment, philosophy and/or goals for youth development that pertain to the job |
| 3. The procedure for background or reference checks includes: | |
| | |

Guidelines

1. There should be job descriptions for each position that include the essential functions of the job (see Worksheet 28 and ADA requirements), any special knowledge or skills required, the level of responsibility required, the line of accountability and supervision. Each position has a different set of issues to consider but special considerations should be given for those working directly with children. The application includes a signed release for a background check.
2. Each new applicant for a paid or volunteer position should complete a personnel application form. Applications or personnel files should be updated as one part of the evaluation process.
3. A personal interview should be conducted with each applicant (either face-to-face or by phone).
4. Verification includes checking work history for “gaps” and to see if applicant has been employed as he/she claimed.
5. Reference checks on all prospective staff and volunteers will be conducted and documented prior to assuming job responsibilities. References can be in the form of a letter, completed reference form or

documentation of a personal telephone discussion. Fingerprinting and criminal record checks of adults who work directly with children in programs where such checks are authorized or required by state law are included in the screening process.

6. The driving record should be obtained from those persons who regularly transport children. Work with your insurance agent to obtain records and design a policy on what kinds of violations, such as driving under the influence (D.U.I.), speeding, reckless operation, etc., will prohibit someone from transporting participants in the program.
7. Photographs should be taken of all staff or volunteers working directly with children and attached to their personnel records for identification at a later time if needed.
8. Volunteers need to be officially enrolled in 4-H YDP, complete the orientation program, and have background checked before they can participate as a volunteer.

Refer to: 4-H Sections 310-313, Volunteer Code of Conduct, and ACA Standard HR-1, HR-2, HR-3, HR-4, HR-5, HR-6, HR-10, HR-21, TR17, HW-2 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET

49: PLAN FOR SUPERVISION OF STAFF

Rationale

The responsibility for supervision of volunteer staff, especially those who work directly with children, includes observation of the relationships between individuals, children and the staff member during both planned activity times and the more informal individual or group living times.

Plan

| | |
|---|-----------------------|
| 1. List the positions that supervise staff who work directly with children or where the list can be found: | |
| Supervisors | People they supervise |
| | |
| | |
| | |
| Have staff been provided a chart showing this? | |
| 2. What is the pattern for circulation as it relates to the various positions listed above? | |
| | |
| 3. Where are the guidelines for acceptable and unacceptable staff behaviors that supervisors have been instructed to look for? | |
| | |
| 4. What problems in supervision might occur? | |
| | |
| How have supervisors been instructed to handle these problems? | |
| | |
| 5. What training in supervision and performance review have supervisors received? | |
| | |
| 6. How and when do staff conferences and/or evaluations take place? | |
| | |

Guidelines

1. In most cases, it is difficult for any one person to supervise more than eight staff at a time.
2. Training for supervisors might include an understanding of the job expectations and the plan for supervision. Clear guidelines for identifying and addressing both appropriate and inappropriate staff behaviors.
3. The plan should include a pattern for circulation or observation that includes different times of the day, different activities, including free times, time when children might be bathing, changing clothes or be alone with a staff member. Staff and participants should respect each other's privacy but sometimes children may have to undress with others present. The supervision plan should include staff working in pairs.
4. Observation of staff should include how the children are responding to the staff. Are they happy, responsive and comfortable in their relationship? Do the children's actions or words alert the supervisor to possible problems? Children or a child might show a change in behavior around some staff. A child might cry or exhibit unusual shyness, show fear or anger, depression or otherwise exhibit an unusual behavior.
5. Staff conferences and/or evaluations should happen frequently and include both job performance and relationship with children and staff they work with.

Refer to: ACA Standard HR-2, HR-7, HR-8, HR-9, HR-10, HR-11, HR-12, HR-13, HR-14, HR-15, HR-16, HR-17, HR-18, HR-19, HR-20 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET

50: GENERAL PARTICIPANT SUPERVISION PLAN

Rationale

Supervision implies much more than just being “on duty.” There should be a plan for both general and specific supervision. General supervision is supervision by staff of the play and general group living activities of children. Specific supervision is supervision related to a specific activity that may be those specialized activities that need skilled instruction. Specific supervision plans should be covered in specialized activity sheets found in the appendix.

Plan

| | | |
|---|---------|----------------|
| 1. List those positions that have direct responsibility for general participant supervision: | | |
| | | |
| 2. What ratio of staff to participants has been established for general supervision? | | |
| Participant ages | # staff | # participants |
| 5-8 | | |
| 9-14 | | |
| 15-18 | | |
| 3. Provisions made to increase the ratio to serve children with special medical needs, including children that need: | | |
| Participant needs | # staff | # participants |
| constant or individual assistance | | |
| close but not constant assistance | | |
| occasional assistance | | |
| minimal assistance | | |
| 4. A list of program participants and their leaders/counselors is completed by: | | |
| Lists are maintained by: | | |
| Lists are provided to: | | |
| 5. How do supervisors know where leaders and participants are while program is running? | | |
| | | |
| 6. When were program leaders/counselors instructed on how to supervise the participants in their charge? | | |
| What are the resources given to leaders/counselors on supervising participants? | | |
| | | |
| Where can they be found? | | |
| | | |

Guidelines

1. Recommended ratios may be different for some programs or times of the day depending on the nature of the program, the special needs of children, the accessibility of supervisors or availability of additional staff on the program site. A minimum of two adults should be with each group unless they are within sight or sound of another group with an adult.

| Participant Age | Day Camp | Resident Camp |
|-----------------|----------|---------------|
| 5-8 | 1:8 | 1:6 |
| 9-11 | 1:10 | 1:8 |
| 12-14 | 1:10 | 1:8 |
| 15-18 | 1:12 | 1:10 |

Recommended ratios for children with special needs are:

- Constant and individualized assistance - 1 to 1
 - Close but not constant - 1 to 2
 - Occasional assistance - 1 to 4
 - Minimal assistance - 1 to 5
2. The instructions on how to supervise should include location of supervisor, a pattern for circulation among participants and back-up supervision.
 3. Training might include identification of things to look or listen for. Children might act or say things that would alert staff to possible problems. For example, a child might tell another child: "I'm going to get you!" "You dummy, you stubbed your toe on that root again!" "Suzy has bruises on her back." A child might cry, show anger, depression or otherwise exhibit an unusual behavior. Additional training opportunities should be made available during the time of employment after having some experience with children.
 4. Staff should have written procedures for how-to behavior management and be instructed on how to control a group of children. Examples include giving clear instructions and asking questions to determine understanding, establishing limits, speaking in understandable tones and acting immediately. Injuries that occur from spontaneous acts are usually not negligence. However, failure to stop undue rowdiness that may cause injury may be negligence.
 5. Participant supervisors are expected to know emergency and first aid procedures that might be needed for the activities they are supervising.

Refer to: 4-H Section 403 and ACA Standard HR-1, HR-2, HR-9, HR-11, HR-16, HR-17, HR-18, HR-19, HR-20, HW-1, HW-9 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET

51: CONDUCT OF PARTICIPANTS AND STAFF

Rationale

The appropriate conduct and behavior expectations of participants and paid or volunteer staff are important and should be clearly communicated in order to provide a safe, comfortable environment for all.

Plan

| | |
|--|--|
| 1. To provide a comfortable level of privacy for both adults and children, procedures for group living in areas such as those for sleeping and dressing, showers and baffling, include: | |
| 2. To provide a safe, secure environment, both participants and staff discuss and/or receive information/training in: | |
| 3. Staff also receives training in: | What resource was used or distributed? |
| Physical, social, emotional, and intellectual age characteristics | |
| Prevention and intervention techniques for inappropriate behaviors | |
| Appropriate discipline methods | |
| The consequence of inappropriate behavior of participants or staff | |

Guidelines

1. The consequence for intentional injuries referred to as “willful and wanton conduct,” false imprisonment, or assault and battery should include immediate dismissal from program and the situation referred to local law enforcement or child protection agency. See Worksheet 54 on preventing child abuse.
2. Privacy is important to the dignity of participants and staff, and methods to provide privacy may be especially important to children and staff that have not had group living experiences. To reduce the risk of accusations and for the protection of both staff and participants, it is better to avoid one-to-one contact that is out of the sight of others.
3. Staff working directly with youth may have different values and/or approaches to dealing with the behavior of youth. Establishing policies and training staff in consistent methods of positive behavior management and appropriate methods of discipline is a critical part of establishing a positive relationship.
4. Staff should receive training in appropriate and inappropriate behavior between participants, between participants and staff, and between staff in the presence of participants.
5. Training for staff includes both discussion and written information about dealing with inappropriate physical and sexual behavior and the identification of signs of abuse.
6. To support positive and supportive relationships, staff does not discipline children by use of physical punishment or isolation, or by failing to provide food, clothing, shelter and attention. They do not verbally or emotionally abuse or punish children. Staff is taught appropriate techniques of showing affection, approval and support.
7. “Willful and wanton conduct” is considered an intentional injury and is often associated with conduct that is recklessly disregarding of the interests or safety of others. Assault and battery while most often used together has different meanings. Assault is the threat to use force and battery is the actual use of force. False imprisonment includes confinement or restraint of a person against their will.

Refer to: 4-H Code of Conduct and ACA Standard OM-12, HR-7, HR-11, HR-12, HR-13, HR-15, HR-16, HR-17, HR-18, HR-19, HR-20 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET 52: DEALING WITH COMPLAINTS

Rationale

Health, safety and satisfaction of participants and staff are of the utmost importance. Sometimes one encounters a person who complains or displays anger and causes one to become defensive. People receiving complaints often cut the complaint short or argue back. Having a process to deal with complaints helps the listener hear the entire concern being expressed.

Plan

| | |
|---|-----------------|
| 1. Staff positions that may deal with complaints from parents regarding... | |
| | Staff positions |
| Registration/fees | |
| Program/activities | |
| Program administrator | |
| Program leader(s) | |
| Products/product sale | |
| Child abuse | |
| Supervision | |
| Facilities | |
| Transportation | |
| 2. Staff positions that may deal with complaints from vendors: | |
| 3. Staff positions that may deal with complaints from funders: | |
| 4. Staff positions that may deal with complaints from collaborations: | |
| 5. Staff positions that may deal with complaints from youth: | |
| 6. Staff training for handling complaints includes using a report form and: | |
| 7. Type of complaints that require person taking complaint to inform their supervisor: | |
| 8. Complaints and suggestions logged and reviewed by: | |
| | Staff positions |
| Personnel | |
| Program | |
| Product sales | |
| Registration/fees | |

Guidelines

1. People are more often interested in bringing suit when something irritates them. If they believe the program has qualified leadership, medical insurance and is the well-run, safe program announced in the flyer or brochure, they are less likely to challenge that record.
2. Identify the appropriate staff person to handle various types of complaints and the back-up person or supervisor. Train other staff who will receive calls with techniques to calmly refer the complaint to the designated staff person.
3. Training should include how to:
 - Ask the right questions
 - Listen effectively
 - Use positive non-verbal communications
 - Identify the problem, not just the symptoms
 - Establish comfort, rapport and trust
 - Disagree without becoming argumentative
 - Understand another's point of view
 - Remain firm when no change is possible
 - Stay calm when the complainer is being abusive
 - Defuse explosive situations and confront anger
 - Convey respect and maintain a positive attitude

A sample form for handling complaints is in the appendix.

4. Log and periodically review complaints. Some may need to be a part of personnel files; some provide input to decisions about program, staff structures, registration processes or fees.

Refer to: 4-H Section 313 and ACA Standard OM-3, OM-5 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET

53: STAFF TRAINING

Rationale

Staff selection, training and supervision are key components to providing a quality, safe experience for youth. Responsibility for appropriate training at all levels rests with the UCCE and/or 4-H YDP staff and designated volunteers. Responsibility for content, implementation and documentation is usually delegated to camp administration.

Plan

| | |
|---|---|
| 1. The Volunteer Management Organization/County Council, and/or Camp Board has approved a budget for staff training based on need for basic and ongoing staff development that includes: | |
| | Training for administrators |
| | Training for supervisors |
| | Training for specialists |
| | Training for direct leadership |
| | Training for support staff |
| 2. Training topics for all staff | |
| | Purpose, goal and outcomes for participant development |
| | General characteristics of program organization and activities offered and if applicable, program procedures |
| | Nature of participant groups served |
| | Recognition, prevention and reporting of child abuse (child to child or adult to child) during or outside the program |
| | Safety regulations and emergency procedures |
| | Behavior management and camper supervision techniques for providing a physical and emotional safe environment |
| | General practices for effectively relating to participants and relationships |
| | General procedures for operation |
| 3. Training records | |
| Completed by: | Title: |
| Labeled and stored in: | |
| Records include: | |
| | Outline and objectives |
| | Roster of training participants |
| | Dates of training |
| | Number of hours and participant attendance |
| | Instructor(s) |
| | Any statements of verification of training |

Guidelines

1. Certification and/or documentation of training specific to each activity requiring specialized knowledge and/or skills are covered on Worksheet 56. In addition to specialized skills, volunteer and paid staff in the above categories should receive training for their category.
2. All staff (members and volunteers) should receive training in safety regulations and emergency procedures including:
 - How to identify hazards and enforce safety regulations
 - Reporting incidents and accidents
 - Dealing with intruders
 - Search and rescue procedures
 - Supervision when intermingled with the public
 - Emergency communication plan and procedures
 - Transportation procedures
3. General practices for participant/staff relationships including:
 - Supervision plan
 - Effectively relating to participants
 - Behavior management policies
 - Appropriate and inappropriate staff/participant and staff/staff behaviors
 - Supervision techniques
4. General procedures including:
 - Maintenance routines and reporting problems
 - Monitoring equipment
 - First aid and health care procedures
 - Handling flammable or poisonous materials
 - Handling and use of power tools (program, kitchen, maintenance)
 - Food preparation and storage procedures
5. Training rosters are verification that training did take place and the specific training topics were covered. See sample of record form and signed form for consent and verification of training in Universal Precautions against blood-borne pathogens in the appendix.

Refer to: ACA Standard HR-11, HR-12, HR-13, HR-14, HR-15, HR-16, HR-17, HR-18, HR-19, HR-20, SF-26, TR-9 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET 54: PREVENTING CHILD ABUSE

Rationale

The prevention of child abuse is of great concern to organizations, families and society in general. A comprehensive plan includes the staff selection process, education of staff, volunteers and youth, reporting procedures, and establishing other obstacles to abuse.

Plan

| | |
|--|---|
| 1. Staff training includes: | |
| | Information on the four types of abuse—neglect, emotional, sexual and physical signs of childhood stress and signs of abuse |
| | Information on child abuse procedures, including groups being supervised by two adults or being within sound or sight of a second adult |
| | Clear expectations of staff behavior with children |
| | Procedures to protect adults from unfounded allegations of abuse |
| | Dealing with disclosure of abuse and reporting requirements |
| 2. When and how do participants receive information/training on how to avoid abuse and what to do in case of threatened or actual abuse? | |
| 3. What is the procedure for reporting suspicion of or a disclosure of abuse... | |
| Involving someone outside the program? | |
| By an adult within the program? | |
| By another youth in the program? | |
| 4. Who should it be reported to on the staff? | |
| 5. What are the reporting requirements in the state? | |
| Agency: | |
| Phone: | |
| 6. Staff sign a statement indicating: | |
| | they received and read appropriate policies/procedures and received training |
| | they read and agreed to a code of conduct and understand reporting procedures |
| 7. Other procedures to reduce the risk or opportunity for abuse in facility design or in situations when an adult needs to be alone with a child: | |
| | |

Guidelines

1. See Worksheet 48 on screening paid and volunteer staff for selection process.
2. Staff training should be an ongoing, interactive process and include information and opportunities for role play and discussion on items listed above.
3. To establish obstacles to abuse, UCCE/4-H YDP county procedures/policies include such topics as always having two adults on any program site; designing programs for groups and avoid any one-to-one activities; encouraging open, comfortable, informal discussion and not encouraging “secrets;” providing facilities and group living activities with a respect for privacy but not sound proof, etc.
4. Staff members have procedures for reporting and documenting abuse within a program and external to the program. Disclosure procedures should be consistent with state and local community standards and reports should be addressed in an expedient and confidential manner.
5. Facilities designs should be reviewed to prevent opportunities for children to be in rooms or areas where they could not be seen or heard by others. For example, single bathroom doors should have vents installed. Procedures should be established for an other adult to be present or notification given to person in charge when a single child has cause to be alone in a room with an adult. For example, if a nurse needs to examine a child in private, another adult should be outside the door or notification made to of the situation made known to person in charge.
6. 4-H Policy Handbook Section 815 should be reviewed with all adult and youth staff – it includes information on child abuse and suggestions for preventing, detecting and reporting abuse.

Refer to: 4-H Section 815 and ACA Standard HR-15, HR-16, HR-17 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET 55: SEXUAL HARASSMENT

Rationale

All employees/volunteers should have a right to work in an environment free of sexual harassment including unwelcome sexual advances, requests for sexual favors or verbal or physical conduct of a sexual nature which interferes with work performance or creates an intimidating, hostile or offensive work environment.

Plan

| |
|--|
| 1. The policy that prohibits sexual harassment is: |
| How are staff/volunteers informed of the policy? |
| 2. The consequences of such harassment results in: |
| Who is responsible for deciding on the consequences? |
| 3. The complaint procedures are: |
| Who is responsible for investigating the complaint? |
| Where are complaints of sexual harassment retained? |
| 4. Who is responsible for determining and taking appropriate corrective action? |

Guidelines

1. Policies should be consistent with UCCE personnel policies on sexual harassment see UC APM 035 for more information at <http://www.ucop.edu/acadadv/acadpers/apm/apm-035.pdf>.
2. The policy should include the employee's right to work in an environment free from sexual harassment and that the organization will not tolerate sexual harassment of its employees or volunteers in any form.
3. The policy should also forbid a supervisor from threatening an employee with suggestions that submission to or rejection of sexual advances will in any way influence any personnel decision regarding employment, evaluation, wages, advancement, assigned duties, shifts or any other condition of employment.
4. Sexual harassment includes such actions as repeated offensive sexual flirtation, advances, propositions, continual or repeated abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words to describe an individual and the display in the workplace of sexually suggestive objects or pictures.
5. The procedures for making/dealing with a complaint should include the serious nature of such a charge, and that such a charge will be treated with the strictest confidence and should be reported, not shared with co-workers. Procedures should include the following steps:
 - a) The employee/volunteer should express displeasure clearly to the harasser.
 - b) The employee/volunteer should report the situation to his or her supervisor unless the supervisor is the harasser, in which case the report should be made to their supervisor or member of the administrative staff.
 - c) A designated director, or in the case of the executive director, a member of the personnel committee will investigate the complaint. The employee should not suffer retaliation for filing a complaint. The records should not be entered into the employee's file but be retained in a separate confidential file.
 - d) Where the investigation confirms the allegations, appropriate corrective action will be taken. (See 4-H Section 516.2 for sexual harassment complaint resolution procedure.)

Refer to: 4-H Section 516 and ACA Standard HR-6, HR-8 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET

56: EMPLOYMENT PRACTICES

Rationale

As an employer, you are responsible for keeping informed on state and federal laws and the reporting and record-keeping requirements. In some states, summer camps may be exempt from federal minimum wage requirements if they are considered seasonal. Policies and procedures in this area should be consistent with UCCE/4-H and applicable county personnel policies.

Plan

| 1. List positions | | |
|--|-------------------------------|-----------------------|
| Title | Exempt | Non-Exempt |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 2. Summer camp or religious or nonprofit educational conference center is seasonal if: | | |
| a. The months in operation are less than seven, or | | |
| b. The average receipts for any six months of previous year do not exceed one-third of the average receipts for the other six months of the year. | | |
| | What is the income per month? | Check lowest 6 months |
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |
| July | | |
| August | | |
| September | | |
| October | | |
| November | | |
| December | | |
| Formula | Answer | |
| A. Total income for lowest 6 months | | |
| B. Divide "A" above by 6 | | |
| C. Total of greatest 6 months of income | | |
| D. Divide "C" above by 6 | | |
| E. Divide "D" above by 3 | | |
| F. Is "B" above less than "E"? | | |
| 3. The operation must also be open to the general public and not just agency membership. Do you allow anyone of appropriate age and qualifications to register? | | |
| | Exempt employees | Non-exempt employees |

| | | |
|---|--|--|
| Timesheets are required for: | | |
| Timesheets are kept by: | | |
| 4. Person responsible for keeping OSHA records: | | |
| Displays the poster of protections and obligations; maintains the log, summary and record of each reportable occupational injury and/or illness for OSHA – kept at worksite location: | | |
| 5. Procedures for handling concerns/complaints about wages, benefits, hours and working conditions are: | | |

Guidelines

1. The major Federal employment laws currently affecting long-term care employees (see chart in the appendix) includes:
 - Title VII of Civil Rights Act of 1964
 - Age Discrimination in Employment Act (ADEA)
 - Section 1981 of Civil Rights Act of 1866
 - Civil Rights Act of 1991
 - National Labor Relations Act
 - Fair Labor Standards Act
 - Occupational Safety and Health Act (OSHA)
 - Americans with Disabilities Act (ADA)
 - Family and Medical Leave Act of 1993
 - Veterans Protection/Preference Laws
2. The Fair Labor Standards Act addresses wage and hour requirements for minimum wages and overtime for “exempt” and “non-exempt” employees. Employment records relating to wages, hours (work time schedules), sex, occupation, condition of employment, etc. are required to be kept for two years. General employee information is required to be kept three years.
3. There is no statute of limitation on fraud. There may be severe financial ramifications that may arise out of classifying a person wrong. This includes exempt and non-exempt and as either an employee or a person under contract to do a job.
4. In most cases, a caretaker or site manager is considered a “non-exempt” employee and qualifies for minimum wage and overtime. The employee may receive a salary based on the hours expected to work per week. Overtime must be documented and paid for any hours over 40 in a week. Since in most situations the time needed in the summer is greater, it may be more economical to hire a seasonal assistant to handle the longer hours. Or the council may choose to pay the individual a flat rate per work week. Even though the work days and hours may vary per week during the year, the employer must meet the minimum wage and overtime requirements for hours in a week. Housing and food benefits may not be considered a part of the salary, and overtime must be at time and a half of the total hourly salary.

5. Persons being paid an hourly wage cannot also be a “volunteer” doing the same work for additional hours. They may volunteer in a different area.
6. The Fair Labor Standards Act provides exemptions for summer camps or religious or nonprofit educational conference centers if they meet one of the following tests:
 - Does not operate more than seven months during any calendar year, OR
 - The average receipts during any six months of previous year must not exceed one-third of the average receipts for the other six months of the year
 - In addition, must be open to the general public
7. OSHA requires that employers with over 10 full- or part-time employees at any one time in a calendar year must keep injury and illness records on paid staff. They should be kept at the workplace for at least five years after the year to which they relate. (See OSHA Record Keeping Requirements Under OSHA of 1970 and locations for information in the appendix.)
8. In addition to the OSHA requirements, there are also record keeping requirements for the other laws mentioned in #1. (See Federal EEO Record Keeping Requirements in the appendix.) There also may be additional state requirements.
9. The National Labor Relations Act gives employees the right to unionize or the right of collective bargaining for wages, working conditions and benefits. Although unions are not common in 501(c) 3 organizations, this law also includes an employer’s retaliation against two or more employees complaining about wages, hours or working conditions.

Refer to: Review with County Director and ACA Standard OM-2, HR-3, HR-8, HR-21 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET

57: ACTIVITIES REQUIRING STAFF WITH SPECIALIZED TRAINING OR CERTIFICATION

Rationale

Predetermined knowledge of activities and rules related to them will lessen confusion and insure the safety of all participants.

Plan

| Activities requiring specialized training or certification | | | |
|---|------------|---|---------|
| Check activities offered | List risks | Completed specialized activity sheet (see appendix) | By whom |
| <input type="checkbox"/> Archery | | | |
| <input type="checkbox"/> Riflery | | | |
| <input type="checkbox"/> Overnights | | | |
| <input type="checkbox"/> All-day hikes | | | |
| <input type="checkbox"/> Adventure/Challenge | | | |
| <input type="checkbox"/> Gymnastics | | | |
| <input type="checkbox"/> Motorized Vehicle | | | |
| <input type="checkbox"/> Bicycling | | | |
| <input type="checkbox"/> Swimming | | | |
| <input type="checkbox"/> Boating | | | |
| <input type="checkbox"/> Waterskiing | | | |
| <input type="checkbox"/> Canoeing | | | |
| <input type="checkbox"/> Sailing | | | |
| <input type="checkbox"/> Horseback Riding | | | |
| <input type="checkbox"/> Outdoor Living Skills | | | |
| <input type="checkbox"/> Crafts Requiring Heat | | | |
| <input type="checkbox"/> Sledding | | | |
| <input type="checkbox"/> Skate boarding | | | |
| <input type="checkbox"/> Other: | | | |

Guidelines

1. Specialized activities may include such activities as listed on form and others such as exploring caves, trip camping, some craft activities, use of tools, etc.
2. Duplicate and complete a participation sheet for each specialized activity. Include a system to inform staff, guests and family members of rules regarding youth participation in supervised or unsupervised activities that are available.
3. Determine prerequisites, equipment checks, orientation and training needs, supervision skills, staff-to-camper participation ratio needed, emergency procedures, diversion activities and if there are any circumstances when a person may participate in a specialized activity alone.
4. Staff and County Councils should be familiar with the activities that are offered and require persons with specialized training or certification.

Refer to: ACA Standard PD-1, PD-8, PD-11 thru PD-24, PA-1 thru PA-35, PC-1 thru PC-16, PH-1 thru PH-13, PT-1 thru PT-20 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET

58: WEATHER AND/OR ENVIRONMENTAL HEALTH EFFECTS ON PROGRAM

Rationale

Changes in weather and environmental conditions could necessitate changes in food service and/or physical activity, in order to prevent an illness or accident from occurring to participants or staff.

Plan

| |
|--|
| 1. What effect does heat or high temperatures have on participants and staff? |
| When temperature goes above: |
| Normal activities are changed by: |
| Menu is changed by: |
| Warning signs or physical conditions to look for in participants/personnel: |
| Action to be taken when such conditions are noted: |
| 2. What effect do low temperatures have? |
| When temperature goes above: |
| Normal activities are changed by: |
| Menu is changed by: |
| Warning signs or physical conditions to look for in participants/personnel: |
| Action to be taken when such conditions are noted: |
| 3. What effect, if any, do these other weather or environmental conditions have on the program? |
| Extreme dampness: |
| Extreme dryness: |
| High pollen index/count: |
| Ozone Alert: |
| Other: |
| 4. Changes in normal activity, menu and physical condition to watch for: |
| |

Guidelines

1. Staff should be trained to identify physical conditions of participants and personnel caused by extreme weather conditions. These might include heat exhaustion, sunstroke, hypothermia, frost bite, dehydration, difficulty in breathing, etc.
2. Staff should receive training in how to alter schedules, activities and foods for varying weather conditions.
3. See ANR Safety Notes#20 (http://danrec.ucdavis.edu/ehs/safety_notes/20_heat_stress.pdf #54 (http://danrec.ucdavis.edu/ehs/safety_notes/34_cold_stress.pdf, #80 (http://danrec.ucdavis.edu/ehs/safety_notes/80_fieldwork_lightning.pdf).

STAFF DEVELOPMENT AND TRAINING WORKSHEET 59: PARTICIPANTS IN OFF-SITE PROGRAMS OR EXCURSIONS

Rationale

To avoid confusion and provide for the safety of participants and staff, procedures for off-site programming should be established and clearly understood by all parties.

Plan

| | |
|---|----------------|
| 1. Itinerary and roster of participants for all off-site trips is provided to: | |
| Name | Position |
| | Program Leader |
| | |
| | |
| When: | |
| 2. Who is responsible for securing permission to use other sites for program use? | |
| 3. What experience and/or training is required of the leader? | |
| 4. What are the eligibility requirements for participation? | |
| 5. What is the staff/participant ratio required? | |
| 6. What safety regulations are participants and staff instructed to abide by? | |
| 7. What safety procedures are required for participants to follow when intermingled with the public? | |
| How are participants confined by these procedures? | |
| 8. What emergency procedures are participants required to follow when visiting another site or facility? | |
| How are participants informed of these procedures? | |
| 9. How is permission obtained for medical services en route or at another site? | |
| 10. How and when is the physical condition of staff and participants ascertained before departure and upon return? | |
| 11. How are parents informed that participants are going to another site? | |

Guidelines

1. An itinerary should include departure and return times and destination routes taken.
2. Safety procedures should include location and responsibilities of staff while at the site, what to do if separated or approached by a stranger, and any transportation or use of public facilities that might need special precautions.
3. Contact should be made in advance with the operator of the other site to establish whose emergency procedures to use and who participants and staff are responsible to.
4. If using contract services, such as contracted horseback riding at a nearby stable, it is suggested that safety procedures be written in the contract

Refer to: 4-H Section 809.1 and ACA Standard TR-7, TR-8, TR-10, HW-13, PD-11 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET 60: STAFF SELECTION AND TRAINING FOR EMERGENCIES

Rationale

It is important to select staff that has demonstrated an ability to handle emergency situations. It is also important to provide training to staff in recognizing and handling emergency situations. Emergency procedures also help staff know what is expected in a crisis and how to deal with a situation in a calm, rational way.

Plan

| |
|--|
| 1. What questions are routinely asked during the interviewing process to attest to staff’s ability to handle or react in case of emergency? |
| 2. What information or certifications are required to verify training to handle emergencies? |
| 3. What training in first aid and emergency procedures is provided to staff? |
| What written first-aid and emergency procedures are supplied to staff? |
| How and when? |
| How and when are first aid and emergency situations reviewed and rehearsed? |
| 4. What physical warning signs are staff members instructed to look for in participants or other staff? |

Guidelines

1. In the interviewing process you might ask such questions as, “Have you ever been in an emergency?” If yes, “How did you react?” “What experience have you had in handling emergencies with children?”
2. Ask for certificates showing courses completed such as water safety instruction, first aid, etc.
3. Staff should receive written procedures on their responsibilities for health care and emergencies.
4. In addition to emergency procedures and first aid training, include observation games in staff training. Such training should help staff readily recognize a potential hazard or emergency situation. Observation games might include identification of missing safety equipment or first aid kits in a program area, signs of hypothermia or a person’s actions that should alert someone to potentially dangerous situations.
5. First aid and emergency procedures should be reviewed and rehearsed periodically as well as before any trip.
6. Warning signs indicating a physical condition that might lead to an emergency include signs of fatigue, depression, anger, excessive heat or cold, etc.

Refer to: ACA Standard HW-12, HW-13 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET 61: HEALTH SUPERVISION

Rationale

A medical service plan reviewed by a licensed physician and the designation of a health supervisor and back-up person will help provide consistent medical services on a site.

Plan

| | | |
|---|----------|--------------------------------------|
| 1. Person(s) in charge of medical services on-site | | What are the qualifications of each? |
| Health supervisor: | | |
| Back-up supervisor: | | |
| 2. Procedures for medical services on-site | | |
| For record keeping and screening (see Worksheet 62) | | |
| Medications | | |
| Sick call | | |
| Sanitary and food service | | |
| First aid and first aid kits (see Worksheet 13) | | |
| Management of infirmary area | | |
| Staff training | | |
| 3. Who is the physician secured to be on call and to provide medical advice? | | |
| Name: | Phone #: | |
| Has the physician provided standing orders? | | |
| Date: | | |
| Has the physician reviewed the medical services plan, including: | | |
| Date of last review: | | |

Guidelines

1. The health supervisor should be a physician, registered nurse, nurse practitioner, EMT or paramedic who is licensed in the state of California or a person who has been certified by the American Red Cross for Standard First Aid, Emergency Response or Medic First Aid and CPR.
2. A medical services plan should be reviewed at least once every three years. It should include: record keeping, screening, general guidelines for routine care such as dispensing of medications, sick call, check of sanitary and food service, first aid, preparation and restocking of first aid kits, implementing standing orders if physician is not on site, management of infirmary or first aid area, securing and handling medications, training of staff on health and first aid procedures.
3. It is helpful to secure one physician to be on call, provide standing orders and medical advice and review medical and emergency procedures.

Refer to: ACA Standard HW-3, HW-4, HW-8, HW-10, HW-11 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET 62: HEALTH SCREENING AND RECORDS

Rationale

It is desirable to have a system to check the health concerns and history of each participant and staff member upon arrival or before participants have been in any extensive contact with each other. The confidentiality of certain medical conditions of both participants and staff is an important right. Knowing who needs what information for the health and safety of the participant should be predetermined.

Plan

| | | | | | |
|--|--|--|----------------------------------|------------------|---------------------------|
| 1. Health screening for staff and participants is conducted... | | | | | |
| Where? | | | | | |
| When? | | | | | |
| By whom? | | | | | |
| 2. What is the name of the physician who has approved the health screening procedures? | | | | | |
| 3. Who is approved to do the health screening? | | | | | |
| 4. What are the approved health screening procedures? | | | | | |
| 5. Health screening includes: | | | | | |
| | Review of health history completed within six months | | Restrictions or concerns | | Allergies |
| | Check of health history for signature of either participant or, if minor, parent or guardian | | Current medication and treatment | | Immunizations and tetanus |
| 6. Observation of evidence of injury, disability, illness or communicable disease, by checking: | | | | | |
| | Temperature | | Throat | | Hair |
| | Eyes | | Teeth | | Hands |
| | Nose | | Skin | | Other |
| | Ears | | Feet | | |
| 7. Evidence of illness and/or communicable disease is referred to: | | | | | |
| | Who? | | When? | Action required: | |
| | | | | | |
| 8. Evidence of possible child abuse is referred to: | | | | | |
| | Who? | | When? | Action required: | |
| | | | | | |
| 9. Who is mandated by law to report possible child abuse? | | | | | |
| 10. Other concerns noted during screening are referred to: | | | | | |
| | Who? | | When? | Action required: | |
| | | | | | |
| 11. Where are participants' health examinations and/or health history forms kept? | | | | | |
| 12. Where are staff health forms kept? | | | | | |

| | |
|---|--|
| 13. In the event of needed emergency treatment: | |
| What form has signed parent/guardian permission to treat? | Who has the authority to approve such treatment? |
| | |
| 14. Health Form | |
| What information is shared? | |
| With whom? | |
| When? | |
| How? | |
| 15. Who has access to... | |
| the participant medical log, a running record of on-site medical treatment or notes: | |
| the insurance forms: | |
| the staff medical log: | |
| 16. Health histories are required, completed or updated within six months of participation and include: | |
| Name, address and phone | Description of current health conditions |
| Age | Immunizations |
| Past medical treatment | Last tetanus - record of allergies |
| Name, address, name and business phones of adult responsible for minor | Emergency contact number while child is in program |
| Name, address and phone of child's physician or health care facility | |
| 17. Who has the authority to contact parents or physician for clarification of health history and/or physical examination or in case of emergency? | |
| Name: | Phone #: |
| 18. How long are health records, histories, logs, screening notes required to be kept in California 4-H programs? | |
| Where are they kept? | |

Guidelines

1. The person doing the screening should be following the directions of a physician and be skilled in identification of health concerns. Screening should happen prior to or upon arrival at the program site.
2. Health forms should be kept in the health center. In cases where there is no health center, medical forms should be easily accessible to persons administering aid and should be maintained in workable systems familiar to persons needing access. The "Privacy Rule" (Standards for Privacy of Individually Identifiable Health Information) came about because of HIPPA (the Health Insurance Portability And Accountability Act of 1996). An excellent resource on how this affects camps is in an article published by the American Camp Association.
http://www.acacamps.org/profmembers/campline/01o_privacy.php
3. A bound medical log should be maintained on screening, or for any medical attention or medications given while participant was on site. Persons giving treatment should initial each entry. Staff health log should be separate from participant logs (OSHA).
4. A plan for action is needed in case a possible communicable condition is spotted during screening or during program activities. Communicable conditions may include chicken pox, measles, lice, impetigo, etc.
5. The health supervisor should read each health history and note any pertinent information that should be shared with administrative staff and staff dealing directly with participants. Consideration should be given to other staff that may need to be made aware of certain conditions such as diabetes, allergies, epileptic or other seizures, hemophilia, asthma, heart trouble and physical or mental handicaps that may need special accommodations for participation.
6. Procedures should include who should be notified and how and when they will receive notification.
7. Procedures should include making health information about participants available to staff on all off-site activities.
8. Medical records should be kept at least for the period of statutory limits in your state. If records for the year are kept until the youngest participant is past the statutory limit, then the entire years' records can be destroyed at the same time and can be marked accordingly. The statutory limits in many states are three years beyond the age of majority, but some states require records to be kept for a longer period of time. Exposures to blood-borne pathogens are required to be kept from time of employment plus 30 years.

Refer to: 4-H Section 812, and ACA Standard HW-2, HW-3, HW-4, HW-5, HW-6, HW-7, HW-8, HW-9, HW-11, HW-18, HW-19, HW-20, HW-23 for more information.

STAFF DEVELOPMENT AND TRAINING WORKSHEET 63: PERSONAL MEDICATIONS

Rationale

In most situations, medications are collected for the safety of all participants. There may be circumstances where participants and/or staff may need immediate access to emergency medication. These include existing medical conditions such as allergic reaction to bee stings, heart condition, etc. There may also be situations where the participants may take the responsibility of handling their own medications.

Plan

| | | | |
|--|-----------|---------|--|
| 1. Medications are collected from: | | | |
| | When | By whom | |
| Participants | | | |
| Staff | | | |
| 2. It is appropriate to allow participants/staff to manage and control any use of their own medication in the following circumstances: | | | |
| When | Rationale | | |
| | | | |
| | | | |
| 3. Location where medications are kept: | | | |
| 4. If medications are not kept locked, explain reason why: | | | |
| 5. What procedures have been made for safe storage of medications requiring refrigeration? | | | |
| 6. List persons having key or combination to lock: | | | |
| | | Name: | |
| Who is responsible for checking that each medication is in its original container, that dosage is indicated and that medication is prescribed for the person receiving medication? | | | |
| Who has authority to contact parents or the physician for clarification of medication, special conditions or restrictions related to medication? | | | |
| Who can dispense daily medications? | | | |
| Who can dispense emergency medications? | | | |

Guidelines

1. Medication should be collected upon arrival and redistributed at departure of participants. On departure, medication should be given to the parent or guardian if the participant is a younger youth member. Prescribed medications need to be brought to camp programs in their original containers showing name of medication, who it is prescribed for, dosage, etc.
2. Occasionally participants and/or staff bring medication prescribed for other family members. The staff person should reject this medication and not dispense it to the participant.
3. If medications are left in the hands of the participant, a signed agreement that the participant will take responsibility for the medication should be on file.
4. A back-up system should be established for access and dispensing of emergency medications.
5. Medications should, if at all possible, be locked in a permanent cupboard, not placed in a case or box that can be carried away. If there is no permanent facility and it is not too hot, medications could be locked in a car that will remain on the site. Some medications require refrigeration (e.g., insulin).

Refer to: ACA Standard HW-3, HW-13, HW-18 for more information.

APPENDIX

1. Summary of 4-H Mission and Direction
2. Sample Incident Report
3. Program Activity Operational Plan Sheets
4. Risk Analysis/Accident Potential Assessment
5. Sample Letter of Notice of Operating Camp for Emergency Agencies (TBC)
6. OSHA and suggested records retention timetable on other administrative records (TBC)
7. Others To Be Completed (TBC)

4-H MISSION & DIRECTION SUMMARY



The University of California 4-H Youth Development Program *Directions for the Decade Ahead*

Mission Statement

The University of California 4-H Youth Development Program engages youth in reaching their fullest potential while advancing the field of youth development.

Brand Identity

4-H Youth Development is the brand-name identity for ANR youth development efforts.

Core Values

The California 4-H Youth Development Program will:

- Support the UC/ANR mission and strategic planning assumptions.
- Recognize that ANR professionals provide the youth development framework for volunteers and other cooperators who bring the knowledge, experience and passion to work with youth in their communities.
- Appreciate, respect and value diversity through a commitment to inclusion of diverse Californians.
- Respond to local needs within a context of statewide criteria, practices and priorities for 4-H programming.
- Innovate to maximize impact and resources while documenting the unique youth development contributions of our 4-H Youth Development programs.

Program Criteria

Each California 4-H Youth Development Program is:

- Focused on addressing significant environmental, economic and social issues affecting California's youth, families, and communities.
- Based on a proven experiential education model that creates an educational climate through planned learning by exploring, doing, and receiving feedback.
- Conducted with content and delivery systems consistent with a statewide 4-H youth development framework offering Citizenship, Leadership and/or Life Skills Development.
- Consistent with research in youth development, education, or other appropriate fields.
- A contributor to research and/or the extension of knowledge in youth development.
- Able to demonstrate, or likely to demonstrate, through research and/or evaluative data, a positive impact on youth served.
- Connected to, or has the potential to connect to UC or other campus-based faculty, programs and/or resources.
- Accessible and open to diverse audiences.
- Balanced in terms of assessing, managing, and monitoring the risk of potential problems to ensure program safety and achievement of key objectives defined by ANR's risk management program.
- Balanced so as to optimize the impact for clientele and the field of youth development. The impact achieved will be weighed against the resources invested at the statewide and local level.

SAMPLE ACCIDENT/INCIDENT REPORT
 (Complete a report for each person involved)

| | |
|---|--------------------|
| <u>Program/event</u> | <u>Date</u> |
| <u>Does this report contain sensitive information?</u> | Yes No |

Person Involved:

| | | | | | | |
|--|---------------------------|---------------------------------------|------------|---------------------------|---------------------|------------------|
| Last Name: | | First Name | | | Middle Name/Initial | |
| Age: | Sex: | Role or Status at event: Check one | Staff | Youth Participant | Volunteer | Other: (specify) |
| Parent/Guardian (if minor): | | | | Phone #: | | |
| Address: | | | | | | |
| Date of Accident/Incident: | Time of day: | Type of accident/Incident: | Behavioral | Accident | Illness | Other: (specify) |
| Name(s) adults on the scene: | | | | | | |
| Name of adult(s) rendering aid: | | | | | | |
| On site health services used: | | | | | | |
| Doctor or Outside medical services used: | | | | | | |
| Parent Signed Authorization used: | | | | | | |
| Were emergency or law enforcement services called? | | | | | | |
| On Site Notification and Witnesses | | | | | | |
| Notified | Position | Name | Time | Who contacted this person | | |
| | Program Supervisor | | | | | |
| | Program Dir/Administrator | | | | | |
| | Health supervisor | | | | | |
| | Other staff or volunteers | | | | | |
| Witnesses Name | | | phone | | | |
| Address | | | | | | |
| Witnesses Name | | | phone | | | |
| Address | | | | | | |
| Others: | | | | | | |

Off Site Notification (see procedures for agency notification)

| | | | | | |
|----------------------|-----------------------|------|------|------|---------------------------|
| Check all that apply | Titles Notified | Name | Date | Time | Who contacted this person |
| | Executive Director | | | | |
| | Board President/board | | | | |

| | | | | | |
|--|----------------------|--|--|--|--|
| | Parent or Guardian | | | | |
| | Emergency Contact | | | | |
| | Legal Council | | | | |
| | OSHA (when required) | | | | |
| | Spokesperson | | | | |
| | Other: | | | | |

| | | | | |
|------------------------------------|--------------------|------|-----------------------|------|
| Insurance Company Notification: | Accident Insurance | Date | Worker's Compensation | Date |
| Claim forms completed by: | | | | |
| forms given to: | | | | |

Description of Incident – Describe in detail but give only known facts, use additional page if needed

1. Sequence of activity (e.g. at the end of the activity, at meal time, at the beginning of the swimming lesson, during leisure time. What had proceeded in terms of type of activities?)
2. Location (e.g., where did the incident occur in the activity space in relation to instructor/supervisor and other participants?) A diagram is frequently helpful.
3. Just exactly what was the person involved doing and how did the incident occur? What was going on? Who was involved?
4. Procedure followed in rendering aid (what help was secured, if any, etc.)
5. It may be helpful to note the response of the involved person. Are they calm, crying, mad, out of control, dazed? Were they supportive of what was being done in responding to the accident/incident?

Disposition of Case (e.g. Was the person sent home? Were they hospitalized? Did they return? Was any legal action taken, etc?.)

Follow up required

Person(s) completing all or part of this report

| Name | Position | Signature | Date |
|------|----------|-----------|------|
| | | | |
| | | | |

Person(s) completing disposition or follow up part of this report

| Name | Position | Signature | Date |
|------|----------|-----------|------|
| | | | |
| | | | |

ACCIDENT/INCIDENT REPORT INSTRUCTIONS

The purpose of the Accident/Incident Report is to document what has happened during an accident or incident. This information is needed for a variety of reasons.

- To encourage you to think through these various steps during an accident/incident.
- To inform your supervisor of accidents/incidents and how they were handled.
- As documentation that proper procedures were followed during an accident/incident.
- To document everything which occurred before, during and after an accident/incident.
- To develop information to help us prevent similar accidents/incidents in the future.
- To document an illness that requires a participant be sent to doctor or hospital.

An accident is an unforeseen, unintended event that results in harm or injury to a person or to property.

An incident is an emergency or crisis that is often related to the behavior of people and may or may not be intentional or harm another person or property. It includes actions such as kidnapping, missing persons, harassment, intrusion, fighting, child abuse, thief, drug or alcohol abuse.

An emergency involves danger and immediate potential of serious personal harm or property loss. When the danger is eliminated, the emergency is over. Once an emergency is over and the element of danger or potential for additional harm or loss has subsided, the situation may still require crisis management.

A crisis is an unstable situation or crucial time or state of affairs that has reached a critical phase. A crisis may contain elements of danger or a dangerous condition but, until there is immediate potential of serious personal harm or property loss, it is not an emergency.

1. What accidents/incidents need to be reported?
Look at the purposes of this report. If an accident or incident would benefit from one of the purposes above, then complete an accident/incident report.
2. When do I need to do what with the report?
You need to complete the report as soon as possible. In many cases, there are some distinct advantages for having the form during the accident/incident and follow the contact procedures and note the times on this form as you are notifying the people listed. In any case, **the report should be completed within 24 hours of the accident/incident.** Once you have completed the report, give the report to your supervisor. It is the responsibility of your supervisor to decide the disposition of the report.
3. Who completes the report?
Much of the report can be completed by the on site supervisor (leader, camp director, program director, event chair...). It is imperative that the person most directly involved with the accident/incident write the page which describes in detail the accident/incident. A program administrator (paid staff person) can finish completion of the form, especially any follow up which needs to occur. In any case, the program administrator needs to review the information on the form with the person most directly involved with the accident/incident.
4. What's the difference between adults and witnesses on the scene?
"Adults on the Scene" should be the responsible adults (not the name of the person involved, even if that person was the supervisor and/or an adult) who supervised the program/event or who gave first aid or other assistance. "Other witnesses on the Scene" might be other adults who gave assistance and/or adults or youth who saw what happened. You may want to attach a page with additional names and addresses.
5. How detailed do I need to be in the attached description?
This would depend on the severity of the accident/incident. Always remember that more information is better (especially if there is potential for a lawsuit down the line). But remember, incident reports can be subpoenaed for legal evidence, so information should relate only to the facts, not what should or could have been done or any statement placing blame on any party. Be sure that the person who writes the detailed description signs and prints his/her name and gives his/her position or title on the detailed description.
6. What if the incident or information is sensitive or confidential?
If the information is confidential (e.g. in the case of child abuse - the victim, the accuser and the accused perpetrator). This report page might have "John Doe" as the name of the person involved on the report form. The actual who, what, when, where, why and how are to be written in the detailed description which is to be attached to the report form. Circle yes on "SENSITIVE INFORMATION" at the top of the

report, place the report in an envelope marked confidential and give to your supervisor or the Executive Director. That way the information is indeed documented, yet confidential.

PROGRAM ACTIVITY OPERATIONAL PLAN

- 1.** Activity
- 2.** Outcomes
- 3.** Location/boundaries/controlled access
- 4.** Eligibility Requirements for participants (age, height, experience, competency demonstration, etc.)
- 5.** Staff Qualifications, certification, and/or skill verification
- 6.** Camper/staff supervision ratio
- 7.** Equipment needed including protective equipment
- 8.** Equipment maintenance procedures and responsibility, access policies, etc.
- 9.** Safety orientation (when required and by whom).
- 10.** Safety rules

RISK AND ACCIDENT POTENTIAL ASSESSMENT IN OUTDOOR PROGRAMS
 (From Outdoor Action Guide to Planning River Trip by Rick Curtis based on Alan Hale's Accident Potential formula.)

Dynamics of Accidents Model



These two factors can overlap to a greater or lesser extent. The greater the overlap of environmental and human factor hazards the higher the Accident Potential. The effect of combining Environmental Hazards and Human Factor Hazards multiplies the Accident Potential rather than simply being additive. The greater the number of hazards, the more quickly the Accident Potential can rise. For example:

| Accident Potential Increase | | | | |
|-----------------------------|---|------------------------|---|-----------------------------------|
| 2 Environmental Hazards | + | 2 Human Factor Hazards | = | 4 times higher Accident Potential |
| 3 Environmental Hazards | + | 3 Human Factor Hazards | = | 9 times higher Accident Potential |

2) Examples of Hazards

Environmental Hazards

When assessing the potential environmental hazards you need to look at three factors.

1. ACTIVITY

Static - activities in which the environment is relatively unchanging (e.g. hiking)

Dynamic - activities in which the environment change change very quickly in unpredictable ways (e.g. whitewater paddling, biking)

2. LOCATION

In remote locations you need to exercise additional precautions. One common method of accomplishing this is to increase the rating of the rapid by one class if you are in a remote setting. For example, a Class III becomes a Class IV. This helps take into account the increase in Accident Potential (see below).

3. SEASON/CLIMATE

Weather and the possibility of weather changes also have a significant impact on Accident Potential.

| Examples of Hazards | |
|--|---|
| i. Environmental Hazards | ii. Human Factor Hazards |
| <p>A. Environment</p> <ul style="list-style-type: none"> • Pinning/entrapment • Undercut rocks/ledges • Foot entrapment • Strainers • Holes • Cold temperatures (water/air) equipment • Overexposure to sun • Bees • Poor physical strength, stamina | <p>A. Participants</p> <ul style="list-style-type: none"> • No awareness of hazards • Fear • No skills to avoid hazards • Resistance to instructions • Irresponsible/careless attitude towards self, others, equipment • Other inexperienced paddlers on the river • Need to "prove" self - macho • Exhaustion |
| <p>B. Equipment</p> <ul style="list-style-type: none"> • Lack of proper equipment (PFD, helmet etc.) • Improper clothing for temperature • Boat in poor repair | <p>B. Leaders</p> <ul style="list-style-type: none"> • Lack of knowledge of environmental hazards • Inadequate skills to extricate self and group from hazards • Poor safety judgment • Poor teacher of necessary skills • Instructions unclear • Poor supervisor, does not correct problems • Ineffectual under stress |
| <p>C. Driving</p> | <p>C. Group</p> <ul style="list-style-type: none"> • Group not yet formed, lacks |

| | |
|---|---|
| <ul style="list-style-type: none"> • Bad road conditions • Overloaded vehicle • Darkness • Other erratic drivers • Rushing to meet schedule • Overly tired from long drive • Not driving defensively • Poor driving skills • Alcohol | <p>cooperative structure</p> <ul style="list-style-type: none"> • Interpersonal frictions unresolved • Poor communication patterns • Excessive competition • Scapegoating or lack of concern for slow or different • Individuals excessive pressure or stress to "perform" macho • No practice in working harmoniously under stress • Lack of leadership within group • Splintering into sub-groups |
|---|---|

3) Sample Accident Scenarios

Think of an accident situation you have been in whether on an outdoor trip or in some other setting. Analyze the situation and list the Environmental Hazards and the Human Factor Hazards that led to the Accident Potential.

4) Teaching the Formula = Reducing the Accident Potential

It is essential to teach the Dynamics of Accidents Formula at the very beginning of any trip (or prior to leaving campus) so that all participants are aware of how their behavior is directly related to reducing the possibility of accidents. Participants then can take some responsibility for their own safety. The formula gives you four basic things:

- A technique for evaluating risk potential in the field
- A tool for analyzing how accident potential can be reduced
- A decision making tool
- A rationale for why OA has particular things we teach, particular rules and policies
- A rationale for why you make particular decisions

5) Environmental Briefing

A comprehensive Safety Program allows one to intervene to prevent Human Factor Hazards from overlapping with Environmental Hazards and thereby reducing the Accident Potential. In order to do this it is necessary to rethink from Day 1 of the trip *what is an environment?* In planning a trip the leaders must examine the environment and the activities of the trip in order to ascertain what the possible environment hazards of that trip are. This information must be communicated to the group in the form of an Environmental Briefing at the beginning of the trip with subsequent briefings when there is a change in environment or activity (e.g. if a hiking group changes to canoeing the environment and activity have changed and there are different environmental hazards). The first Environmental Briefing should follow the leaders' presentation of the Dynamics of Accidents formula. On longer trips it may be useful to have the participants do some of the Environmental Briefings once they are familiar with the formula. This can be done with the help of the leaders. The Environmental Briefings set a tone for safety and help inculcate the idea that the participant is responsible for his/her own behavior.

6) What If?

It is important to analyze the possible accident potentials from a "what if" perspective. Ask yourself what is the worst case scenario. Then ask yourself what you can do to reduce the accident potential.