Sharing in Safety
Risk Management for Corps
Wilderness Risk Management
Conference, October 2015
Aligned Risk Management

• What is in your toolbox?
  – Organizational values
  – Individual and group behaviors
  – Organizational “story”
  – Recruiting and hiring
  – Handbooks
  – Education and training
  – Professional development
What are your policies?
Are your policies consistent?
Are your policies reflective of your culture?
TRAINING

How do you train?

Is your training consistent?

How do you reinforce your culture through training?

Who do you train?
What is your culture?
Is your culture consistent?
How do you reinforce your culture?
What worries you?

God at his computer
• Culture
  • Changing Expectations
• Training
  • What Should we Train for?
  • Epidemiology
• Policy
  • Reporting
Culture

“Stopping epidemics is not often a problem of ignorance – of not having the know-how about what to do. It is a failure of compliance – a failure of individuals to apply that know-how and an institution to create and perpetuate the system.” Atul Gawande
Culture

Teams Trained in New Cardiac Surgical Technique
Success Measured in Mortality, Efficiency and other Quantifiable Measures
Success did not correlate with experience
Practice, preparation and follow-through were key determinants
“What matters is how you practice, as a group, with realistic simulations, in a consistent and reproducible format.”
Culture

Jeffrey Cooper
Examined Deaths Related to Anesthesia
Used *Critical Incident Analysis* used in Aviation Industry
Culture

Jeffrey Cooper
Examined Deaths Related to Anesthesia
Used Critical Incident Analysis used in Aviation Industry
Contrary to Common Perception, Most Errors did not Occur During the Most Difficult Parts of Surgery (Beginning and End) They Occurred in the middle, When Vigilance Waned
Culture

Failure Factors Included:

- Inadequate Experience
- Inadequate Familiarity with Equipment
- Poor Communication Among Team
- Haste
- Inattention
- Fatigue
Culture

Ignac Semmelweis
Viennese Obstetrician

– Asked why in-hospital maternal mortality >20%
  when out-of hospital maternal mortality < 1%
– Concluded it was Drs. spreading infection by not washing hands (in an era before germs were recognized agents of disease)
– Met by tremendous institutional resistance
– Introduced hand-washing protocol
– Instantly reduced mortality to <1%
Ignac Semmelweis
Was fired
Culture

150 years later: Peter Perreiah
Pittsburgh Veteran’s Hospital
Reduced MRSA infections >90% with hand-washing protocol
– Could not get other wards within the same hospital to comply
Culture

150 years later: Peter Perreiah
Resigned position
Training

What Should We Train For?
Training

Big, Bad, Uncommon:

Small, Initially Minor, Common:
Situational Awareness/ Scene Management
Situational Awareness/Scene Management
Preventable Deaths
Preventable Deaths
Keeping Simple Things Simple

Wilderness & Environmental Medicine
Volume 25, Issue 2, Pages 182-189 (June 2014)
Keeping Simple Things Simple

Wilderness & Environmental Medicine
Volume 25, Issue 2, Pages 182-189
(June 2014)
Training
Percentage of Visitor Fatalities Reported – National Park Service

% NPS Fatalities by Category

Drowning
Motor Vehicle
Fall
Boat
Exposure
Bike
Avalanche
Struck
CO
Firearm
Mount Rainier National Park
Worker Injury by Cause

Mount Rainier Worker Injuries by Cause
Training

Injury and Illness in Hawaii Volcanoes National Park

Number of Injuries

- Ankle
- Knee
- Upper Leg
- Elbow
- Hands
- Shoulder
- Ribs
Anatomic Location of Injuries
Shenandoah National Park EMS Calls

- Proximal lower extremity
- Distal lower extremity
- Proximal upper extremity
- Distal upper extremity
- Back
- Chest
- Head/neck

Training
Training

Type of Injury MORA and Olympic National Park
Training

Corps Program Illnesses and Injuries

Proportion of Injuries, Illnesses and Behavioral Emergencies

1995-2005

2005-2015

Behavior
Close Call
Illness
Injury
Corps Program Illnesses

Gastrointestinal
Flu Symptoms
Fever
Diarrhea
Dehydration
Allergy
Abdominal Pain
Heat Exhaustion
Infection
Hypothermia
Respiratory
UTI
Psychological
Training

Corps Program Illnesses

1995-2005

- Psychological
- UTI
- Respiratory
- Hypothermia
- Infection
- Heat Exhaustion
- Abdominal Pain
- Allergy
- Dehydration
- Diarrhea
- Fever
- Flu Symptoms
- Gastrointestinal

2005-2015

- Psychological
- UTI
- Respiratory
- Hypothermia
- Infection
- Heat Exhaustion
- Abdominal Pain
- Allergy
- Dehydration
- Diarrhea
- Fever
- Flu Symptoms
- Gastrointestinal
## Corps Program Injuries

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contusions</td>
<td></td>
</tr>
<tr>
<td>Burns</td>
<td></td>
</tr>
<tr>
<td>Insect Bites</td>
<td></td>
</tr>
<tr>
<td>Abrasions</td>
<td></td>
</tr>
<tr>
<td>Dislocation</td>
<td></td>
</tr>
<tr>
<td>Fracture</td>
<td></td>
</tr>
<tr>
<td>Head Injury</td>
<td></td>
</tr>
<tr>
<td>Lacerations</td>
<td></td>
</tr>
<tr>
<td>Sprains/Strains</td>
<td></td>
</tr>
<tr>
<td>Sunburn</td>
<td></td>
</tr>
<tr>
<td>Contact Dermatitis</td>
<td></td>
</tr>
<tr>
<td>Punctures</td>
<td></td>
</tr>
</tbody>
</table>

**Training**

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Training

Corps Program Illnesses and Injuries

Chart Title

- Work
- Travel to/from Work Site
- Camp
- Hiking
- Recreation
- Other
Training Corps Program Activity at Time of Injury

- Stream Crossing
- Overexertion
- Overuse
- Altercation
- Motor Vehicle Accident
- Injury at Work Site with Tools
- Slip and Fall

- Stream Crossing
- Overexertion
- Overuse
- Altercation
- Motor Vehicle Crash
- Injury at Work Site
- Slip and Fall
Training Corps Program Evacuations 1990-2015

N=420

Medical

Trauma

N=420
Training Corps Program Fatalities
1990-2015

- Drowning
- Driving
- Fall/ Head Trauma
- Pre-Existing Medical (Cardiac)
- Anaphylaxis

N=14
Policy

Incident Report Form

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Home Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student</th>
<th>Employee</th>
<th>Visitor</th>
<th>Vendor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Numbers</th>
<th>Home</th>
<th>Cell</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INFORMATION ABOUT THE INCIDENT

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Time</th>
<th>Police Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Were there any witnesses to the incident?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

| If yes, attach separate sheet with names, addresses, and phone numbers. |
|                                                                         |

<table>
<thead>
<tr>
<th>Was the individual injured?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If yes, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was medical treatment provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If yes, where was treatment provided:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ on site ☐ Urgent Care ☐ Emergency Room ☐ Other</td>
</tr>
</tbody>
</table>

REPORTER INFORMATION

<table>
<thead>
<tr>
<th>Individual Submitting Report (print name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Report Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Report Received by</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Near-Miss Report Purposes

• Recognize Trends
• Update Guidelines
• Legal
• Data/Summary Statistics
Policy

Near-Miss Report

Purposes

- Recognize Trends
- Update Guidelines
- Legal
- Data/ Summary Statistics

FOR OFFICE USE ONLY

Document any follow-up action taken after receipt of the incident report.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action Taken</th>
<th>By Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location:</td>
<td>Time LOR</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>Lat:</td>
<td>RR</td>
<td></td>
</tr>
<tr>
<td>Long:</td>
<td>HR</td>
<td></td>
</tr>
</tbody>
</table>

**Environment:**
- MOI
- Fall?
- Distance?
- Helmet?
- MVC?
- Speed?
- Seat Belt?

**Chief Complaint:**
- O
- P
- A
- Q
- M
- R
- P
- S
- L
- T
- E
- A

**Evacuation Plan (including back-up plan):**
- ABD

**Pain:**
- Soft

**B:**
- Labored
  - Non
  - Labored

**Tender:**
- Rigid
  - Pelvis: &&
  - Stable
  - Rigid

**C:**
- &&
  - Radial
  - Pulse
  - Strong
  - Weak

**Back:**
- Pain
  - Deformity
  - Tender

**Neck/Spine:**
- Pain
  - Tender

**Extremities:**
- *(csm)
- Tender
  - Deformity

**RA:**
- LA:

**Chest:**
- Tender
  - Crepitus

**RL:**
- LL:

**Time:**
- LOR

**Pupils:**
- Responsive
  - V
  - P
  - Unresponsive

**Notes:**
- = Changes in patient, radio frequency, back1up plan, general impression etc.

---

**SAMPLE OPQRST**

**P**
- Past History
- Have they had this problem before?
- Family History
- History of heart or lung problems?
- Diabetes, eating disorders, history of mental illness, depression?

**Q**
- Quality of pain (stabbing, crushing etc.)

**R**
- Radiates

**S**
- Severity/Scale
- Pain on a scale of 0-10?

**T**
- Time of onset

**A**
- Associated signs & symptoms
- Allergies

**M**
- Medications

**Evacuation Plan (including back-up plan):**
- ABD

**Pain:**
- Soft

**B:**
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  - Non
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**Tender:**
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- LOR

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- Responsive
  - V
  - P
  - Unresponsive

**Notes:**
- = Changes in patient, radio frequency, back1up plan, general impression etc.

---

**Scene Size-Up**

As you approach the patient – hands in pockets, calm situation.

**Safety:**
- Mechanism of Injury
- Equal Expansion

**Urgency:**
- Critical
- Stable
- Minor

Plan for each injury:
- Planned Treatment:

**Injury/illness:**
- Major & Bleeds & Bruising?

**Action Taken:**
- Potential Problems

**Subjective:**
- Patient's name:
  - Age
  - Sex
  - Weight

**ASSESSMENT of Situation and Plan of Treatment**

**Potential Problems**

**SUBJECTIVE:**
- Patient History
  - Patient Ambulatory
  - Litter Carry
  - Spinal Immobilization

**PLAN of Action**

**Other Patients:**
- Y / N
- How Many?

**Notes**

---

**OBJECTIVE:**
- Patient Physical Exam

**A:**
- &
  - Clear
  - Obstructed

**Aerie Backcountry Medicine**

**Wilderness Incident SOAP Notes**

---

**Policy**

- Field Report
  - Purposes
    - Near Miss
    - Manage Scene
    - Guide Care
    - Handoff Care
    - MDS
    - SOAP
    - Legal
  - Summary
  - Raw Data
  - Summary
  - Legal
  - MDS
  - SOAP
  - Field Report
  - Purposes
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  - Guide Care
  - Handoff Care
  - MDS
  - SOAP
  - Legal
  - Summary
  - Raw Data
  - Summary
  - Legal
  - MDS
  - SOAP
Weekly/Quarterly Report

**Purposes**

- Recognize Trends
- Update Guidelines
- Legal
- Data/Summary Statistics
- Policy

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End-Of Year Report

**Purposes**
- Recognize Trends
- Update Guidelines
- Legal
- Data/ Summary Statistics

## 2014 Injury Summary

<table>
<thead>
<tr>
<th>Category</th>
<th>Program</th>
<th>Description of Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bites/Stings</td>
<td>While running a chainsaw, participant was stung in the arm. Significant swelling occurred.</td>
<td></td>
</tr>
<tr>
<td>Bruises/Contusions</td>
<td>Participant struck foot with the blade of a brushcutter after hitting a rock hidden by brush.</td>
<td></td>
</tr>
<tr>
<td>Cuts/Abrasions</td>
<td>Leader stepped on McLeod and struck himself in the face resulting in a cut to the cheek which required stitches.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>While hiking into a project, participant fell onto a stick resulting in a 3cm laceration on the left knee.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participant hit pinky toe while swinging pulaski resulting in 2cm laceration</td>
<td></td>
</tr>
<tr>
<td>Fractures</td>
<td>Participant was holding a wooden stake being pounded in by a co-worker. The co-worker missed the stake striking the hand of the participant resulting in a fractured bone in R hand.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leader tripped on stairway at headquarters, fracturing his left wrist.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participant was pushing a bucked log off trail, it rolled backwards over his hand, fracturing a bone.</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Participant experienced multiple bloody noses while working in a dry climate at 6500'.</td>
<td></td>
</tr>
<tr>
<td>Poison Oak</td>
<td>Poison oak exposure during thinning project.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contracted poison oak on the right knee while pulling scotch broom.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contracted poison oak while pulling non-native vegetation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contracted poison oak while pulling non-native vegetation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exposure to poison oak during the scope of work.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shoulder strain related to carrying logs, driving, and repetitive chainsaw use.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sprained thumb while using a wrench with force.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>While pulling scotch broom participant strained his back and abdominal muscles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participant tripped and fell while on a bathroom break spraining the left fifth finger.</td>
<td></td>
</tr>
<tr>
<td>Strains/Sprains</td>
<td>Repetitive kneeling and walking uphill while weeding and or completing general duties in the LHV educational farm resulted in sprained back muscles.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participant experienced abdominal pain while carrying backpack hiking from worksite to camp.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low back strain while hand pulling non-native vegetation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participant sprained lower back while lifting table from trailer.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>While attaching a trailer during staff training, leader sustained a pinched nerve related to a pre-existing injury.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rolled ankle on project site.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdominal strain due to heavy lifting of rocks.</td>
<td></td>
</tr>
</tbody>
</table>
Policy

Summary Statistics/Charts

Purposes

• Recognize Trends
• Update Guidelines
• Legal
• Insurance
• Board/Staff/Investors/Contributors
Policy

Incident Report Form

Incident Threshold Level: □ 0 □ I □ II □ III □ IV □ V
Incident Date: __________ Incident Time: __________
Person(s) involved in incident: __________

Position type: □ Crew □ Community □ Corps □ Intern □ Admin/Office/Event
Environment: □ Urban □ Frontcountry □ Backcountry
Incident Occurred on Duty? □ Yes □ No

Incident Narrative: __________

What action has been taken? __________

What is the plan moving forward? __________

Will there be continued communication? □ Yes □ No
Who? __________
When? __________

Type of Injury:
- □ Abrasion
- □ Contusion
- □ Laceration
- □ Puncture
- □ Sting(s) Kind:
- □ Rash from Plants
- □ Tick bite/infected
- □ Fracture
- □ Sprain or Strain

Type of illness:
- □ Sunburn
- □ Burn (non-sun)
- □ Blisters
- □ Bug Bite(s) Kind:
- □ Head (conscious)
- □ Head (unconscious)
- □ Dislocation
- □ Other: __________

Gastro/Intestinal
Abdominal Pain
Diarrhea
Respiratory Symptoms
Allergy
Infection
Flu Symptoms
Lyme Disease

Behavioral:
- □ Motivation
- □ Drugs/Alcohol/Tobacco
- □ Psychological
- □ Verbal harassing behavior
- □ Physical harassing behavior

Other:
- □ Travel Problems
- □ Family Emergency
- □ Vehicle Accident
- □ Property/Equipment Damage
- □ Early Departure

Program Activity:
- □ Carrying Equipment
- □ Tool Sharpening
- □ Moving Rock/Timber
- □ Using tool:
- □ Working on Tread/Drainage
- □ Working on Res. Facilities
- □ Hiking

Contact Logistics
Name of Doctor/Hospital/Clinic: __________
Phone of Doctor/Hospital/Clinic: __________

Will this incident be filed as a workers compensation claim? □ Yes □ No □ Pending Review

Have parents been notified? □ Yes □ No
If yes, by whom: __________
Was the patient evacuated from the field? □ Yes □ No

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### Incident Report Form

**Incident Threshold Level:**
- I
- II
- III
- IV
- V

**Incident Date:**

**Incident Time:**

**Person(s) involved in incident:**

**Position type:**
- Crew
- Community
- Corps
- Intern
- Leader Team
- Admin/Office/Event

**Environment:**
- Urban
- Frontcountry
- Backcountry

**Incident Occurred on Duty?**
- Yes
- No

**Incident Narrative:**

**What action has been taken?**

**What is the plan moving forward?**

**Will there be continued communication?**
- Yes
- No

**Who?**

**When?**

**Type of Injury:**
- Abrasion
- Contusion
- Laceration
- Puncture
- Sting(s) Kind:
- Rash from Plants
- Tick bite/embedded
- Fracture
- Sprain or Strain

**Type of Illness:**
- Sunburn
- Burn (non-sun)
- Blister
- Bug Bite(s) Kind:
- Head (conscious)
- Head (unconscious)
- Dislocation
- Other:

### Behavioral:
- Motivation
- Drugs/Alcohol/Tobacco
- Psychological
- Verbal harassing behavior
- Physical harassing behavior

### Other:
- Travel Problems
- Family Emergency
- Vehicle Accident
- Property/Equipment Damage
- Early Departure

### Program Activity:
- Carrying Equipment
- Tool Sharpening
- Moving Rock/Timber
- Using tool:
- Working on Tread/Drainage
- Working on Res. Facilities
- Hiking
- Carving/Kitchen/Dishes
- Working on Trees/Drainage
- Training program:
- Canoeing/Aquatic
- Driving/Vehicular
- Education Service:
- Camping
- Swimming

**Contact Logistics**

**Name of Doctor/Hospital/Clinic:**

**Phone of Doctor/Hospital/Clinic:**

**Will this incident be filed as a workers compensation claim?**
- Yes
- No
- Pending Review

**Have parents been notified?**
- Yes
- No

**Was the patient evacuated from the field?**
- Yes
- No
Incident Report Form

Incident Threshold Level: o 0 o I o II o III o IV o V  
Incident Date: __________  Incident Time: __________

Person(s) involved in incident: ____________________________

Position type: o Crew  o Community  o Corps  o Intern  
  o Leader Team  o Admin/Office/Event

Environment: o Urban  o Frontcountry  o Backcountry

Incident Occurred on Duty? o Yes  o No

Incident Narrative: ____________________________

What action has been taken? ____________________________

What is the plan moving forward? ____________________________

Will there be continued communication? o Yes  o No

Who? ____________________________  When? ____________

Type of Injury:

- Abrasion
- Contusion
- Laceration
- Puncture
- Sting(s) Kind:
- Rash from Plants
- Tick bite/embedded
- Fracture
- Sprain or Strain
- Sunburn
- Burn (non-sun)
- Blister
- Bug Bite(s) Kind:
- Head (conscious)
- Head (unconscious)
- Dislocation
- Other: ____________________________

Type of Illness:

- Gastro/Intestinal
- Abdominal Pain
- Diarrhea
- Respiratory Symptoms
- Allergy
- Infection
- Flu Symptoms
- Lyme Disease
- UTI
- Fever
- Dehydration
- Heat Exhaustion
- Hypothermia
- AMS
- Other: ____________________________

Behavioral:

- Motivation
- Drugs/Alcohol/Tobacco
- Psychological
- Verbal harassing behavior
- Physical harassing behavior
- Near miss
- Theft
- Issue with Agency/Supervisor
- Other: ____________________________

Other:

- Travel Problems
- Family Emergency
- Vehicle Accident
- Property/Equipment Damage
- Early Departure
- Canoeing/Aquatic
- Driving/Vehicular
- Training program:
- Cooking/Kitchen/Dishes
- Education Service:
- Camping
- Swimming

Program Activity:

- Carrying Equipment
- Tool Sharpening
- Moving Rock/Timber
- Using tool:
- Working on Tread/Drainage
- Working on Res. Facilities
- Hiking
- Contact Logistics

Name of Doctor/Hospital/Clinic: ____________________________

Phone of Doctor/Hospital/Clinic: ____________________________

Will this incident be filed as a workers compensation claim? If so, fill out separate form.

- Yes  o No  o Pending Review

Have parents been notified: o Yes  o No  If yes, by whom:

Was the patient evacuated from the field? o Yes  o No
Culture, Training and Policy

Summary: How to Improve

Collaborate
Count
Gather Data With Intent
Write
Standardize the process, language, methodology
Analyze
Summarize Data With Intent
Train
Inspire
Programming in Uncharted Waters
How did you get here?

Understanding why you’re moving in this direction

- funding (origin and focus)
- current events
- competition
- interest
- need
Identify the Unknown

Vet

Embrace

Prepare
Step 1: Identify the Unknown

What makes this program different from what you usually do?

• new type of projects
• new population
• new environment
• new partners
Step 2: Vet

What tools do you use to vet new programs?

• mission check
• Project descriptions
• Hazard Assessments
• site visits
• staff knowledge
• capacity
• other experts in the field
• Other tools?

Is there a committee in your organization that does this?

If not should there be?
Step 3: Embrace it

You’ve got one foot in the water, now it’s time to embrace the unknown.

Why?

• Connecting to organizational culture
• Good for staff morale
• You’re more likely to invest the time and resources to do it right
• This is a chance to learn and grow as an organization
• Embracing and understanding it will make you more prepared to manage the program and mitigate risks
Step 4: Prepare

• How do you recognize the change in expertise needed in order to safely and successfully run a new program?

• How does your Risk Management change for the new environment?

• How does your training change?
Policy, Culture and Training in uncharted waters

<table>
<thead>
<tr>
<th>Identify</th>
<th>New type of project</th>
<th>New Population</th>
<th>New Environment</th>
<th>New Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vet</td>
<td></td>
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</tr>
<tr>
<td>Prepare</td>
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</tr>
</tbody>
</table>
Case Studies

• Urban Corps that typically works on trail maintenance and invasive plant removal in area parks gets a large grant to work on community gardens throughout city. Projects include building raised beds and compost bins, managing compost program, harvesting vegetables for farmers markets and assisting elderly residents with their plots.

• Due to increased flooding along east coast there is FEMA funding available for debris removal on NPS managed shoreline.

• A local workforce development agency is seeking a partner to provide hands on training and career development to 18-24 year olds who have been incarcerated or in the juvenile justice system.

• A long time partner who has hosted youth trail crews for decades would like your organization to run a crew focused on historic preservation with students from a charter high school with a Historic Preservation focus based at their site.

• A partner would like you to engage veterans in your programming at the site.
Training

• Does your current training cover what is needed?
• Do your trainers have the skills needed to train leaders/members?
• Is the location of your training appropriate?
• How does your training change?
Risk Management

• How does your RM change for the new environment?
  – are you reexamining your field standards
  – do ratio’s change?
  – Do your tools change?
  – do certification levels change?
  – Does staffing change?
Building Confidence

Marshall Goldsmith

Feed Forward

feedback

practice

hands-on experience

Examples:
RM PATHWAYS

#stats, trends

Preparing for uncertainty

brought in your voices/expertise

framework GTP

how to navigate thru the "new"

responding when risks materialize

www.nols.edu/wrmc | (800) 710-6657 x3

WILDERNESS RISK MANAGEMENT CENTER/Author 2015
What makes Corps special?
- building a conservation ethic
- service/ethic
- developing pride
- sense of mission
- learning
- personal development
- challenge - better problem solvers
- ability to develop program uniquely
- sense of community
- sweat = hard work

From Non Profit Risk Management Center

Reactive RM → Situational RM → Proactive RM → Enterprise RM

"crisis mode" → "survival mode" → "quality mode" → "stewardship mode"

Spectrum of RM Evolution