



WILDERNESS RISK MANAGEMENT CONFERENCE

WRMC 2015: The Value and Practice of Medical Screening

Clarifying questions	Yes	No	Not Sure	Comments
Do you know your organization's mission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know who your organization serves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know your organizational risk tolerance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know what your organizational goal for screening is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know who gets medically screened at your organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know how your organization tracks medical forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there medical conditions or behaviors that your staff cannot manage in the field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your organization turn participants away? Do you know who does that and how they do it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your organization speak to every participant before they attend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your organization let participants select their own program or are they placed onto a program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have planned evacuation routes for your programs? Specifically if you are accepting borderline participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your organization have competing incentives for medically screening participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have written screening guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all of your participants get the same application/medical forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know the average level of medical training of your field staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know how your organization accommodates ADA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your organization have an EEC (Essential Eligibility Criteria) statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know how screening fits into your organizational ecosystem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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WRMC 2015: The Value and Practice of Medical Screening Workbook

1. What is your organization's mission?

2. Whom does your organization serve?

3. Who do you **not** serve?

4. What is your organizational risk tolerance? (medical conditions, behavior, borderline participants, etc.)

5. What is your goal for screening? Why do it?

6. Who gets screened? Participants? Field staff? Administrative staff? Volunteers?

7. How do you track medical forms? Are they secure?

8. How do you track instructor time/management of participants? Specifically for borderline participants.

9. What is your definition of success for participants? How will you identify **unsuccessful** participants for your organization?



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10. What are you screening for?

<input type="checkbox"/>	Medical issues
<input type="checkbox"/>	Behavioral issues
<input type="checkbox"/>	Psychological issues
<input type="checkbox"/>	Physical ability
<input type="checkbox"/>	Mental ability

<input type="checkbox"/>	Medications
<input type="checkbox"/>	Motivational issues
<input type="checkbox"/>	Fitness level
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

11. Does your organization speak to every participant? Why or why not?

12. Are there medical/behavioral conditions that your staff cannot manage? What are those?

13. Do you turn applicants away? How do you do this? Who does this? For what reasons?

14. Are you allowing participants to choose their own program? Do you place them with consideration to medical conditions, staff skill/experience, terrain, etc.?

15. How are you setting up participants and staff for a successful program in regards to screening?

16. Do you have planned evacuation routes for your programs? Why or why not? How do you plan to manage borderline participants?



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17. Are there competing incentives involving medical screening in your organization? How can you minimize those?

18. Are your screening guidelines adequate? Why or why not? How can you improve them? What's missing?

19. Are your screening guidelines aligned with the population you serve? (i.e. If you are a drug rehabilitation facility, your guidelines on substance use may be markedly different than other programs)

20. How do you determine what paperwork your participants get? Are they different based on different conditions? The same? Do you use a pre-screen? Do you send out forms after the application? What could you do to collect more timely information and provide the best customer service?

21. What level of medical training does most of your field staff have? Do you have a minimum requirement? How does medical training influence who you accept onto programs?

22. What supplemental trainings can you give field staff to successfully work with your participants?



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23. How does screening play into course areas (urban/front country/backcountry)?

24. How does screening play into other factors like terrain, weather, and physical ability?

25. How does your organization accommodate ADA (Americans with Disabilities Act)?

26. Does your organization have an EEC? Do you need one? Are you clear on who you serve and who you don't? What can your staff manage and what they can't?

27. Where does screening belong in your applicant process? (before money is paid? before they choose a program?)



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28. What questions do you really need on your medical form? What does your physician advisor recommend?

<input type="checkbox"/>	Are you currently under the care of a physician besides routine care?
<input type="checkbox"/>	Surgery in the past 2 years (excluding oral)
<input type="checkbox"/>	Back pain/problems
<input type="checkbox"/>	Bleeding or blood disorders
<input type="checkbox"/>	Chronic or infectious illness or condition
<input type="checkbox"/>	Circulation problems
<input type="checkbox"/>	Cough heavily during activity
<input type="checkbox"/>	Broken bones within the past year
<input type="checkbox"/>	Dizziness or fainting
<input type="checkbox"/>	Do you use tobacco
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Do you use any body assistants? (i.e. prosthetics/knee brace/back brace/ankle brace)
<input type="checkbox"/>	Ear/Hearing problems (including frequent ear infections)
<input type="checkbox"/>	Gastrointestinal problems
<input type="checkbox"/>	Frequent headaches or migraines
<input type="checkbox"/>	Head injury (conscious/unconscious)
<input type="checkbox"/>	Heart condition/problems (heart palpitations, heart murmur)
<input type="checkbox"/>	Heatstroke or heat exhaustion
<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	Chest pain (including during or after exercise)
<input type="checkbox"/>	High blood pressure
<input type="checkbox"/>	Family History of cardiovascular disease
<input type="checkbox"/>	History of obesity

<input type="checkbox"/>	Joint/Bone problems (sprains, fractures, breaks, etc.)
<input type="checkbox"/>	Pinched nerve
<input type="checkbox"/>	Seizures/neurological problems
<input type="checkbox"/>	Infectious skin condition
<input type="checkbox"/>	Sickle-cell anemia or trait
<input type="checkbox"/>	Vision/Eye impairment
<input type="checkbox"/>	Dietary restrictions. (vegan, gluten-free, etc.)
<input type="checkbox"/>	Severe menstrual cramps
<input type="checkbox"/>	Are you currently pregnant
<input type="checkbox"/>	Adjustment disorder
<input type="checkbox"/>	Asperger/Autism
<input type="checkbox"/>	Anxiety disorder
<input type="checkbox"/>	Behavioral Issues
<input type="checkbox"/>	Bipolar Disorder
<input type="checkbox"/>	Depression/Mood Disorder
<input type="checkbox"/>	Eating Disorder
<input type="checkbox"/>	Developmentally Disabled
<input type="checkbox"/>	Learning/Auditory Processing Disorder
<input type="checkbox"/>	Self Harm/Suicidal thoughts
<input type="checkbox"/>	Schizophrenia
<input type="checkbox"/>	Substance Use/Abuse
<input type="checkbox"/>	Motivational/Homesickness
<input type="checkbox"/>	Do you take medications
<input type="checkbox"/>	Have you been hospitalized
<input type="checkbox"/>	Do you have allergies
<input type="checkbox"/>	Can you swim
<input type="checkbox"/>	Do you have asthma
<input type="checkbox"/>	Do you have ADD/ADHD
<input type="checkbox"/>	Hypoglycemia
<input type="checkbox"/>	History of altitude sickness
<input type="checkbox"/>	Recurrent lung infections
<input type="checkbox"/>	Cancer



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<input type="checkbox"/>	Frostbite
<input type="checkbox"/>	Sleep walking
<input type="checkbox"/>	Muscle cramps
<input type="checkbox"/>	Intolerance to warm temps
<input type="checkbox"/>	Intolerance to cold temps
<input type="checkbox"/>	Unexplained sweating
<input type="checkbox"/>	Frequent shortness of breath
<input type="checkbox"/>	Heartburn
<input type="checkbox"/>	Unexplained weight loss
<input type="checkbox"/>	Thyroid problems
<input type="checkbox"/>	Bladder problems
<input type="checkbox"/>	Active bedwetting

<input type="checkbox"/>	Endocrine problems
<input type="checkbox"/>	Stomach ulcers
<input type="checkbox"/>	Difficulty urinating
<input type="checkbox"/>	Positive TB test
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

29. What will make up your participant constellation?





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30. Where does screening/selection fit into your organizational ecosystem?



Action Steps:

1. Analyze what the purpose of medical screening is for your program.
2. Articulate your organizational risk tolerance as it pertains to medical screening, accepting participants, and the complexity of a possible evacuation.
3. Create/modify your medical form based on the purpose of their screening, staff training, and course environment.

Resources:

- http://www.nols.edu/wrmc/pdf_files/MedicalTopics_DavidJohnson.pdf
- <http://www.nols.edu/nolspro/pdf/BehavioralRiskMgmt.pdf>
- <http://www.nols.edu/nolspro/pdf/PsychologicalScreeningforOutdoorPrograms1-Hammond-Roos.pdf>
- http://www.nols.edu/nolspro/pdf/wrmc/EssentialEligibilityCriteria-ARiskManagementToolpdf-JanetZellerCatherineHansen-Stamp_000.pdf
- https://www.nols.edu/pdf/admissionforms/nols_student_eec.pdf