Risk Management for Small Programs
Possibility of ... loss or injury.
Why do we need risk?

Mission Requirements

Real Challenge = Real Experience = Real Learning

No A's w/out F's and so we have risk

'Cause the World Needs Us...
“SAFE”
PROGRAMS
Likelihood \times \text{Severity} = \text{RISK}
↓Likelihood & ↓Severity
Example: Stream Crossing Risk Management

Decrease Likelihood by:
Use pole, mutual support, wear shoes, prior practice

Decrease Severity by:
Good crossing spot, loosen straps, spotters (out of photo...)

This document may not be reproduced without the consent of the author. 10/11
What Risks to Worry About?
Allocation time & $, how?
For individuals...

Death, disability, psychological harm

For the program...

Long term damage to your ability to accomplish the mission or purpose.
Avoid these risks!

Actively manage these risks

Low Priority

Severity

Likelihood
CAUTION

THIS SIGN HAS SHARP EDGES

DO NOT TOUCH THE EDGES OF THIS SIGN
Small is Beautiful

Close Relations
know students
personal contact

Nimble
Just in time
Decision Making
Fast & Easy

This document may not be reproduced without the consent of the author.
Small is Beautiful

Small & Manageable Staff

All staff meeting is easy!

Easy to update folks & "on message"

Easy customization of tasks for specific staff
- Answer the Phone & E-mails re Programs
- Process Trip Sign-Ups or Applications
- Promotion of Programs & Trips
- Hire (and fire) Staff
- Train Staff
- Budgeting
- Work with Subcontractors
- Obtain & Manage Permits on Public Lands
- Drive Students & Oversee Transportation
- Clean, Organize, Issue, De-Issue Equipment
Small Can Be Hard

Limited Resources
Smaller budget
Inefficiencies of scale

BUT
Lack of $ isn't an excuse for poor RM
Small Can Be Hard (scary even)

No Full Time Risk Manager

Keeping Up with the Big Kids

• Constantly evolving practices = Treadmill?
• Engaging in the industry discussion about practices
• Know & disclose & inform & reconsider your deviations from common practices
If you can't manage the risk of an activity...

...then do not engage in the activity.
Life in the Bubble

Are you in the bubble...
Small work group?
Remote location?
Isolated from industry?
Own boss?
Few peers at work?
Lots of experience?
Lots of traditions?
RM Plans & Documentation

Yes you need one
Merge & Combine
Blank screen...
= Idiocy

Documentation & Paperwork
Minimize cross references
Zero redundancy
Thin to win...
Need Data to make data driven decisions!
Head Injuries

Accurate assessment of level of consciousness is critical in determining the severity of a head injury. Patients may initially appear well oriented and then demonstrate increasing disorientation as swelling and pressure compress the brain. The first 24 hrs are the most critical in observing the PI for worsening S&S.

**Tx: Mild Head Injuries**
Conservative treatment w/ close observation for 24 hrs in the field can be done if the PI did not lose consciousness or was only momentarily dazed or stunned, but recovered appropriately and the PI remains awake with no negative change in mental status and has no transient causes or vomiting.

1. Monitor the PI for developing signs of serious head injury.
2. Let the PI rest, but wake them up every few hrs to monitor LOC.
3. Avoid pain medications for 24 hrs.

**Tx: Severe Head Injuries**
1. If the injury is open, use diffuse pressure v/ a bulky dressing to control bleeding.
3. Immobilize the spine and elevate the head at approximately a 30-degree angle. Consider placing the PI on his/her side to manage the airway.
4. Evacuate.

**Evacuate Rapidly:**
- Any PI demonstrating increasing disorientation, irritability, combativeness or otherwise altered level of consciousness.
- Any PI w/ persistent vomiting, lethargy, excessive sleepiness, ataxia (acute incoordination), seizures, worsening headache, or vision disturbances.
- Any PI w/ signs of a skull fracture.

**Evacuate:**
- Any PI who has a change in level of consciousness after a blow to the head (e.g. disorientation, seeing stars, brief period of appearing to be asleep, unknown or unexplained loss of consciousness).
- Any PI whose S&S do not show improvement after 24 hrs.
Delete a Couple...
Define the Rest...

Guidelines
Policies
Practices
Procedures
Protocols
Rules
Standards
Instructors are a link you can influence.

Students are another link you can influence.
Staff Training & Dev.

- Hire/use qualified & pre-trained folks
- Spend $ on staff development
- Less time on policy & rules
- More time on RM culture
- Train for judgment
- Scenario style training is good
- 10 commandments good, 5 commandments is better!
- Learn from your staff
Put risk management in the program experience...

Your students are your #1 risk managers!
Small Program Inside Larger Institution

• Everyone thinks they know how to camp = the trip staffing nightmare...
• Real v. Perceived Risk Issues – especially with administration, parents, trustees
• Reframe the money/budget discussion from $ v. needs to $ v. benefit

Who really can and does teach: leadership, ethics & morality, team work, communication skills, community development, etc. at your institution? Are they in the mission?
Insurance

• Big entity policy... does it meet you little program needs?
• Are you actually insured for your activities?
• Relationships with brokers & carrier?
• Who do you call? Who actually calls?
Physician Advisors

• Do you need one?
• Dr. or School Nurse?
• Do you need Rx meds?
• Doctors are busy, so respect their time
• Need clarity re acting under their medical license
• Buy them cool gifts
Changes in USFS and BLM Permitting

- Permitting generally takes time away from Risk Management
- USFS 200 day temporary use limit, + & -
- Complex details of new USFS rules & regulations are not consistently implemented
- New BLM fee structure (ouch...)

The Good News- More organizations are being moved to priority use permits
Emergency Communications

Thank goodness this is complicated!

Capital $ verses RM

Benefit is tough argument

"Aw shucks we didn't have the $..." is a weak argument
Transportation

#1 Risk? Then #1 training topic & hours, right?

15-p vans v. MFSAB

Use data driven DM

- Seatbelts
- Nighttime
- Trained drivers
- Driver fatigue
Reviewing Your Practices

= Better programs
Might include...

Accreditation, External reviews, De-briefs, post-incident review, Risk Management Committee, Surveys of staff & students
Economy ↓

Enrollment ↓

Budgets ↓

Δ on RM

Are You OWNING The Compromises?
Questions?

Further Discussion...

\[ \begin{align*}
A &= \text{Education} \\
B &= \text{Things you know} \\
C &= \text{Things you know you don't know}
\end{align*} \]
Action Steps

#1 Draft a 10 item "to do" list & prioritize
#2 Tear off the bottom 5 & discard...
#3 Then do the top 5 items to the highest standard & the best of your ability!
#4 @ Next staff meeting ask your staff to list the benefits and challenges of being a small program. Share your to-do list & talk about how you can address the challenges that your program faces.

Relish the benefits of being small!
Small Group Discussion Topics

- Strategies for Program Review - Internal, External, Accreditation
- Medical Screening
- Public Land Use Permits
- Working within a larger institution
- Emergency Communications- Technology and planning
- RM v. Crisis Response in Schools
- Transportation
- Insurance
- Program excellence – how to discussion
Thank You!

Christopher Barnes
High Mountain Institute
Christopher@hminet.org

HMI happily shares our curriculum, practices, paperwork, documentation, etc...

Questions & Comments Welcome...