STANDARDS AND PRACTICES:

A PERSPECTIVE ON HISTORY, DEVELOPMENT, AND SIGNIFICANCE

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AGENDA

1. Objectives
2. Evolution of our field
3. General concepts & legal perspective
4. Applying standards to your program
5. Discussion
LEARNING OBJECTIVES

Through this workshop you will gain understanding of:

1. The value and significance of standards
2. The history of standards in outdoor/adventure education
3. The terminology related to standards
4. The legal significance of standards
5. Practical application of standards
6. Context for the WRMC
PERSPECTIVE—WHY?

Why is this a valuable topic?

What can this discussion add as you enter the conference to:

- Learn about wilderness risk management
- Continue your endeavor to run a quality program
INFLUENTIAL MOMENTS IN OUR HISTORY
1872 – Yellowstone National Park - first of many national parks
1876 – Appalachian Mountain Club
1880 – American Canoe Association
1882 – Sierra Club
1902 – American Alpine Club
1906 - Mountaineers
1910 – American Camp Association
1910 – Boy Scouts of America
1912 – Girl Scouts of the USA
1924 – National Conference on Outdoor Recreation - Convened by President Coolidge
1932 – Petzoldt-Exum School of American Mountaineering
1941 – The first Outward Bound program was founded in Aberdovey, Wales
1948 – Accidents in American Climbing first published by American Alpine Club
1957 – Student Conservation Association
1962 – Outward Bound Colorado – (Unsoeld quotation)
1964 – First fatality at a U.S. Outward Bound School
1965 – National Outdoor Leadership School (NOLS)
1966 – First Fatality at NOLS
1966 to 2017 – Many organizations are founded that use experiential education. Clusters of highly publicized fatalities occur at both well run, and poorly run organizations

1974 – First North American Conference on Outdoor Pursuits in Higher Education

1976 – Association for Experiential Education (AEE)

1977 – Wilderness Education Association (WEA)

1979 – American Professional Mountain Guides Association (APMGA) later (AMGA)

1981 – AEE Safety Committee charged to co-operatively develop written practices


1985 – First Wilderness First Responder Course
1986 – AMPGA certification program
1987 – AMPGA accreditation program
1992 – Wilderness Risk Managers Committee (WRMC)
1993 – AEE Accreditation Program
1993 – Association for Outdoor Recreation and Education (AORE)
1994 – First Wilderness Risk Management Conference
1996 – Outdoor Behavioral Healthcare Council (OBHC)
1997 – First International Adventure Therapy Conference
2013 – AEE Develops Accreditation Standards for Outdoor Behavioral Healthcare
TRENDS / INFLUENCING FACTORS

- Early organizations have an inward focus and proprietary attitude (Silos)

- Some early organizations believe that serious accidents are an acceptable risk to achieve educational and recreational outcomes

- Over time real risk becomes less acceptable in society. By the late 70s most organizations adopt a goal to eliminate serious accidents and fatalities

- More and more collaborations occur between individuals and organizations to develop better risk management practices and programming; motivated both by an interest to improve programming, and a series of well publicized fatalities

- “Rules are for fools” attitude is slowly replaced by an appreciation of the value of learning from each other’s successes and mistakes
TRENDS / INFLUENCING FACTORS

- Safety focus recedes and is replaced by active risk management
- Common practices are collaboratively written and published
- Common practices evolve into standards
- Standards evolve into accreditation schemes
- Increased collaboration across organizations and professional associations continues to gain ground
Why do standards develop?

For a number of reasons: organizations aspire to improve and develop, organizations want to demonstrate to the public they are reputable, organizations fear what could happen if an incident occurred and they were found to be doing things incorrectly - and suffer a loss (financial, reputational, and moral). Public safety at risk or large sums of money involved

**Formal standards**: standards that have been set by a standard setting body. Examples in our field include: ACA, AEE, AMGA, WEA

**De facto standards**: widespread practices that they are commonly accepted by the majority of organizations and practitioners in a field. Examples: requiring wilderness instructors to have a current WFR certification, using a belay when rock climbing with clients

Are Standards Mandatory or Voluntary? More about this later…..
CONCEPTS AND LEGAL PERSPECTIVE
TRANSITIONING-GENERAL CONCEPTS
GENERAL CONCEPTS – “GUIDANCE”

**Standard**: “an accepted measure of comparison for quantitative or qualitative analysis”; “...key criteria that can be used to evaluate the overall quality and effectiveness of a... program”; “statements of acceptable practice”

**Practice**: “an established way of doing things”

**Policy**: “a plan or course of action, designed to influence and determine decisions or actions; “...a guiding principle or procedure considered to be expedient, prudent or advantageous”

**Guideline**: “a statement of policy or procedure”; ”an official recommendation indicating how something should be done”
GENERAL CONCEPTS

In an industry? (External)

1. Organized Practices, That Program

2. Self Regulate - Voluntary Credentialing/Membership Organizations
   Develop standards or practices
   May “accredit” organizations, “certify” individuals (AEE, AMGA, ACA)

3. Self Regulate - Other Organizations
   Provide training for a fee; may ‘certify’ (NOLS/NOLS WMI, AIARE, WMA)
GENERAL CONCEPTS

Industry External (Cont.)

4. Mandatory
   Laws (federal and state) (e.g. Outfitters & Guides, Permitting, Child care/abuse reporting)

   Regulations, including licensing requirements (potential exemption by training)
GENERAL CONCEPTS

In an organization (internal)

1. Collective ‘guidance’ - use of terms
2. Written or unwritten
3. Often influenced by external ‘standards’ or applicable laws
4. Leader or Instructor judgment

Examples
GENERAL CONCEPTS

A. ‘Standards’ versus other terms used: label versus articulated intent

B. “Best Practices” versus common, accepted, preferred, current or industry practices

C. Relevance of ‘standards’ in these internal/external contexts:
   - Operational
   - Practical
   - Legal
STANDARDS–OPERATIONAL RELEVANCE

Furthers endeavor to:

Run a quality program, including managing risks and associated risk of loss to both individuals and to organization

Have program objectives that match program roll-out

Have internal guidance that is appropriately consistent with industry guidance (standards/practices)
STANDARDS—PRACTICAL RELEVANCE

Clear and appropriately flexible guidance

Makes room for instructor/leader judgment

Constructive and helpful

Living/ongoing evolution
STANDARDS–LEGAL RELEVANCE

Standards or “Guidance” used by a court or jury to determine the existence of a duty (judge), whether/how a duty was breached, and whether a breach caused the alleged harm (fact-finder - judge or jury) - often through a designated “expert”

Example - Negligence claim

Elements: Duty, Breach of Duty, Proximate Cause, Damages

Duty: To exercise reasonable care to protect others from unreasonable risks of harm

Standard of Care: That degree of care that a reasonably prudent person/organization would exercise in the same or similar circumstances
EXAMPLE

Expert testimony as to industry practices is acceptable…[including] an expert’s reliance [on e.g. standards set by CHA] in forming his opinion.”

**CHA standards**: “these [published standards] do not mean to suggest that these are the only ways in which to promote safety, or infer that those who do not follow these standards… engage in unsafe practices. These standards are not intended to give rise to duties of care.”
“Standard practice” for commercial whitewater outfitters in running river.

Provision of state outfitter statute (law):
A guide’s conduct “...shall conform to the standard of care expected of members of his profession...”

Court:
“Because the Industry standards for outfitters and guides applicable in this case is not clearly established, the Court finds the experts’ testimony is relevant as it provides specialized knowledge and expertise concerning the standards applicable to whitewater outfitters that will assist the trier of fact.”
EXAMPLE

Internal (unwritten) practice for snow tubing facility:
“Staff will close the tubing hill when it rains” (manager admitted in deposition)

Internal “guideline” for organization:
“During top-roping exercise, staff must ensure participants are safe at all times.”
GENERAL CONCEPTS

Why do ‘standards’ exist?

Are the existence of ‘standards’ good -- or bad?

Dual perspective

T.J. Hooper case - the way “everyone is doing it” may not be the ‘right’ way
APPLYING STANDARDS
APPLYING STANDARDS

AEE 4.18: “Appropriate first aid, emergency, and rescue equipment is available and/or accessible at each activity site.”

AdventureMark (NZ): “Are adequate first aid supplies available at all time during each activity?”

AMGA #41: “List equipment issued to individual guides and instructors by the program (...first aid kits…) AMGA #56: “Are first aid supplies carried on multi-pitch routes? If no, explain why.”

WEA 9.3.5: “Demonstrate the ability to organize and implement search/evacuation procedures to locate group members in need of assistance.”
## APPLYING STANDARDS

<table>
<thead>
<tr>
<th>1-mole foam (6”x6”)</th>
<th>1-roll of gauze</th>
<th>1-irrigation syringe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-mole skin (2”x2 ½’)</td>
<td>2-athletic tape</td>
<td>1-signal mirror</td>
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<tr>
<td>2-second skins</td>
<td>1-ibuprofen</td>
<td>1-thermometer</td>
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<td>1-wound closure strips</td>
<td>1-betadine</td>
<td>5-pairs of gloves</td>
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<td>2-opsite flexigrid</td>
<td>10-tinctures of benzoin</td>
<td>1-biohazard bag</td>
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<tr>
<td>2-eye pads</td>
<td>10-antibiotic ointment</td>
<td>1-ace bandage</td>
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<tr>
<td>18-bandaid</td>
<td>10-cortisone cream</td>
<td>1-scissors</td>
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<tr>
<td>2-gauze (3”x4”)</td>
<td>1-cravat</td>
<td>1-face shield</td>
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<tr>
<td>6-gauze (3”x3”)</td>
<td>1-whistle</td>
<td>1-tweezer/safety pin</td>
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# Applying Standards

<table>
<thead>
<tr>
<th>NOLS Drug Kit</th>
<th>Epinephrine Kit</th>
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<tbody>
<tr>
<td>Ibuprofen</td>
<td>2 ampules epi (1:1000)</td>
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<tr>
<td>Acetaminophen</td>
<td>2 syringes</td>
</tr>
<tr>
<td>Vicodin</td>
<td>4-2” gauze</td>
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<tr>
<td>Levaquin</td>
<td>4 -alcohol preps</td>
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<tr>
<td>Keflex</td>
<td>1-sharps shuttle</td>
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<tr>
<td>Bactroban</td>
<td>60 mg-prednisone</td>
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<tr>
<td>Erythro Ophthalmic</td>
<td>75 mg-Benadryl</td>
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<tr>
<td>Imodium</td>
<td>Nitrile gloves</td>
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<td>Zofran</td>
<td>Epi kit instructions</td>
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<td></td>
<td>Diflucan</td>
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<td>Anusol</td>
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<td>Benadryl</td>
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<td>Povidone Iodine</td>
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<td>Pyridium</td>
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<td></td>
<td>Prednisone</td>
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<td>Voltaren Ophthalmic</td>
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APPLYING STANDARDS

**AEE Standard 4.09:** “All program personnel and participants...exchange medical information prior to course start.”

**AdventureMark (NZ):** No standard on participant health information

**AMGA pg 32, #20:** “How does the program ensure that staff is aware of specific medical needs of clients?”

**Am. Camp Assc. *HW.5:** Health history information must be gathered from parents/guardians that includes current health conditions, past medical treatment, immunizations, and allergies.

**HW.6** Health Exam: Each resident must assess the need for their campers to have a health exam.
APPLYING STANDARDS

Health Form Received

Health Form Reviewed

No Medical Issues

Accept Student

Health Info to Inst

Has Medical Issues

Seek Add'l Info

Make Decision

Consult Health Review Guidelines & EEC

Accept Student

Health Info to Inst

Deny Enrollment

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APPLYING STANDARDS

Belaying rappels

**NOLS**: “...student rappels will be done with a backup belay.”

**Outward Bound**: “All students will use an appropriate rappel device and a backup belay.”

**AMGA Technical Handbook**: “Clients are normally belayed while rappelling.”

**Houston & Cosley**: “Backing up rappel devices...is occasionally advisable.”

**Tyson & Loomis**: “It makes sense to back...up the rappel...” Personal comfort and risk perception dictates.
DISCUSSION

- I’m not accredited, so published standards don’t apply to/won’t affect me. Is this true?
- Since there is more than one standard setting body which should I subscribe to and apply to my organization?
- How do I know if our practices are consistent with published standards?
- Do I create more liability for my organization by writing policy around published standards?
- If there are really standards in our field is it important to get accredited? Why, or why not
ACTION STEPS

Use your improved understanding of the legal and practical implications of internal and external standards and practices to:

1. **Review your current internal practices.**
   Consider their construct, intent, purpose, applicability, flexibility.

2. **Compare your practices to relevant published standards and industry practices.**
   Adjust your practices as it appears prudent.

3. **Your organization is not isolated.**
   Allow for the organization’s external review.
   Develop collaborative relationships with industry leaders and peer organizations.
   Encourage staff to attend conferences…. and

4. **Get involved!**
   Voice your concerns or comments if you believe that published standards could be improved or should be changed.