

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

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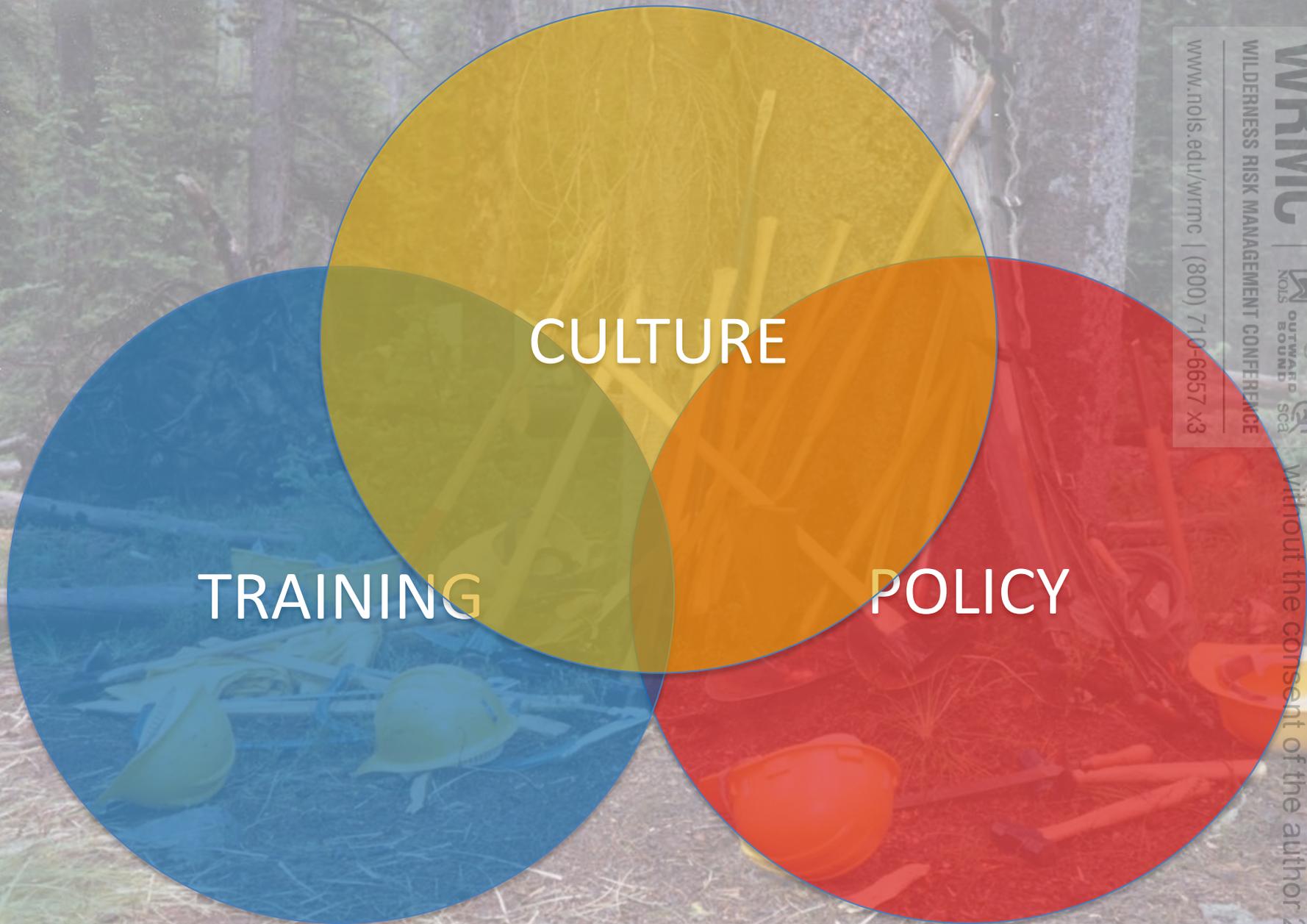
Aligned Risk Management

- What is in your toolbox?
 - Organizational values
 - Individual and group behaviors
 - Organizational “story”
 - Recruiting and hiring
 - Handbooks
 - Education and training
 - Professional development

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What are your policies?
Are your policies consistent?
Are your policies reflective
of your culture?

POLICY



TRAINING

- How do you train?
- Is your training consistent?
- How do you reinforce your culture through training?
- Who do you train?

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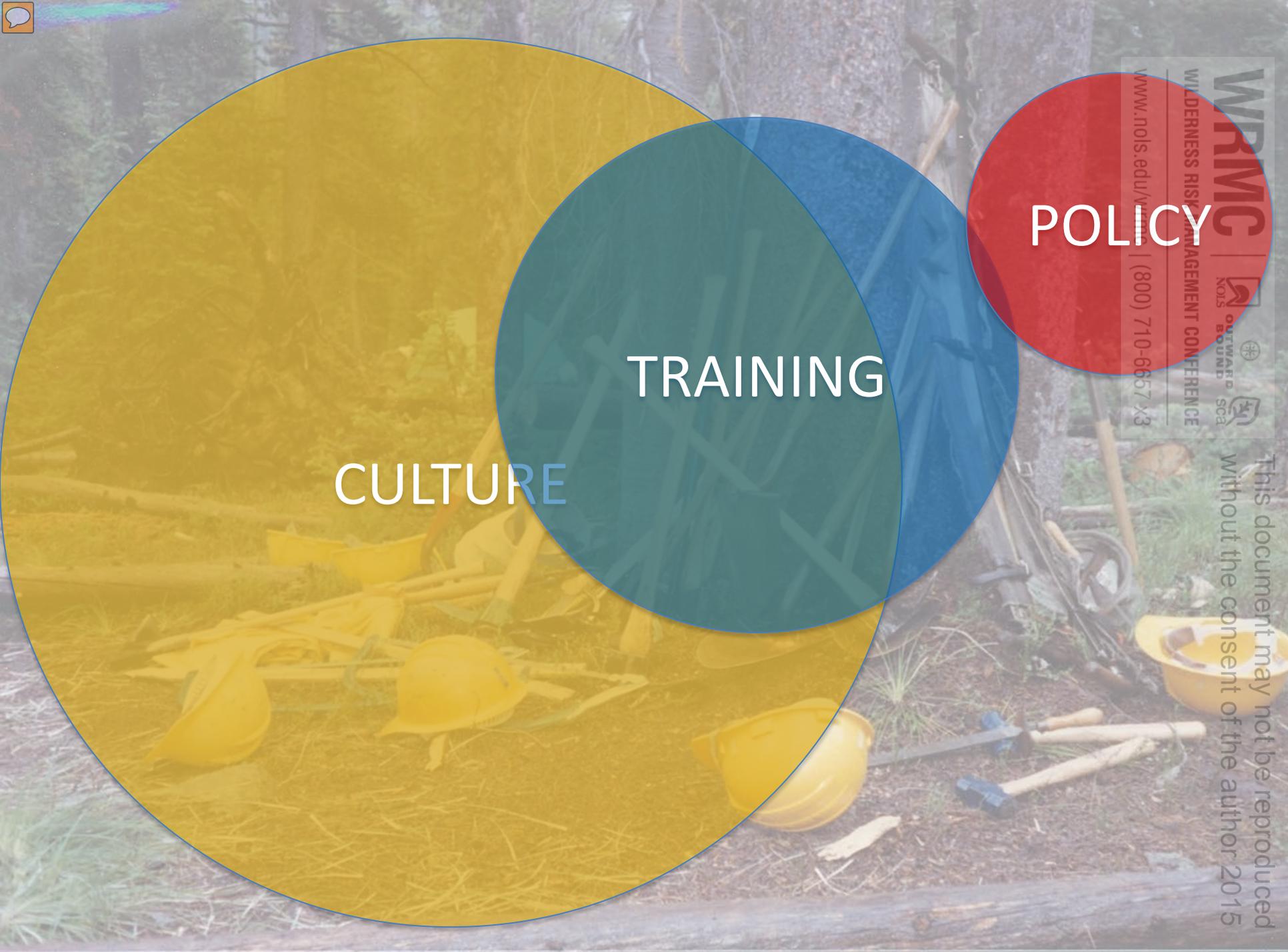
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CULTURE

What is your culture?
Is your culture consistent?
How do you reinforce your culture?



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POLICY
TRAINING

CULTURE

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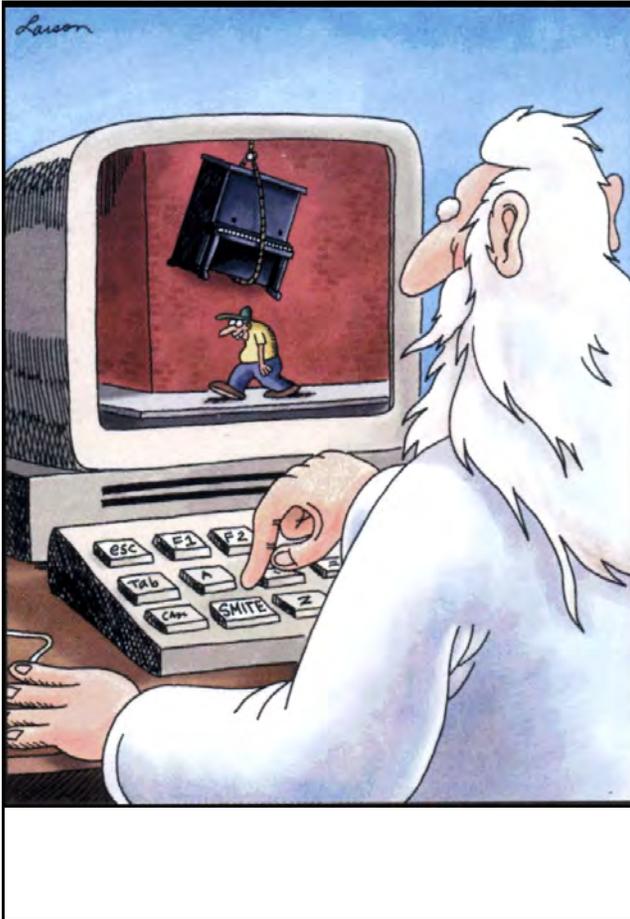
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CULTURE TRAINING

POLICY

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What worries you?



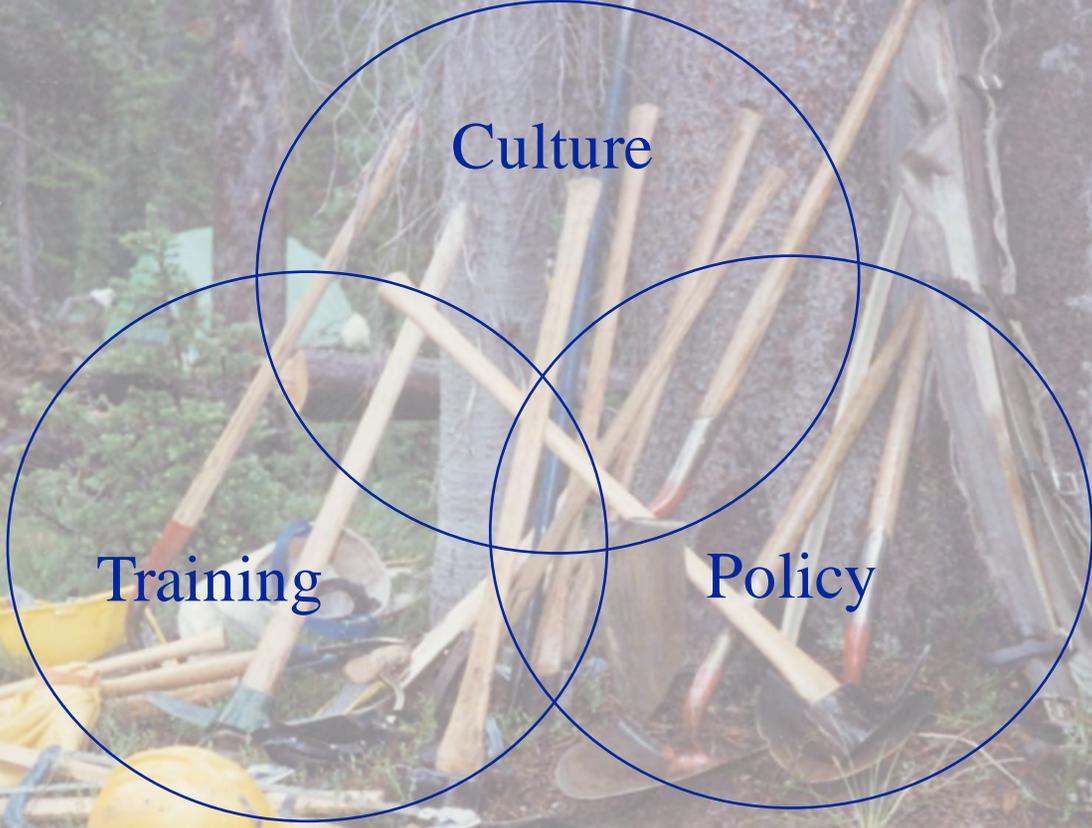
God at his computer



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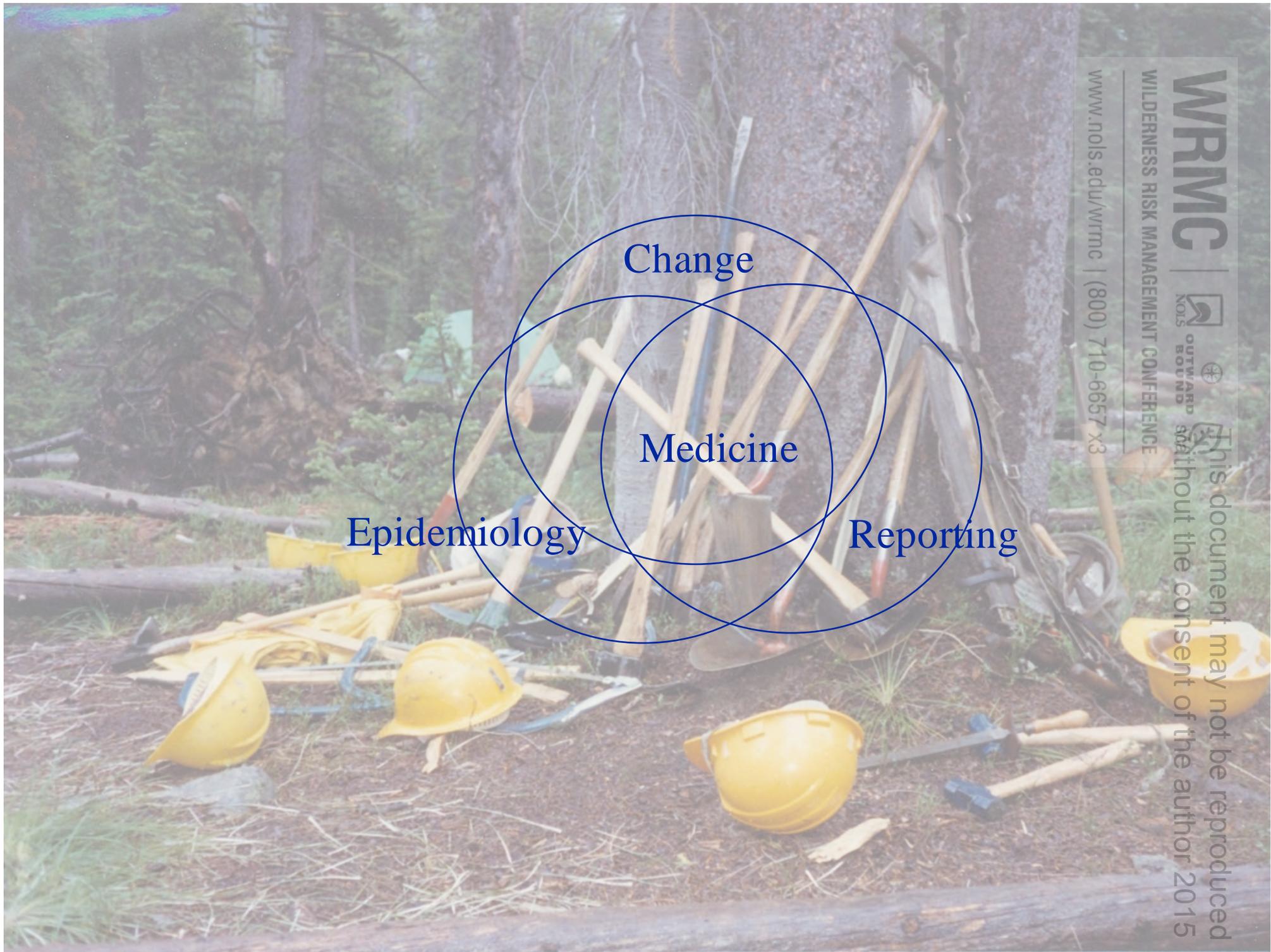


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Change

Medicine

Epidemiology

Reporting

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- Culture
 - Changing Expectations
- Training
 - What Should we Train for?
 - Epidemiology
- Policy
 - Reporting

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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

HARVARD MEDICINE

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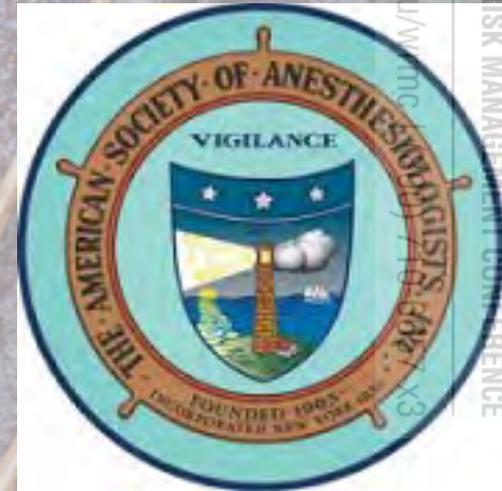
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Culture

- ❑ 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



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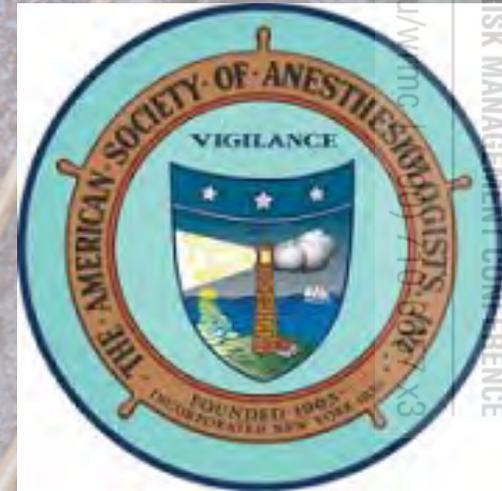
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Culture

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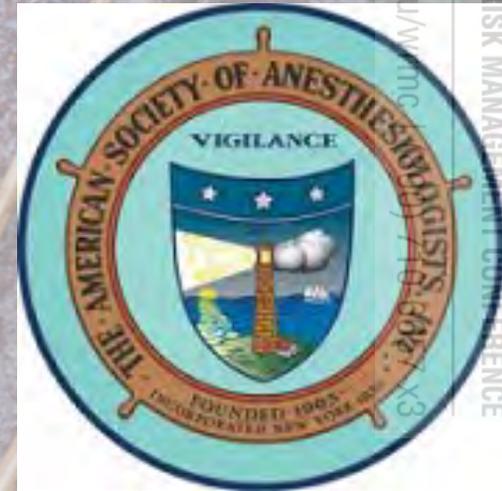
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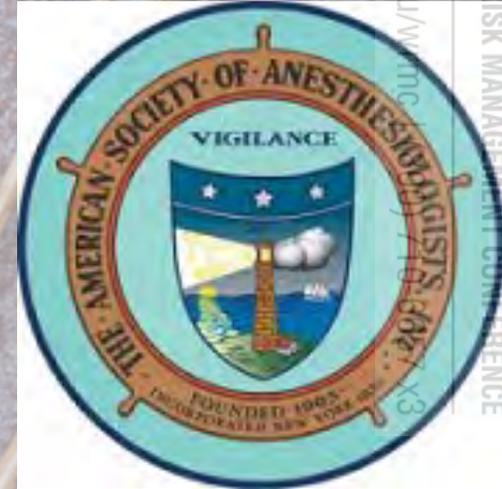
Culture

- ❑ 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



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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 $<1\%$

Culture

- ❓ Ignac Semmelweis
 - ❓ Was fired

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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

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Training

What Should We Train For?



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Training

Big, Bad,
Uncommon:



Small, Initially
Minor,
Common:

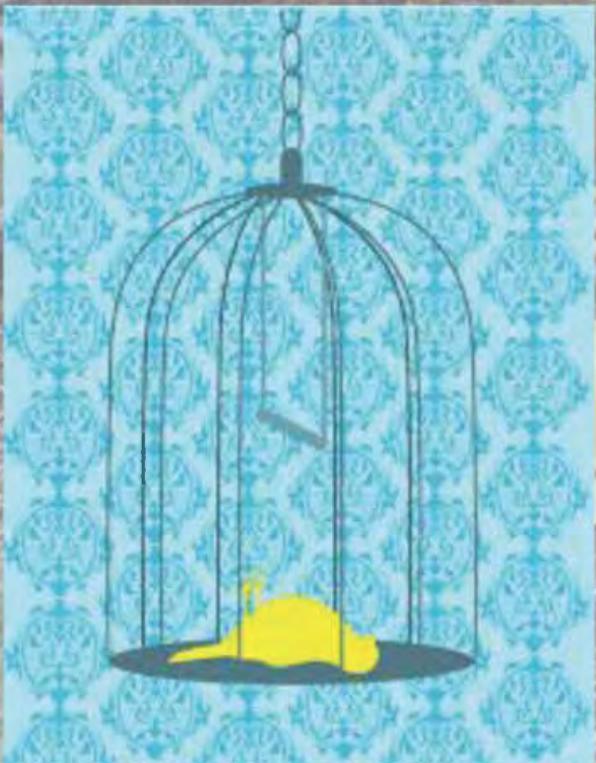


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Situational Awareness/ Scene Management



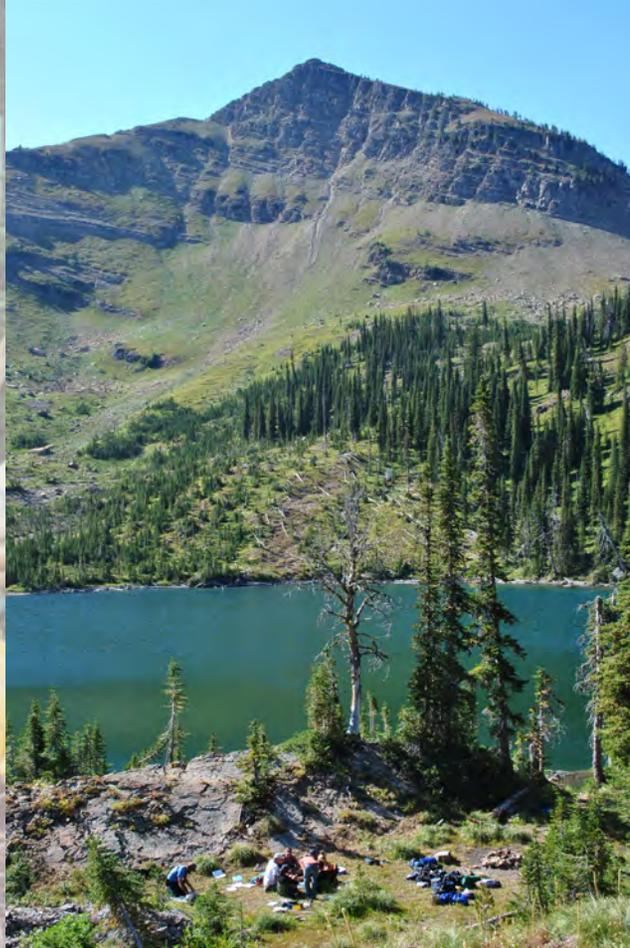
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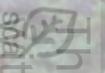
Situational Awareness/Scene Management



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Preventable Deaths



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Preventable Deaths



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Preventable Deaths



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Keeping Simple Things Simple



*Wilderness & Environmental
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Volume 25, Issue 2, Pages 182-189
(June 2014)

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Keeping Simple Things Simple



*Wilderness & Environmental
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Keeping Simple
Things Simple



*Wilderness & Environmental
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Volume 25, Issue 2, Pages 182-189
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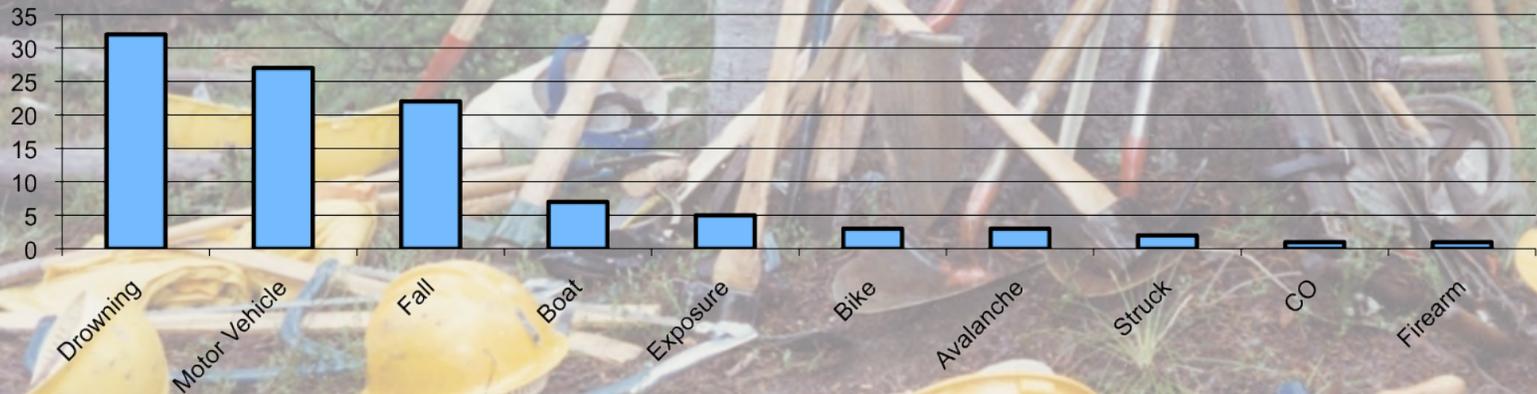


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Percentage of Visitor Fatalities Reported – National Park Service

% NPS Fatalities by Category



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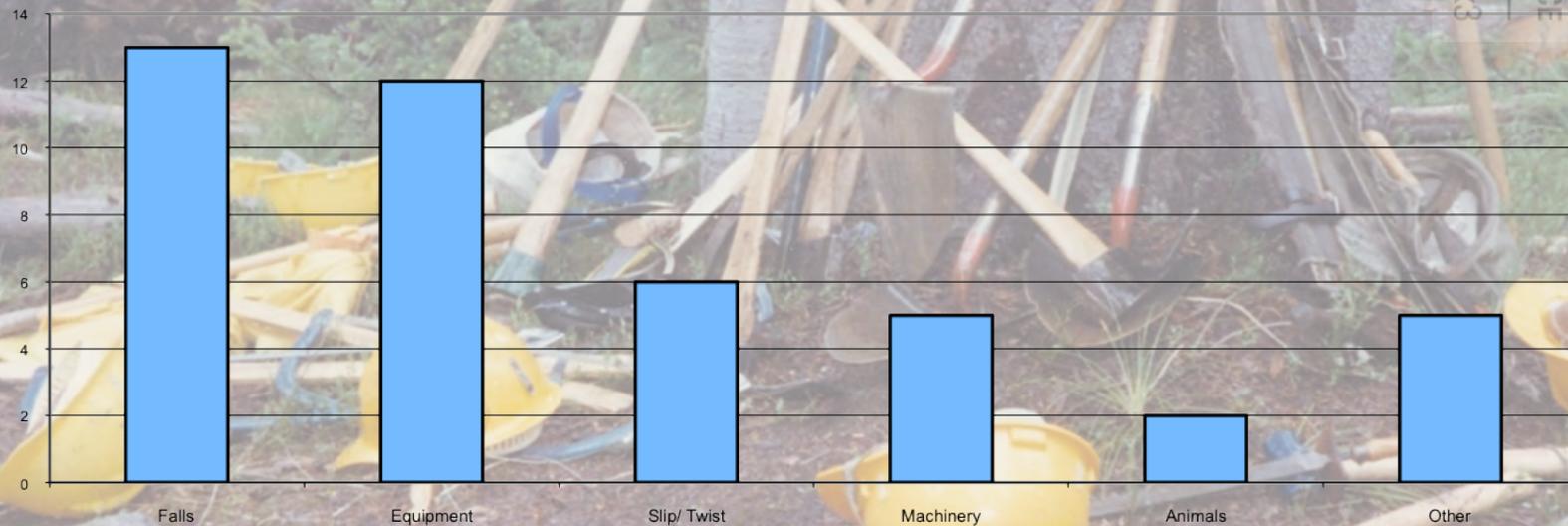
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Mount Rainier National Park

Worker Injury by Cause

Mount Rainier Worker Injuries by Cause



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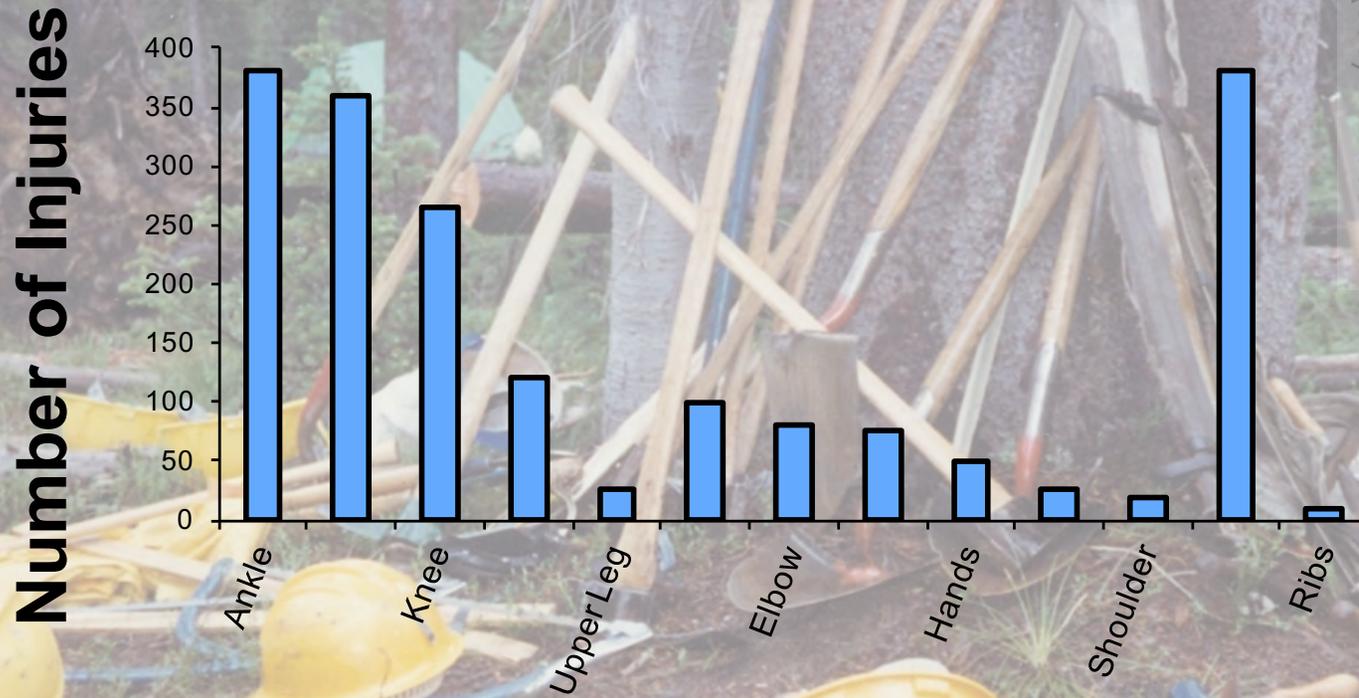
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Injury and Illness in Hawaii Volcanoes National Park



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Anatomic Location of Injuries Shenandoah National Park EMS Calls



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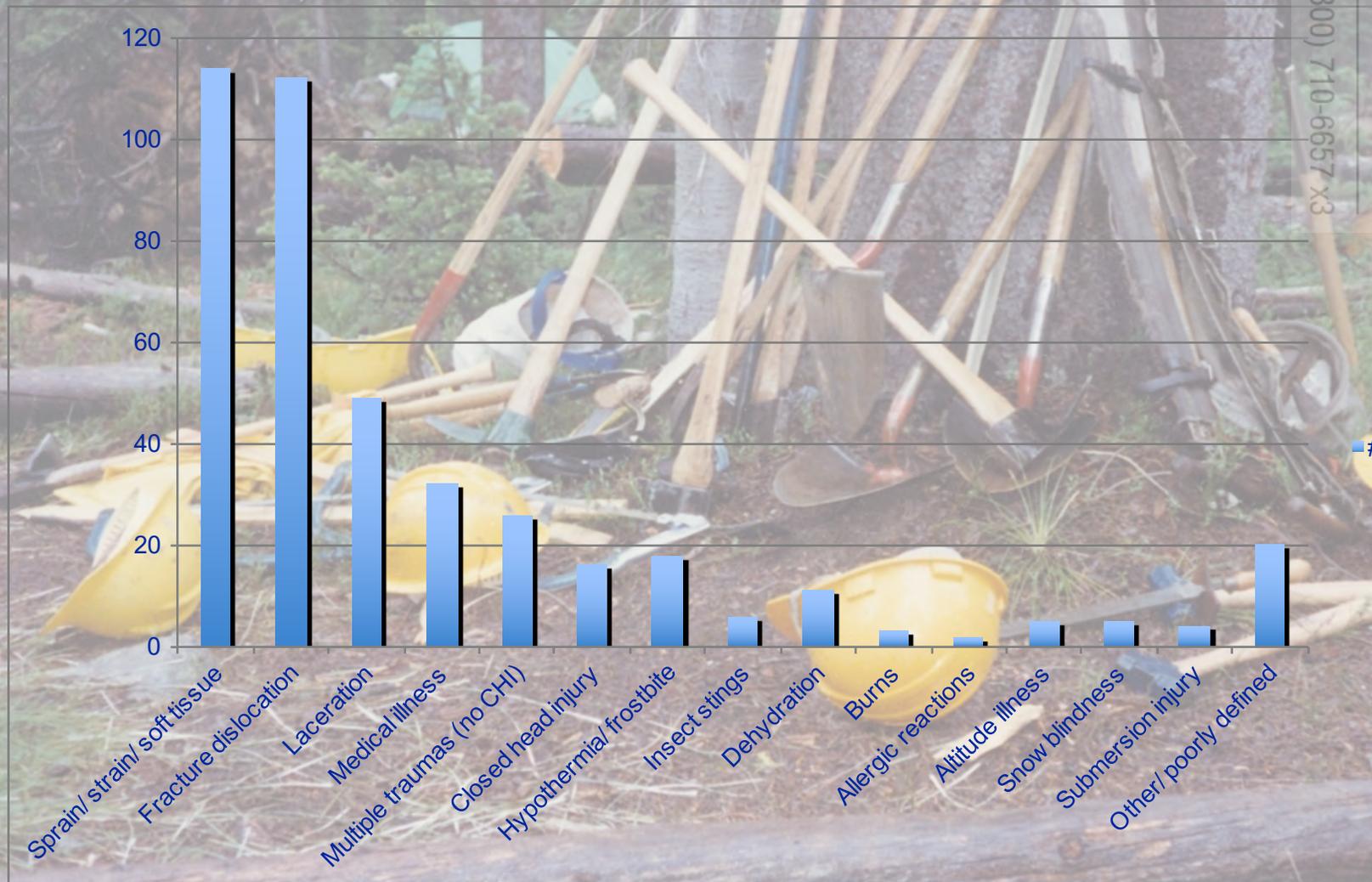
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Type of Injury MORA and Olympic National Parks



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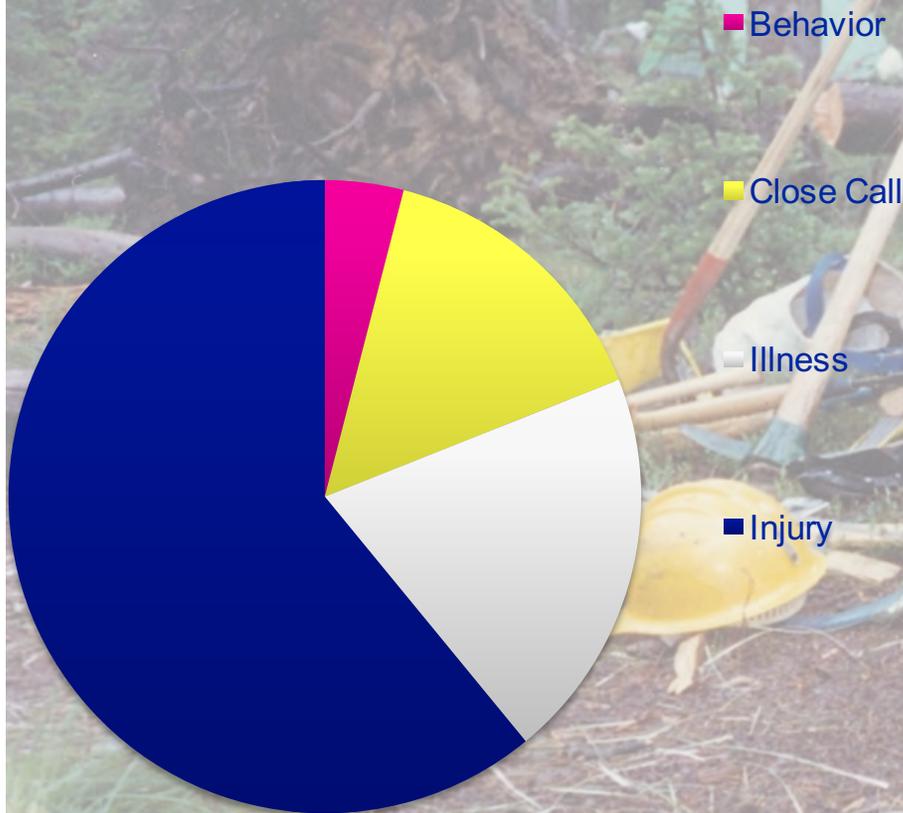


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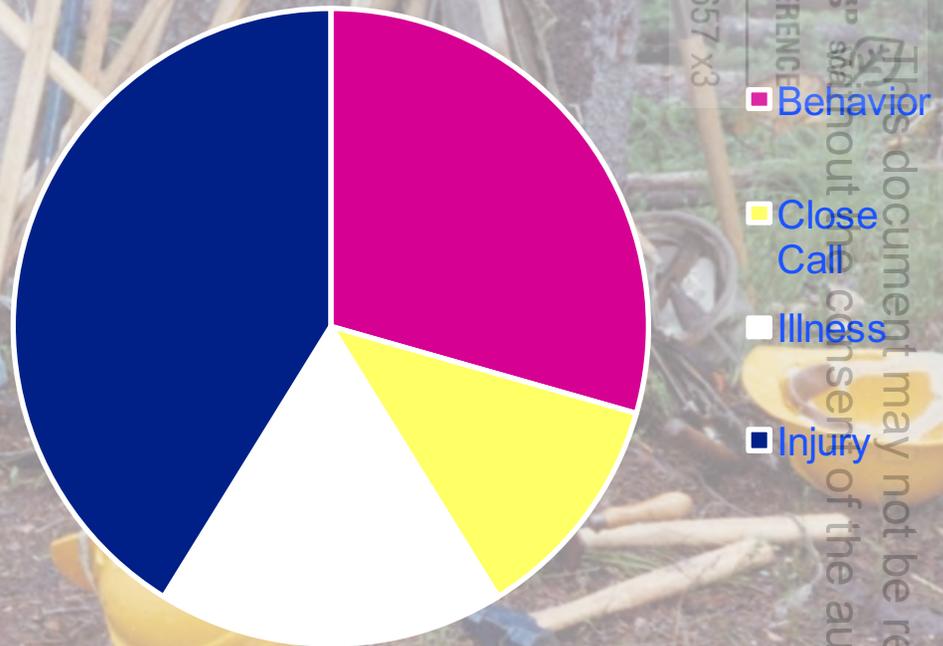
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Corps Program Illnesses and Injuries

Proportion of Injuries, Illnesses and Behavioral Emergencies



1995-2005



2005-2015

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Corps Program Illnesses



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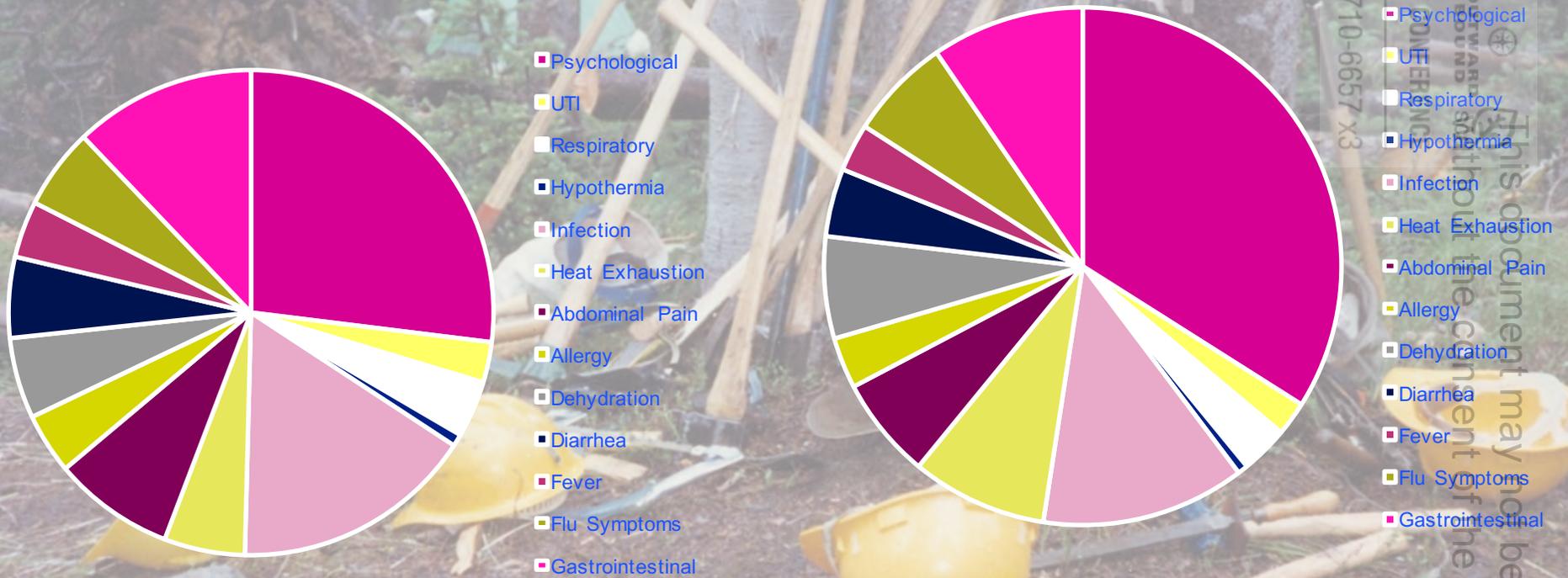
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Corps Program Illnesses

1995-2005

2005-2015



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

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Corps Program Injuries



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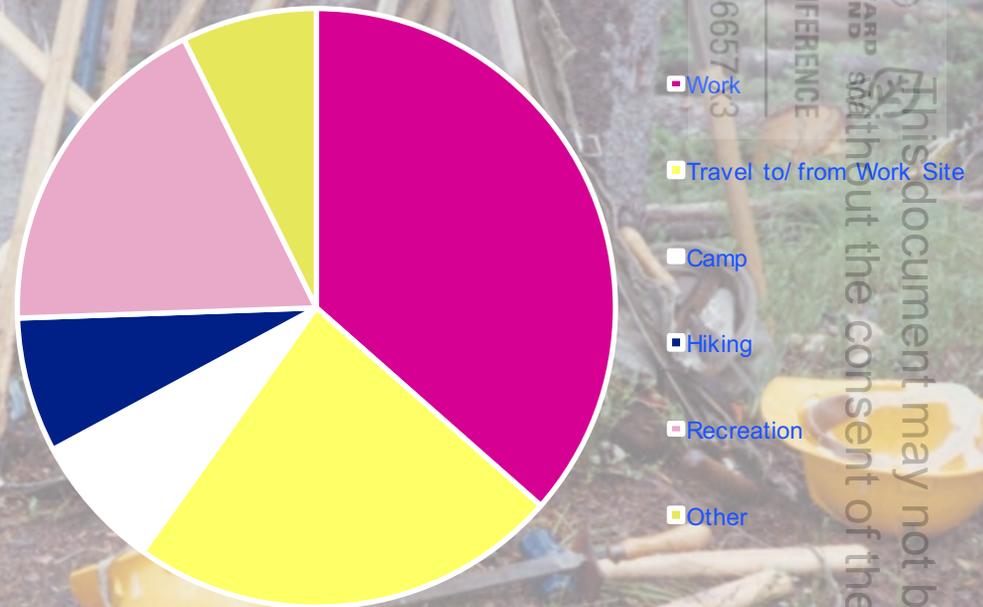
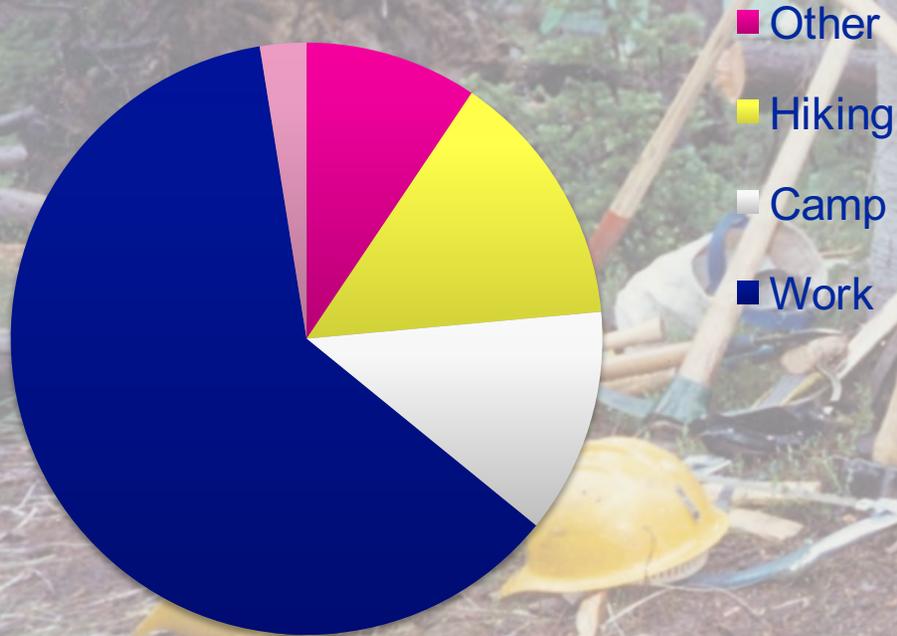


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Corps Program Illnesses and Injuries

Chart Title



Training Corps Program Activity at Time of Injury



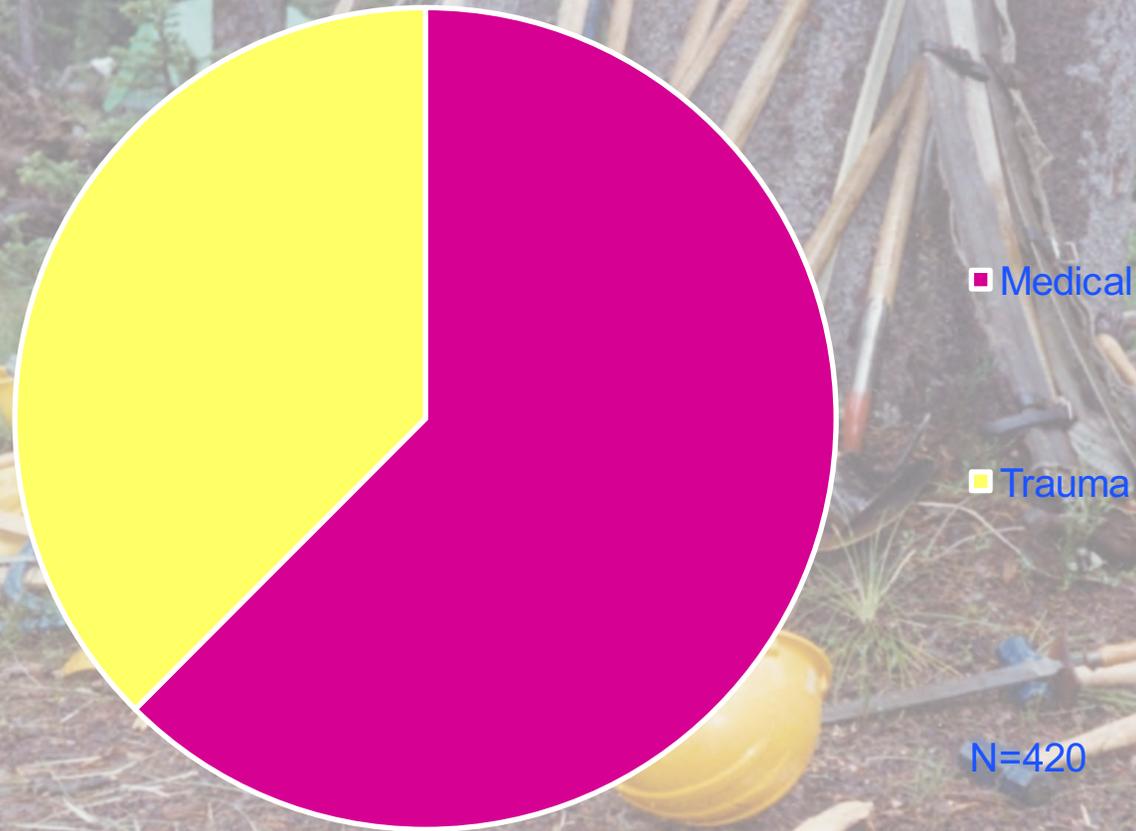
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Training Corps Program Evacuations 1990-2015



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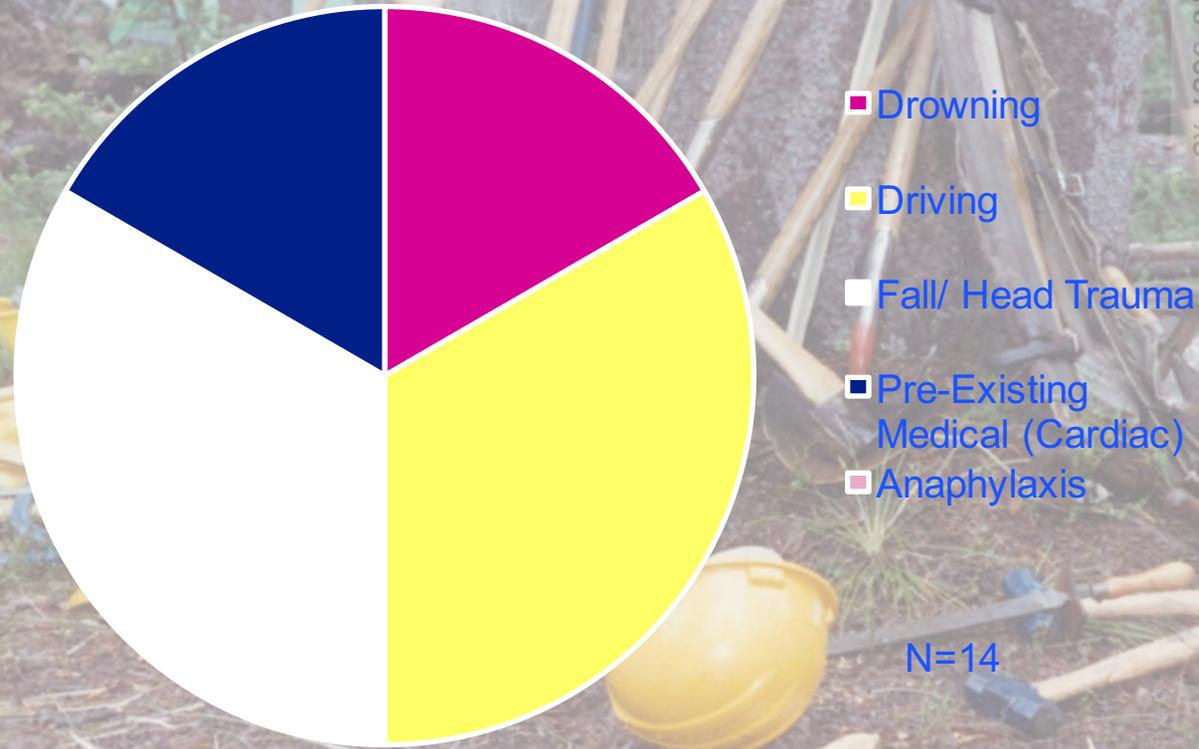
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Training Corps Program Fatalities 1990-2015



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Policy

Staff Member: _____ Program: _____ Crew: _____ Week: _____

WEEKLY ACCIDENT/INCIDENT SUMMARY

The weekly incident report is to be completed by each staff and submitted with the trashbags when they are returned/axed to the office. Items to be reported would be accidents/injuries, close calls, and any personnel problem that could or may result in termination. When completing the form list each incident separately and include dates, times, and people contacted. This will allow office personnel to follow up with issues if needed and/or have information available if someone calls.

Date & Time: _____ **Approximate Location:** _____

Location of Accident/Incident: _____

Co-workers Involved: _____

Staff Involved: _____

Description of Accident/Incident: >= _____ *(write a detailed description of the accident!)*

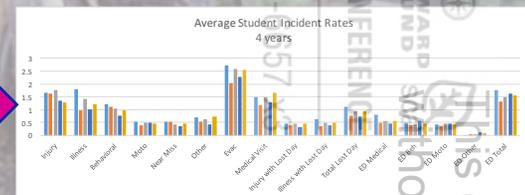
Actions Taken: Describe actions taken, including first aid, emergency procedure, and/or disciplinary action.

Recommended follow up: Describe the steps that will be taken to resolve the accident or incident.

Analysis: How could this have been avoided? What safety equipment/regulations should be considered in the future?

P: Risk Management/Safety/Field Staff Notebook/Weekly Incident Summary.doc updt. 3/15/07

2014 Injury Summary		
Category	Program	Description of Incident
Bites/Stings		While running a chainsaw, participant was stung in the arm. Significant swelling occurred.
Bruises/Contusions		Participant struck foot with the blade of a brushcutter after hitting a rock hidden by brush.
Cuts/Abrasions		Leader stepped on McLeod and struck himself in the face resulting in a cut to the cheek which required stitches. While hiking into a project, participant fell onto a stick resulting in a 3cm laceration on the left knee.
Fractures		Participant hit pinny bar while sawing pulaski resulting in 2cm laceration Lead steward rolled ATV off trail resulting in fractured ribs and clavicle. 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. Leader tripped on stairway at headquarters, fracturing his left wrist. Participant was pushing a bucked log off trail, it rolled backwards over his hand, fracturing a bone.
Other		Participant experienced multiple bloody noses while working in a dry climate at 6000'. Poison oak exposure during thinning project. Contracted poison oak on the left knee while pulling scotch broom Contracted poison oak while pulling non-native vegetation. Contracted poison oak while pulling non-native vegetation. Contracted poison oak while pulling non-native vegetation. Exposure to poison oak during the scope of work. Shoulder strain related to carrying logs, driving, and repetitive chainsaw use. Sprained thumb while using a sawnath with force. While pulling scotchroom participant strained his back and abdominal muscles Participant tripped and fell while on a bathroom break spraining the left fifth finger
Strains/Sprains		Repetitive kneeling and walking uphill while weeding and/or completing general duties in the LHV Educational Farm resulted in sprained back muscles. Participant experienced abdominal pain while carrying backpack hiking from worksite to camp. Low back strain while hand pulling non-native vegetation. Participant sprained lower back while lifting table from trailer. While attaching a trailer during staff training, leader sustained a pinched nerve related to a pre-existing injury. Rolled ankle on project site. Abdominal strain due to heavy lifting of rocks.



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Policy

Incident Report Form

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT			
Full Name			
Home Address			
<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor	<input type="checkbox"/> Vendor
Phone Numbers	Home	Cell	Work

INFORMATION ABOUT THE INCIDENT		
Date of Incident	Time	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident		
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary)		
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach separate sheet with names, addresses, and phone numbers.		
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).		
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided: <input type="checkbox"/> on site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other		

REPORTER INFORMATION
Individual Submitting Report (print name)
Signature
Date Report Completed

FOR OFFICE USE ONLY
Report Received by _____ Date _____

Near-Miss Report Purposes

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

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Policy

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

Date	Action Taken	By Whom

- ## Near-Miss Report Purposes
- Recognize Trends
 - Update Guidelines
 - Legal
 - Data/Summary Statistics

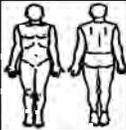
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Policy

Aerie Backcountry Medicine Wilderness Incident SOAP Notes		Aerie Backcountry Medicine Wilderness Incident SOAP Notes	
SUBJECTIVE		ASSESSMENT of Situation and Plan of Treatment	
Patient's name: Age Sex Weight lb		Injury List Potential Problems	
Location: Let T R S Long			
Environment: MCI: Distress? Halted? MISC: Speed? Seat Belt? Other Patients: Y/N How Many?			
SUBJECTIVE: Patient History		PLAN of Action	
Chief Complaint:		Patient Ambulatory Litter Carry Spinal Immobilization	
O: P: Q: R: S: T: A:		Urgency: Critical Stable Minor	
A: B: C: Major Bleeds, Bruising? Neck/Spine: Pain Deformity: Chest: Tender Crepitus Equal Expansion		Plan for each injury: Injury/illness Action Taken Named Treatment:	
OBJECTIVE: Patient Physical Exam		Evacuation Plan (including back-up plan)	
A: Clear Obstructed ABD: Pain Soft B: Labored Non-Labored Tender Rigid C: Radial Pulse Strong Weak Back: Pain Deformity Pelvis: Stable Rigid Extremities: (cm) RA: LA: T: E: A:		Notes	
VITAL SIGNS			
Time LOR RR HR SCTA P Pupils			
SOAP NOTE CHEAT SHEET		Scene Size-Up	
Lat = Latitude. Long = Longitude T, R, S = Township, Range, Section. MOI = Mechanism of Injury. O = Onset (Slow, Rapid). P = Provocation/palliation. (What makes this better/ worse?) 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. A = Allergies. M = Medications. 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? L = Last in-Last out. Food/H2O? Urination/Defecation/Vomiting? E = Events. What exactly happened? HEENT = Head, Eyes, Ears, Nose, Throat. ABD = Abdominal. CSM's = Circulation, Sensation, Motion. RA = Right Arm RL = Right Leg LA = Left Arm LL = Left Leg SCTM = Skin, Color, Temperature, Moisture. Notes = Changes in patient, radio frequency, back-up plan, general impression etc.		As you approach the patient - hands in pockets, calm situation. Safety: 1. Yours! 2. Your partner's. 3. The patient's. Mechanism of Injury Number of Patients!! DUCE: yourself (name, training level, group you belong to) ANK: if they need/want your help. PATIENT ASSESSMENT: Initial Assessment - ABC's C-Spine? TRAUMA? Do this PHYSICAL EXAM AD-TOE EXAM LL SET OF VITALS DOCUMENTATION (SOAP Note) CONTINUED PATIENT TREATMENT Level of responsiveness AVPU Scale: ΔJert and Oriented x 4 (Oriented to person, place, time, and event) ΔJert and Oriented x 3 (Oriented to person, place, and time) ΔJert and Oriented x 2 (Oriented to person, and place) ΔJert and Oriented x 1 (Oriented to person) ΔJert and Oriented x 0 (Completely disoriented yet speaking) Responsive to VERBAL Stimulus -Patient only follows commands Responsive to PAINFUL Stimulus -Patient only responds to Pain UJresponsive -Patient does not respond noticeably to any stimulus	

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

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 NOLS OPERATIONAL SAFETY
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Policy

Staff Member: _____ Program: _____ Crew: _____ Week: _____

WEEKLY ACCIDENT/INCIDENT SUMMARY

The weekly incident report is to be completed by each staff and submitted with the timesheets when they are returned/faxed to the office. Items to be reported would be accidents/injuries, close calls, and any personnel problem that could or may result in termination. When completing the form list each incident separately and include dates, times, and people contacted. This will allow office personnel to follow up with issues if needed and/or have information available if someone calls.

Date & Time: Approx. _____

Location of Accident/Incident: _____

Corpsmembers Involved: _____

Staff Involved: _____

Description of Accident/Incident: Pro- _____ *vide a detailed description of the accident!*

Actions Taken: *Describe actions taken, including first aid, emergency procedure, and/or disciplinary action.*

Recommended follow up: *Describe the steps that will be taken to resolve the accident or incident.*

Analysis: *How could this have been avoided? What safety equipment/regulations should be considered in the future?*

P: \Risk Management\Safety\Field Staff Notebook\Weekly Incident Summary.doc upd. 3/15/07

- ## Weekly/ Quarterly Report Purposes
- Recognize Trends
 - Update Guidelines
 - Legal
 - Data/ Summary Statistics

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Policy

2014 Injury Summary		
Category	Program	Description of Incident
Bites/Stings		While running a chainsaw, participant was stung in the arm. Significant swelling occurred.
Bruises/Contusions		Participant struck foot with the blade of a brushcutter after hitting a rock hidden by brush.
Cuts/Abrasions		Leader stepped on McLeod and struck himself in the face resulting in a cut to the cheek which required stitches.
		While hiking into a project, participant fell onto a stick resulting in a 3cm laceration on the left knee.
Fractures		Participant hit pinky toe while swining pulaski resulting in 2cm laceration
		Land steward rolled ATV off hill resulting in fractured ribs and clavicle.
		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.
		Leader tripped on stairway at headquarters, fracturing his left wrist. Participant was pushing a bucked log off trail, it rolled backwards over his hand, fracturing a bone.
Other		Participant experienced multiple bloody noses while working in a dry climate at 6500'.
Poison Oak		Poison oak exposure during thinning project.
		Contracted poison oak on the right knee while pulling scotch broom
		Contracted poison oak while pulling non-native vegetation.
		Contracted poison oak while pulling non-native vegetation.
		Contracted poison oak while pulling non-native vegetation.
Strains/Sprains		Exposure to poison oak during the scope of work.
		Shoulder strain related to carrying logs, driving, and repetitive chainsaw use.
		Sprained thumb while using a wrench with force.
		While pulling scotchbroom participant strained his back and abdominal muscles
		Participant tripped and fell while on a bathroom break spraining the left fifth finger
		Repetitive kneeling and walking uphill while weeding and or completing general duties in the LHV Educational Farm resulted in sprained back muscles.
		Participant experienced abdominal pain while carrying backpack hiking from worksite to camp.
		Low back strain while hand pulling non-native vegetation.
		Participant sprained lower back while lifting table from trailer.
		While attaching a trailer during staff training, leader sustained a pinched nerve related to a pre-existing injury.
	Rolled ankle on project site.	
	Abdominal strain due to heavy lifting of rocks.	

End-Of Year Report Purposes

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

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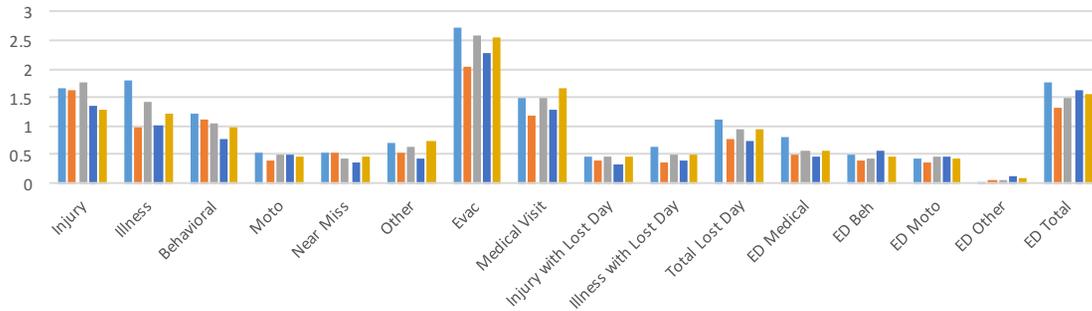


OUTWARD BOUND
SMITHSONIAN INSTITUTION

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Policy

Average Student Incident Rates
4 years



Summary Statistics/ Charts Purposes

- Recognize Trends
- Update Guidelines
- Legal
- Insurance
- Board/ Staff/ Investors/
Contributors

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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
 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:

- | | |
|---|---|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Sunburn |
| <input type="checkbox"/> Contusion | <input type="checkbox"/> Burn (non-sun) |
| <input type="checkbox"/> Laceration | <input type="checkbox"/> Blister |
| <input type="checkbox"/> Puncture | <input type="checkbox"/> Bug Bite(s) Kind: |
| <input type="checkbox"/> Sting(s) Kind: | <input type="checkbox"/> Head (conscious) |
| <input type="checkbox"/> Rash from Plants | <input type="checkbox"/> Head (unconscious) |
| <input type="checkbox"/> Tick bite/embedded | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sprain or Strain | |

Type of Illness:

- | | |
|---|--|
| <input type="checkbox"/> Gastro/Intestinal | <input type="checkbox"/> UTI |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Dehydration |
| <input type="checkbox"/> Respiratory Symptoms | <input type="checkbox"/> Heat Exhaustion |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Hypothermia |
| <input type="checkbox"/> Infection | <input type="checkbox"/> AMS |
| <input type="checkbox"/> Flu Symptoms | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lyme Disease | |

Behavioral:

- | | |
|--|--|
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Sexual Harassment/Assault |
| <input type="checkbox"/> Drugs/Alcohol/Tobacco | <input type="checkbox"/> Safety/Judgment |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Unprofessional conduct |
| <input type="checkbox"/> Verbal harassing behavior | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Physical harassing behavior | |

Other:

- | | |
|---|---|
| <input type="checkbox"/> Travel Problems | <input type="checkbox"/> Near miss |
| <input type="checkbox"/> Family Emergency | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Vehicle Accident | <input type="checkbox"/> Issue with Agency/
Supervisor |
| <input type="checkbox"/> Property/Equipment
Damage | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Early Departure | |

Program Activity:

- | | |
|---|---|
| <input type="checkbox"/> Carrying Equipment | <input type="checkbox"/> Canoeing/ Aquatic |
| <input type="checkbox"/> Tool Sharpening | <input type="checkbox"/> Driving/Vehicular |
| <input type="checkbox"/> Moving Rock/Timber | <input type="checkbox"/> Training program: |
| <input type="checkbox"/> Using tool: | <input type="checkbox"/> Cooking/Kitchen/Dishes |
| <input type="checkbox"/> Working on Tread/Drainage | <input type="checkbox"/> Education Service: |
| <input type="checkbox"/> Working on Res. Facilities | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Swimming |

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 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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OUTWARD
BOUND

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Incident Report Form

Incident Threshold Level: 0 I II III IV V

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Person(s) involved in incident: _____

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 Leader Team Admin/Office/Event

Environment: Urban Frontcountry Backcountry

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Incident Narrative: _____

What action has been taken? _____

What is the plan moving forward? _____

Will there be continued communication? Yes No

Who? _____

When? _____

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- | | |
|---|--|
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|---|--|
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| <input type="checkbox"/> Allergy | <input type="checkbox"/> Hypothermia |
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Behavioral:

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- | | |
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- | | |
|---|---|
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| <input type="checkbox"/> Working on Tread/Drainage | <input type="checkbox"/> Education Service: |
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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 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

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| <input type="checkbox"/> Tick bite/embedded | <input type="checkbox"/> Dislocation _____ |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sprain or Strain | |

Type of Illness:

- | | |
|---|--|
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| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Dehydration |
| <input type="checkbox"/> Respiratory Symptoms | <input type="checkbox"/> Heat Exhaustion |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Hypothermia |
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| <input type="checkbox"/> Flu Symptoms | <input type="checkbox"/> Other: _____ |
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Behavioral:

- | | |
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|---|---|
| <input type="checkbox"/> Travel Problems | <input type="checkbox"/> Near miss |
| <input type="checkbox"/> Family Emergency | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Vehicle Accident | <input type="checkbox"/> Issue with Agency/
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| <input type="checkbox"/> Property/Equipment
Damage | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Early Departure | |

Program Activity:

- | | |
|---|---|
| <input type="checkbox"/> Carrying Equipment | <input type="checkbox"/> Canoeing/ Aquatic |
| <input type="checkbox"/> Tool Sharpening | <input type="checkbox"/> Driving/Vehicular |
| <input type="checkbox"/> Moving Rock/Timber | <input type="checkbox"/> Training program: |
| <input type="checkbox"/> Using tool: | <input type="checkbox"/> Cooking/Kitchen/Dishes |
| <input type="checkbox"/> Working on Tread/Drainage | <input type="checkbox"/> Education Service: |
| <input type="checkbox"/> Working on Res. Facilities | <input type="checkbox"/> Camping |
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Phone of Doctor/Hospital/Clinic: _____

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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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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



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SAATHOUT THE

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Programming in Uncharted Waters



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SCA

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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

	New type of project	New Population	New Environment	New Partners
Identify				
Vet				
Prepare				

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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?

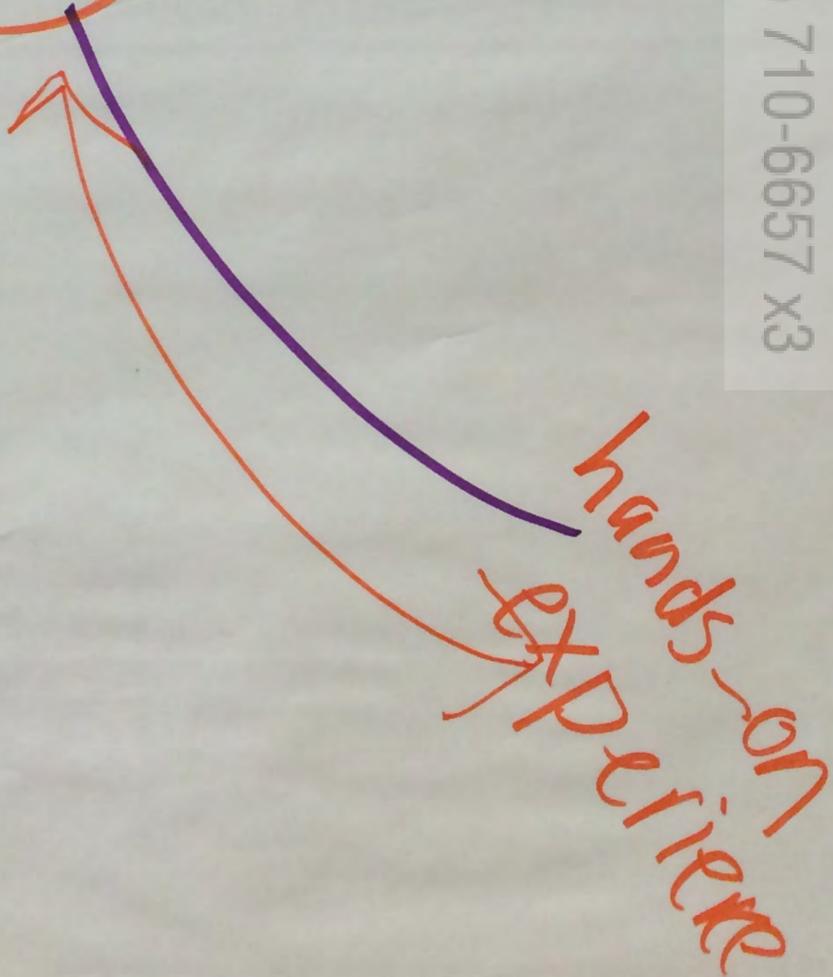
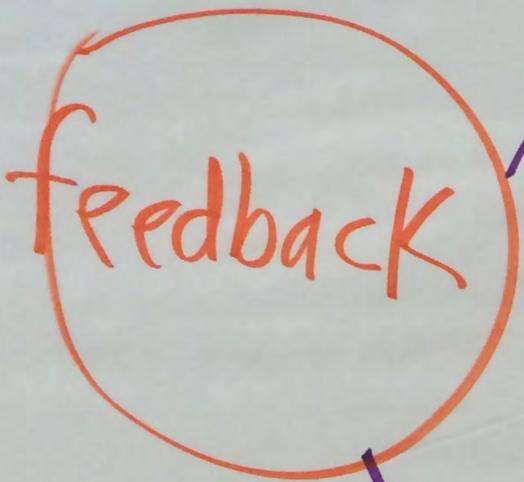
Risk Management

- 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



Practice

Examples:

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Training

*hands-on
experience*

RM PATHWAYS

Preparing for uncertainty

framework
C, I, P

how to
navigate
thru the
"new"

#/stats,
trends

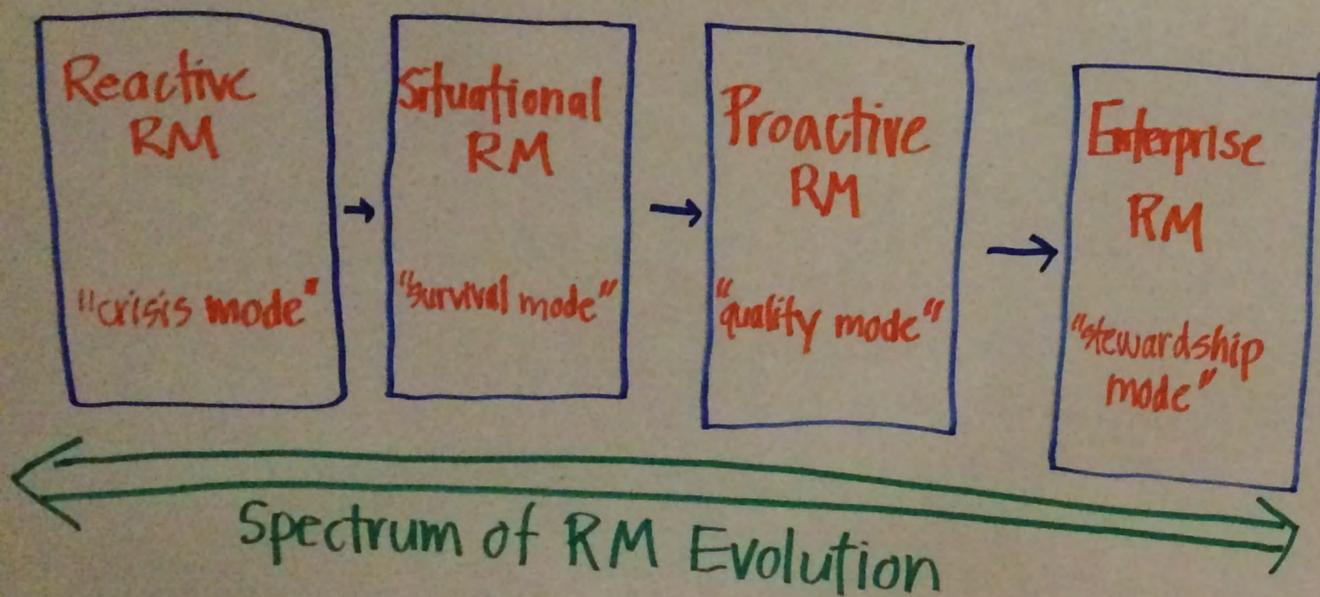
brought in
your voices/
expertise.

responding when risks
materialize



WRMJC
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from Non Profit Risk Management Center



What makes Corps special?

Why do you work for a Corps?

- 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