



Risk Management Planning

Definition and Intent

Risk Management is that part of a 4-H group's approach to safety which focuses more narrowly on a specific activity or event while identifying potential issues and providing appropriate responses.

Risk Management is a central component of comprehensive 4-H planning. The most important consideration in Risk Management efforts is the health, safety and welfare of 4-H members, volunteers, and people attending an event or activity.

Things to Address

It is important to have a chain of command for custodial care of 4-H youth. It is important to decide in advance who will take charge and what the other adult's roles will then be. It is important to plan for enough adult coverage in case of an emergency. 4-H groups should have the 4-H Accident/Incident Report forms and participant 4-H Health forms with them. If you need to stay overnight, be sure to have the people and resources you need to do so in a safe and well-managed way.

Definitions of some terms you will encounter:

Lead – The Lead is the person in charge of the event, activity or trip. This might be the trip organizer, the 4-H Staff member, or the club leader. It is important the lead monitor the situation so it is best if they are not the one calling EMS or going for help if needed.

Secondary Lead & Volunteers – This group of individuals would be the head chaperones, drivers, or other volunteers, such as event staff. One of these people should be placed in charge of contacting Emergency Medical Services (EMS) if needed, another should move the unhurt to a safe distance, and still another should remain with the sick or injured. They must be familiar with the event location in order to direct EMS to where they are needed.

Other volunteers – This group of individuals might include parents or other adults attending the activity or event. Parents are usually willing to help in a crisis. They could help monitor the "well" group, be sent to the road or end of the driveway to alert EMS personnel, and if the situation is not a grave one, or they could conduct an activity with the remaining members to keep them occupied.

How to Complete a Risk Management Plan:

- Complete the information on the following pages. When your plan is complete, keep one copy with you, post one at your event, and have another with a second person attending your event/activity.
- Use the 4-H Accident or Incident Report to document any injuries or incidents that occur during your event or activity.
- It is recommended for all 4-H Extension programs that a copy of your Risk Management plan be sent to your local county 4-H office.
- Events or activities organized and run by 4-H staff: A copy of the management plan will be kept with the group. A second copy will be sent to the State 4-H office if it is an out of state trip.
- Events or activities organized and conducted by 4-H Volunteers where a 4-H staff member is not present: A copy of the plan will be kept with the club organizers and a copy is sent to the county 4-H office.
- The Quick Reference Guide lists the numbers and contacts you will need quickly should an emergency arise. Be sure to complete this page thoroughly and accurately. The final document should be posted at the activity or event and all key adults involved in the activity should be informed as to its location.

4-H Risk Management Plan

One copy to go to County 4-H office
One Copy to be kept by person completing plan

1. Name of event or activity

2. Date of event or activity: _____

3. Location of event or activity _____
(include street address)

4. If your activity is any type of trip, attach a list of all attendees and emergency contact information to this page. Print out your own list or use the attached resource sheet provided at the end of this packet.

5. Who to Call: (list name and number)

- Parent/guardian –remember to contact any parent/guardian right away for their input on any incident regarding their child.
- 4-H Staff _____
- Lead Volunteer (person organizing event) _____
- Secondary lead volunteer(s) _____
- Additional volunteers working directly with the event/activity OR who are responsible for transportation to and from the event/activity:

6. Who will contact EMS? (Will call 911 or is an EMT)

7. Who will manage crowd control?

8. Who will provide direction for emergency vehicles?

9. Who will create an event/activity phone tree and initiate it if needed?

10. Who will handle specific issues that are animal related?

11. Insurance Information:

For any activity, trip, or event being held outside of normal club meeting space, 4-H Health Forms are required for all participants. Health forms should be carried by the 4-H volunteer leader and returned to individuals at the end of the event. In addition the adults in charge of the event should have 4-H Accident/Incident report forms with them.

Is additional insurance needed for this activity or event? Contact your local 4-H office to be sure. If additional event insurance has been obtained, write the information on the lines below.

Carrier: _____

Policy Number: _____

Other information: _____

12. Complete the following Checklist:

Yes No

Do you have completed 4-H Health forms for all attendees? Health forms must be kept and turned into the county office.

Do you have 4-H Accident/Incident report forms? If an incident occurs, send completed forms to your county office asap.

All individuals listed with driving responsibilities are properly licensed and have adequate insurance?

All chaperones have taken and passed the approved UConn DCF training.

All programmatic safety training/orientation has been conducted with participants and/or parents.

Equipment used with this event/activity is in good working order and sufficient amounts are available. (EX: life vests, helmets, safety goggles).

Permission has been obtained to dispense over the counter or prescription medications.

If driving minors, permission to transport forms have been completed.

QUICK REFERENCE GUIDE

Listing used for EMERGENCY SERVICES
Post this page at event or activity in a prominent place

Phone for Local EMS (if 911 service is not available):

Closest Hospital address and Phone:

Name & Phone Numbers for 4-H Staff Person(s)

Other important numbers: (Example: Name/number of Facility or fairgrounds, etc.)

Important Information You May Need:

State 4-H Office **1-888-FOURHCT- (1-888-368-7428)**
If out of state call – 860-486-4127

UCONN Police Storrs Campus: 860-486-4800

UConn 4-H Accident Report

One copy to go to County 4-H office

Today's Date _____ Name of Injured _____
Home Address _____ Town _____ State _____ Zip _____
Phone _____ Gender: _____ Date of Birth _____
Name of Parent/Guardian _____
City or Town where incident occurred _____
Specific location where incident occurred _____
Date/time of incident _____
Did police investigate the incident? _____
Police Department _____ Case # _____
Was medical care given? (If yes, where give Hospital name/address/phone)

Do not make ANY statements to the media. You may say "I am not an authorized spokesperson, but I will put you in touch with someone who is." Do not sign any statements or accident reports except for: Police, UConn General Counsel, personal insurance company or attorney.

Description of Incident

Please use additional sheets if needed

How did the incident occur? (When describing injury, name the type of injury, body part(s) injured, cause and result of injury)

Conditions existing at the time of the incident: _____

Were there witnesses? (If yes, please supply name/address/phone)

4-H Volunteer comments regarding incident

Signature of 4-H Volunteer _____ Date _____

I have reviewed the above form for completeness

4-H Staff _____ Date _____

UConn 4-H Behavioral Incident Report

(Please complete report within 14 days of incident and forward a copy to your county 4-H office.
Please attach additional supporting documents and/or pages as necessary.)

Date:

Time:

Location:

People Involved: (list all)

Witnesses to the incident:

Description of incident:

Actions taken with regard to incident: (if applicable)

Outcome:

Incident reviewed with Parent(s)/Guardian(s)

Parent/Guardian Name

Parent/Guardian signature

Date

Parent/Guardian Name

Parent/Guardian signature

Date

Reporter's Name_____

Reporter's Signature_____ **Date**_____

I have reviewed the above form and reviewed actions.

4-H Staff_____ **Date**_____

4-H Risk Management

Safety and Emergency Procedure Checklist

In the event of a crisis the following things may need to be considered. Be sure to use this checklist in the event of an emergency

- ✿ Is everyone safe?
- ✿ Are we safe to stay in the present location?
- ✿ Has EMS (911) been called?
- ✿ Have the injured or ill been separated from the uninjured or well – and are both groups being provided adult supervision?
- ✿ Are all members of your party accounted for?
- ✿ Is someone missing?
- ✿ Have the Police (or security) been contacted?
- ✿ Has the injured, ill or missing person's (people's) parents or guardians been contacted?
- ✿ Do you have permission to transport and a health form for the injured or ill person?
- ✿ Has my local 4-H Educator been contacted?
- ✿ Is the media likely to become involved? (If so please tell your local educator, as they will need to know!)
- ✿ Has the manager/property owner been contacted?
- ✿ Will we have to stay overnight in our location?
- ✿ Other _____
