

# Program for Minors Risk Assessment



Use this form to identify potential hazards or heightened risks associated with camp activities. If you would like assistance with your assessment, please contact Risk Management Services at 940-565-2109 to make an appointment.

## PROGRAM INFORMATION:

NAME OF PROGRAM DIRECTOR:

\_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL:

\_\_\_\_\_

NAME OF PROGRAM: \_\_\_\_\_

MISSION OF PURPOSE OF PROGRAM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL PROGRAM ACTIVITIES:

1) Is all program time scheduled (minimal or no unsupervised time)? YES / NO / NA

- If Yes, what have you done to minimize unsupervised activities or time on schedule?
- If No, what can you do to minimize unsupervised activities or time on the schedule?
- Have you considered the portion of free unsupervised time Program Participants might have and evaluated this factor's relationship to managing risk? YES / NO / NA
- Why is it necessary to have unsupervised time as part of the program?
- Will you go over the Safety Awareness Information, Medical Procedures, and Emergency Procedures with Program Participants? YES / NO / NA

2) Have you developed a comprehensive training program for all Program Staff? YES / NO / NA

- Who will facilitate the training?
- What material will be covered during training?
- How frequently and when will training take place?

- How will you assure that Program Staff has learned materials covered in training?

**3) Have you provided Program Staff for the camp at a ratio no less than 1 Program Staff member to 10 Program Participants for vigorous activities and/or 1 Program Staff member per 25 Program Participants for sedentary activities throughout the duration of the program in accordance with the Texas Administrative Code? YES / NO / NA**

**4) Are recreational events or activities that involve physical activity included in the programming?** (Examples: running, jumping, swimming, climbing activities at heights greater than six (6) feet, lifting weights, contact or field competition sports, etc.) YES / NO / NA  
If yes, please list. *(You may attach an additional sheet if necessary.)*

---

---

---

- What proactive steps have you taken to minimize the risks associated with each of the physical activities listed above?

**5) Will any activity of this program involve Program Participant use of/or access to firearms, bows and arrows, pressurized projectiles, hand or power tool such as saw, exacto knives, drills, scissors, or scalpels? YES / NO / NA**

If yes, list items that will be used and why they are used as part of the program AND continue through question 5.

---

---

---

If no, go to question 6.

- Has the equipment been inspected to ensure proper working condition? YES / NO / NA
- What process is in place to check safety of equipment on regular intervals during the program?
- Will instructions on the safe use or handling of the equipment be provided to Program Staff and Program Participants? YES / NO / NA
- Who will facilitate this training and what resources have been used to assure training is accurate?
- How will you assure that Program Participants understand training?
- Is appropriate safety equipment (such as, but not limited to, safety goggles, gloves) provided to all individuals participating in the activity? YES / NO / NA

- How many Program Staff members will be supervising the use or handling of this equipment?
- What measures have been identified to restrict access to this equipment when not in use?
- Who will have access?

**6) Will any activity involve the use of chemicals, ignitable or noxious gases? YES / NO / NA**

If yes:

- List items that will be used and why they are used as part of the program.

---



---



---

- Will instruction on the safe use or handling of the equipment be provided to Program Staff and Program Participants? YES / NO / NA
- Who will facilitate this training and what resources have been used to assure training is accurate?
- How will you assure that Program Participants understand training?
- How many Program Staff members will be supervising the use or handling of this equipment?
- What measures have been identified to restrict access to this equipment when not in use?
- Who will have access?

**7) Will any activity involve water sports? (diving, swimming, scuba, wading, etc.)**

YES / NO / NA

If yes, list these activities and continue through questions 7.

---



---



---

If no, go to Section B- Housing.

- How many certified lifeguards will be on duty at the immediate location of the activity?
- What will the supervisor to participant ratio be for water activities?
- Will there be an assessment of swimming skill proficiency in relation to the activity?  
YES / NO / NA
- What type of skills will be assessed?

- What activities are in place for Program Participants who do not pass the swimming assessment?
- Is the person conducting swimming skill proficiency assessments qualified to make proficiency determinations? YES / NO / NA
- Who will facilitate the assessment?
- Will a “buddy system” be utilized to ensure that Program Participants do not enter the water alone? YES / NO / NA
- Will Program Participants be provided a review of safety consideration appropriate for the water activity? YES / NO / NA
- Who will facilitate this training and what resources have been used to assure training is accurate?
- How will you assure that Program Participants understand the training?
- What alternative activities are planned in the event of bad weather?
- Who will determine if weather is not suitable for water activities?
- Have proactive risk management plans been developed for these activities?

---

**HOUSING:**

- 1) **Will Program Participants be housed overnight in University Residence Halls?** YES / NO  
 If yes,
  - Which halls?
  - What precautions need to be considered about the facility for the safety of Program Participants?
- 2) **Will Program Participants be housed in facilities other than Residence Halls?** YES / NO / NA  
 If yes,
  - What facilities?
  - What precautions need to be considered about the facility for the safety of program participants?
- 3) **Has consideration been given to the restriction of access to the housing area?** YES / NO / NA

- How will access be restricted?
  - Who will be responsible for making sure access is restricted?
  - Who will have access to housing areas?
- 4) Will Program Participants be provided instructions on security, loss prevention, and other housing related safety and security issues? YES / NO / NA**
- What information will be included in the instructions?
  - When will this information be covered?
  - Who will facilitate material?
  - How will you assure participants understand information?
- 5) Will Program Participants be instructed on emergency exit locations, procedures, and common meeting or reporting areas in the event of an emergency or building evacuation? YES / NO / NA**
- 6) Has consideration been given to determining an appropriate number of Program Participants assigned to an established sleeping area/space? YES / NO / NA**
- 7) What curfew is established and communicated to Program Participants?**
- What process is enforced to determine all participants have been accounted for when curfew and lights out?
  - What are the procedures if a participant is absent or unaccounted for (e.g. who should be informed, at what point should security or police authorities be advised, when will parents be advised)?
  - Who has been trained on these procedures?
  - Are procedures documented?
  - What training has been done for Program Staff regarding crisis response?
- 8) What provisions will be made to brief groups of Program Participants bringing their own adult counselors or supervisors on safety, program established expectations, program rules, or other provisions?**

**9) Have Criminal History Background Check forms been submitted to Risk Management Services for all Camp Staff no less than three weeks prior to the start of the camp? YES / NO / NO**

**10) How will information be provided for Program Participants on who to see or contact if they have an emergency?**

**11) How will Program Participants be briefed on expectations with regard to conduct (e.g. horseplay, pranks, etc.)?**

- Who will facilitate these expectations with the Program Participants?

**12) Will Program Participants be briefed on safety provisions specific to the facility in which they are housed (Ex. Prohibitions to sitting in windows, on ledges, and railing of high-rise buildings)? YES / NO / NA**

- What information will be included?
- When will this information be covered?
- Who will facilitate the information?
- How will you assure Program Participants understand the information?

#### **TRANSPORTATION:**

**1) How will Program Participants be transported to/from the camp assembly location?**

- What mode of transportation will be used?
- What arrangements have been made for safe drop-off and pick-up procedures for Program Participants?

**2) Who will transport Program Participants to/from Program activities?**

- When will Program Participants be transported?
- What safety training has been done to minimize risks associated with travel?
- What process is enforced to determine all transported Program Participants are accounted for before, during, and after traveling?

**3) Will University of North Texas vehicles be used for transporting Program Participants? YES / NO / NA**

- Who will be driving the UNT vehicles? (only UNT employees are allowed to drive UNT vehicles)
  - Has the university employee completed a driver request form and sent it to the Risk Management office?
  - Are 12 or 15 passenger vans going to be used to transport participants? YES / NO / NA
    - Has the University driver completed the van driver safety training with the facilities office (University Standard Administrative Procedure 24.01.01.M0.01: Van Safety Procedures)? YES / NO / NA
- 4) Will Program Participants be transported in vehicles other than University owned vehicles? YES / NO / NA**
- If yes, has the sponsor determined that the vehicles are reasonably sound and reasonably capable of safely completing the trip? YES / NO / NA
  - If yes, has the sponsor obtained evidence of insurance on the vehicle? YES / NO / NA
  - Have the insurance coverage amounts, in relation to the participants transported by the vehicle, been considered with Risk Management? YES / NO / NA
- 5) Will participants be transported over twenty-five (25) miles from the general camp activity site in relation to program activities? YES / NO / NA**
- 6) Although Program Participants are not considered “University Students,” the University policy on Student Travel is a good reference for planning program or program field trips. Has the program sponsor reviewed the University Policy 18.4.5: Student Travel Policy Procedures? YES / NO / NA**
- 7) When multiple vehicles are used to transport participants, will all drivers know the destination location and will they be provided individual driving direction? YES / NO / NA**
- 8) Will drivers be briefed on anticipated driving or traffic conditions in relation to transporting Program Participants? YES / NO / NA**
- Has the Program Director arranged for weather conditions to be reviewed prior to the Initiation of travel for more than twenty-five (25) miles from the main Program activity location? YES / NO / NA
- 9) Have safety considerations been discussed with all drivers? (Ex. Entering and exiting traffic while driving in caravans, roadside and emergency stopping, communication provisions, separation contingency plans, automotive problems or flat tires) YES / NO / NA**

**10) Does the Program Director know who to call in the event of a vehicle breakdown? (University vehicles or personal vehicles) YES / NO / NA**

**11) Will drivers be instructed on what to do in the event of an automotive accident? YES/NO/NA**

- Does the Program Director know whom to call in the event of an automobile accident involving a University owned vehicle? YES / NO / NA
- Does the driver know where the insurance card and Vehicle Accident Report forms are kept? YES / NO / NA

**12) Has the Program Director obtained Texas roadside emergency assistance telephone numbers for the areas in which the camp will be traveling? YES / NO / NA**

**13) Will the Program Director have in his/her possession other contact numbers that may be relevant in the event of an emergency that occurs while traveling? (e.g. Risk Management Services, Compliance Office, the Program Coordinator, the Program Director if not accompanying on the trip) YES / NO / NA**

**14) Has the Program Director assessed the appropriate loading and unloading sites for the buses, vans, and/or cars to avoid Program Participant loading/unloading in or around traffic? YES / NO / NA**

**15) Will a First Aid kit be present in the vehicles used for transporting Program Participants? YES / NO / NA**

---

**CHARTER SERVICES:**

**1) Will this camp or program use chartered transportation services of any kind (buses, boats, airplanes, etc.)? [Note: Chartered service is defined as services secured to transport Program Participants by land, sea, or air in which one or more vehicles and operators are provided for this purpose.] YES / NO**

- If yes, has or will the sponsor confirm(ed) with the charter service that the charter service maintains appropriate certifications and is certified according to the mode of transportation and that the certificates or licenses are up to date? YES / NO / NA

**2) Has or will the Program Director confirm(ed) that the charter services carries liability insurance and that the policy is current? YES / NO / NA**

**3) For boat charters, has or will the Program Director confirm(ed) the availability of appropriately size life jackets for all Program Participants and Program Staff? YES/NO /NA**



**4) Has the Program Director considered arrangements for communicating proper safety measures to Program Participants prior to loading? YES / NO / NA**

- What information will be included in the instruction?
- Who will facilitate the information?
- How will you assure participants understand information?

**5) Does the Program Director have enough information about the business practices and safety records of the charter service to maintain reasonable confidence in the ability of the company to deliver quality and safe service to Program Participants? YES / NO / NA**

---

**FIRST AID:**

**1) Will the Program Director review with Progra, Staff the Medical Procedures, Emergency Procedures, Food Safety, and Safety Awareness Information? YES / NO / NA**

**2) Who will be the person on site who can administer immediate first aid and CPR if necessary?**

**3) Will a First Aid Kit be available on site with Program Participants at all times? YES / NO / NA**  
If no, please explain.

---

If yes, has the Program Director considered which first aid kit items are most appropriate for the contents of the First Aid Kit according to the activities of the program? YES / NO / NA

- How often will the Program Director inspect the contents of the First Aid Kit to ensure that used, out of date, or damaged items have been replaced?

**4) Will Program Staff be provided information on recognition of and treatment of heat exhaustion or heat stroke? YES / NO / NA**

**5) What heat exhaustion preventatives will be taken for strenuous outside activity conducted between May and September?** (Ex. The provision of cool drinks and frequent encouragement or reminder to consume them, breaks or rest periods from extended periods of physical activity, staffers alert for the symptoms of the onset of heat exhaustion)

**6) How will you collect the Medical Information forms from each Program Participant?**

- How will this information be kept confidential and maintained?
- How will the Program Director consider issues related to receiving and securing the medication, scheduling dispensation, refrigeration, or other storage needs, return of the medication to the Program Participants or parents at the close of the session?

- Who will be the person administrating the medication?
- 7) **What alternative restrictions are in place for Program Participants who are allergic to food, insect bites, have prior injuries, etc.?**
  - 8) **In cases where programs will prepare and or serve their own foods, have plans been made to maintain proper storage or transportation temperatures, proper sanitation, and food handling? YES / NO / NA**
  - 9) **In cases where an external party will be preparing and serving food to the program, has Risk Management approved the caterer? YES / NO / NA**
  - 10) **Has consideration been given to redesigning any elements of the program that might lend to acceleration of competition into conflict and/or fighting? YES / NO / NA**