Risk Management for Small Programs

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Where Nature and Minds Meet

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…

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“ SAFE ”

PROGRAMS

Likelihood x Severity = RISK

of Undesirable Outcomes

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↓Likelihood & ↓Severity

Example: Stream Crossing Risk Management

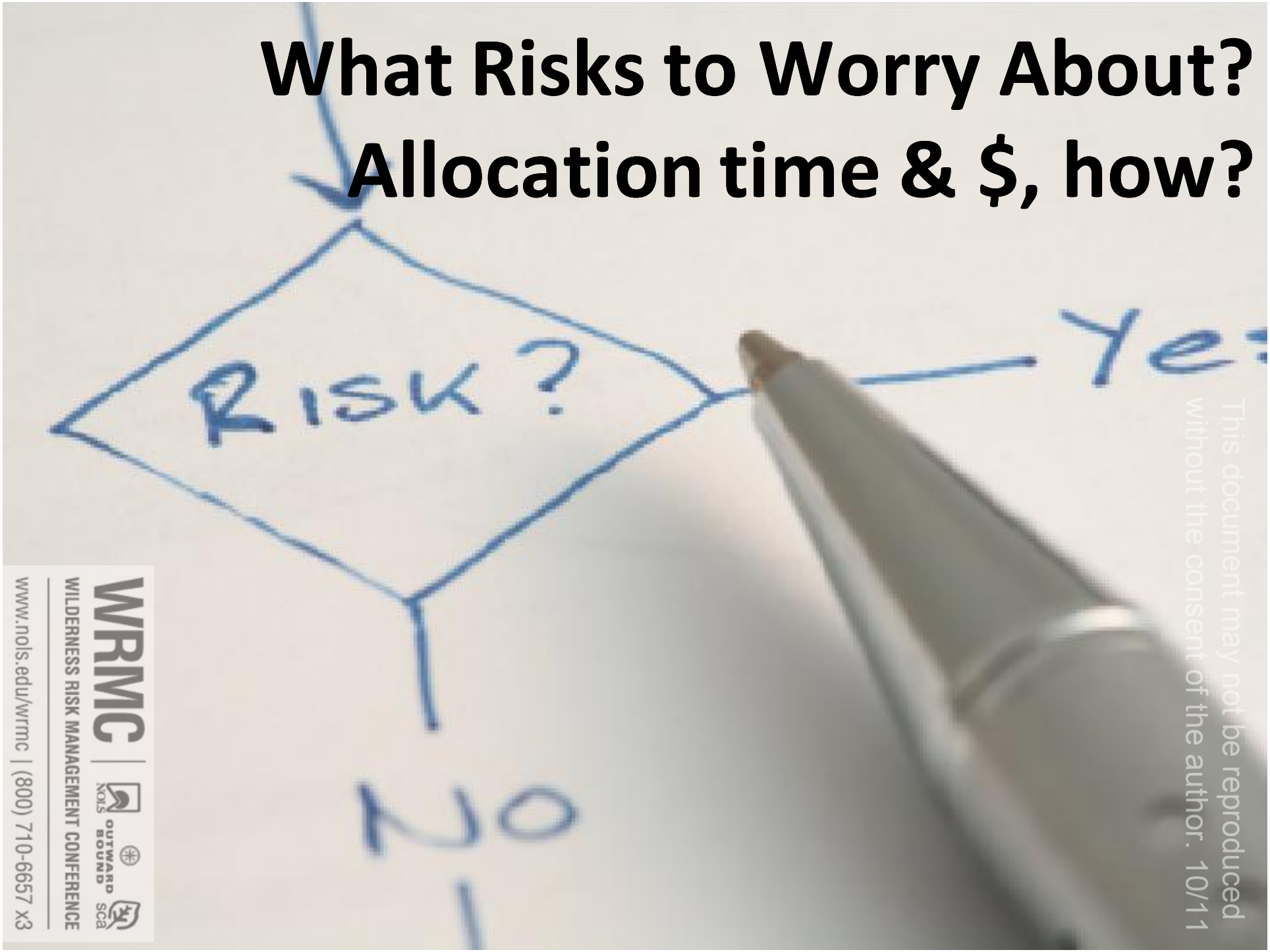
Decrease Likelihood by:

Use pole, mutual support, wear shoes, prior practice

Decrease Severity by:

Good crossing spot, loosen straps, spotters (out of photo…)

What Risks to Worry About?
Allocation time & $, how?



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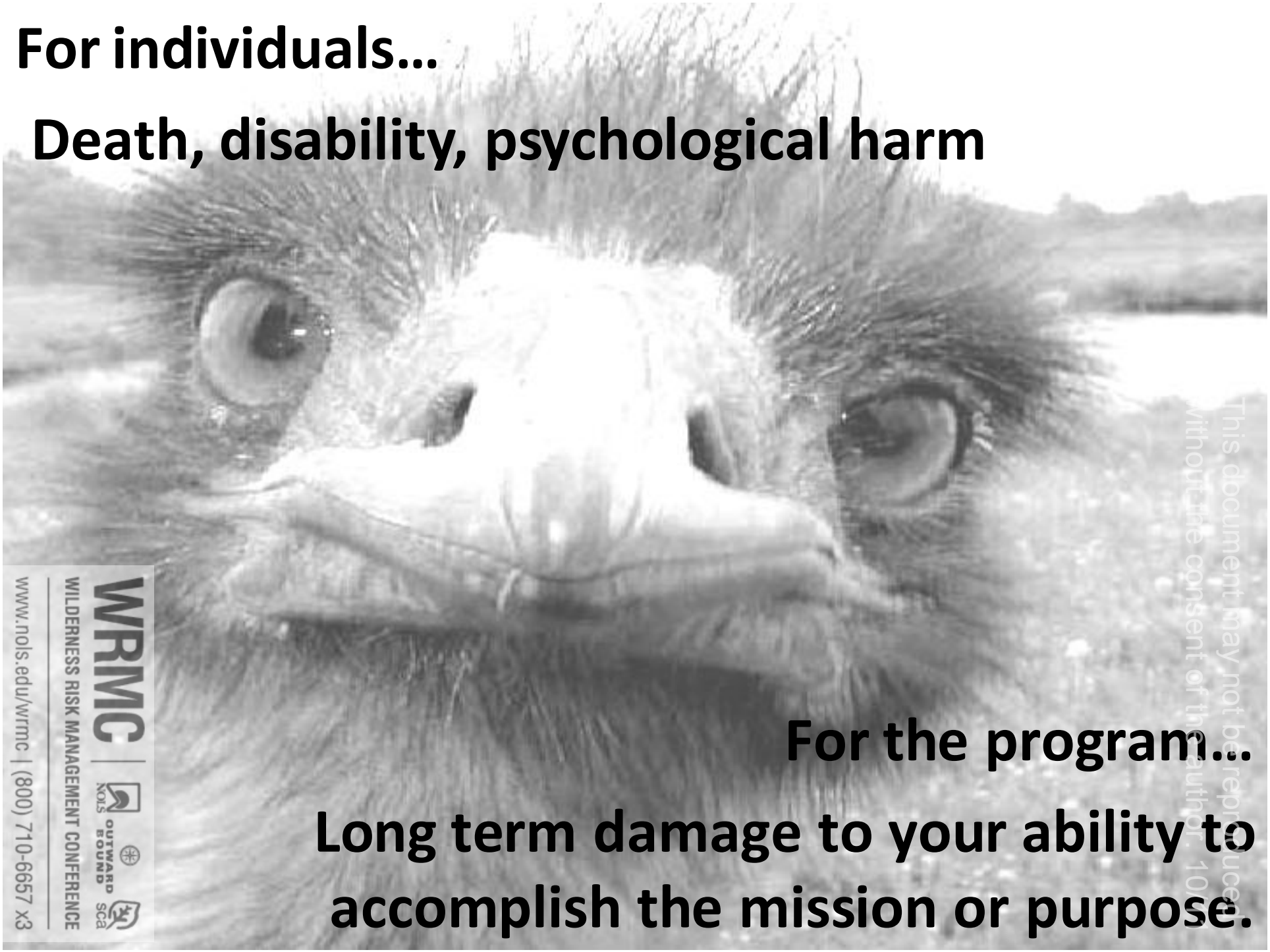
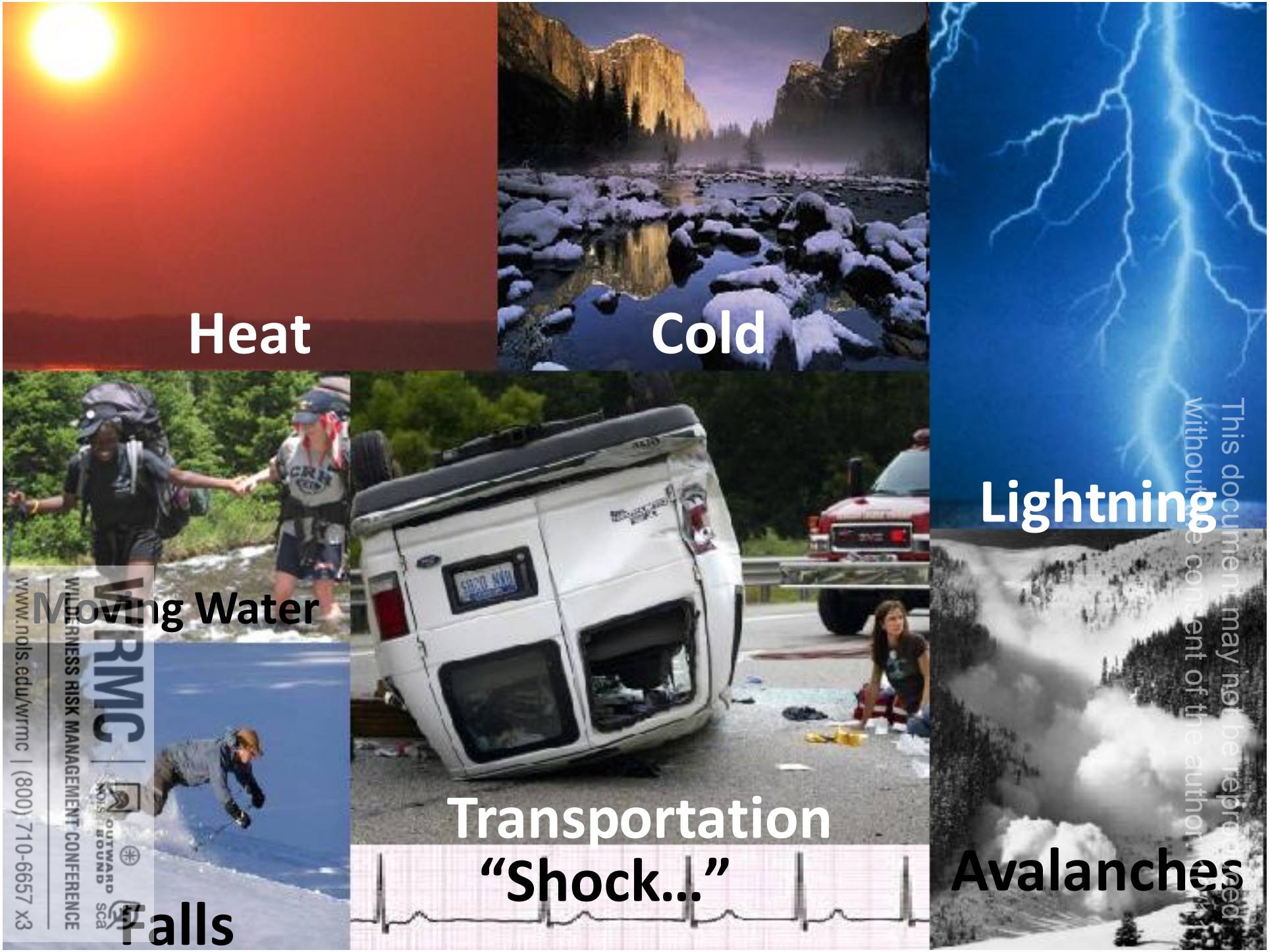
For individuals…

Death, disability, psychological harm



For the program…

Long term damage to your ability to accomplish the mission or purpose.


Heat
Cold
Lightning
Moving Water
Transportation
"Shock…"
Avalanches
Falls
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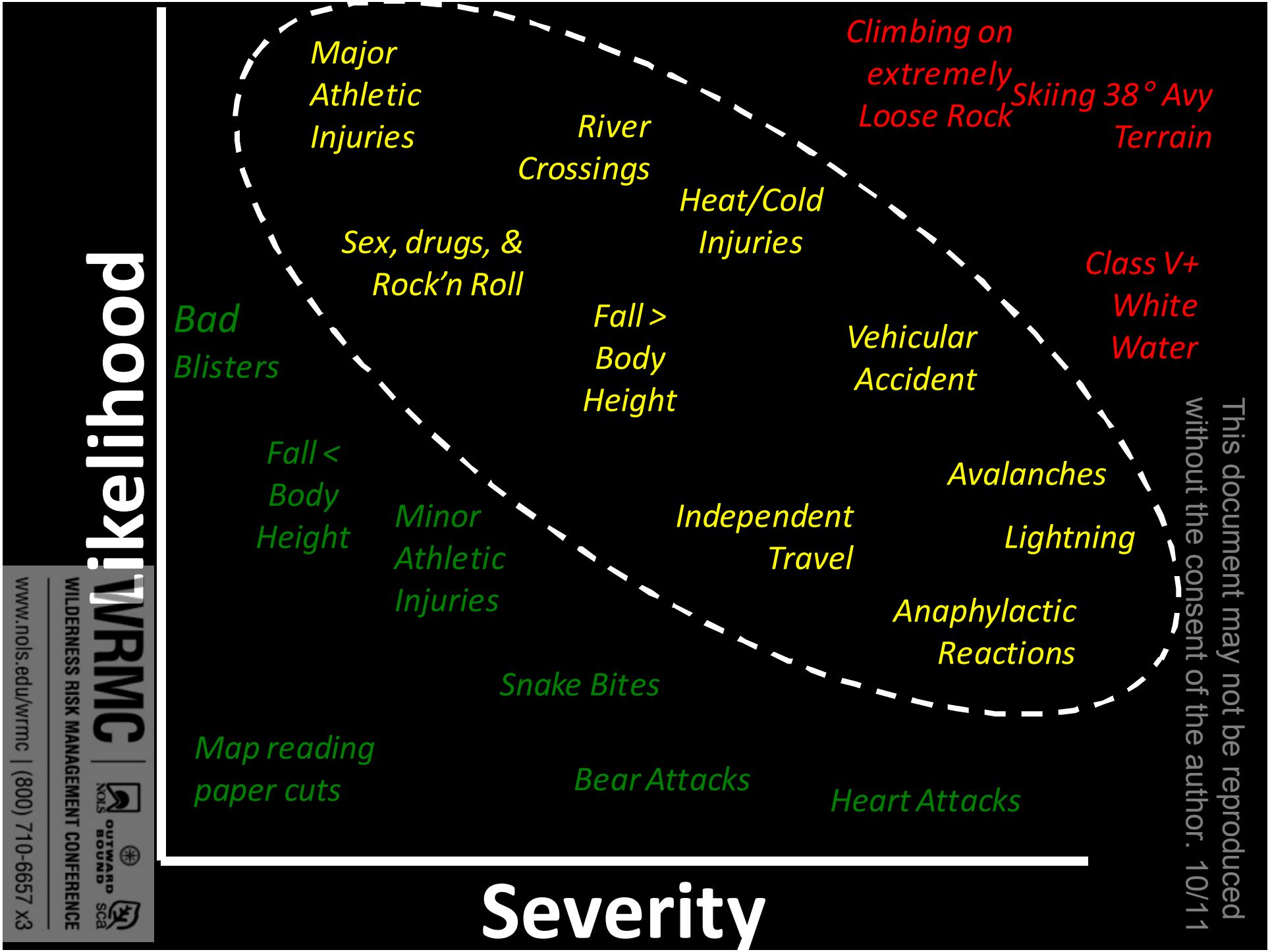
Likelihood

Avoid these risks!

Actively manage these risks

Low Priority

Severity


Likelihood
Severity
Major Athletic Injuries
River Crossings
Climbing on extremely Loose Rock
Skiing 38° Avy Terrain
Heat/Cold Injuries
Sex, drugs, & Rock'n Roll
Class V+ White Water
Bad Blisters
Fall > Body Height
Vehicular Accident
Fall < Body Height
Avalanches
Minor Athletic Injuries
Independent Travel
Lightning
Anaphylactic Reactions
Snake Bites
Map reading paper cuts
Bear Attacks
Heart Attacks
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Small is Beautiful

Close Relations

know students

personal contact

Nimble

Just in time Decision Making

Fast & Easy

Small is Beautiful

Small & Manageable Staff

All staff meeting is easy!

Easy to update folks & "on message"

Easy customization of tasks for specific staff

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- ❑ *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.

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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!

Evacuate Rapidly:
Any Pt w/ S&S of flu-like illness who develops:
- Stiff neck, severe headache, difficult breathing or wheezing.
- Gastroenteritis w/ persistent or worsening abdominal pain over 24 hrs, spiking fever, bloody diarrhea or dehydration.
- An inability to tolerate any oral fluids more than 48 hrs, especially if accompanied by diarrhea volume losses, fever or vomiting.
- A headache that does not respond to treatment, sudden severe headaches, or a headache associated w/ altered mental status.

Evacuate:
Any Pt w/ S&S of flu-like illness who develops:
- Fever persisting more than 48 hrs or is high (>104°F/40°C).
- Signs or symptoms of pneumonia. This is usually associated w/ increasing shortness of breath, decreasing exercise tolerance, worsening malaise and weakness w/ a predominance of cough.
- An isolated sore throat w/ fever and a red throat w/ white patches.
- A sore throat in conjunction w/ inability to swallow water and maintain adequate hydration.

Heat Illness[11]

Heat illnesses may present due to overexertion, under-hydration, and over-hydration. An accurate Pt history is critical to determine the correct origin and treatment.

Tx: Heat Illness
1. Change the environment, rest in cool, shady spot.
2. Fluid replacement w/ water, dilute solution of sugar drink w/ a tsp. of salt or sports drink. If hyponatremia is suspected, avoid fluid intake, provide gradual intake of salty foods.
3. For heat stroke provide aggressive cooling, spray w/ water, fan and massage extremities.

Evacuate Rapidly:
- Any Pt w/ an altered level of consciousness.

Hypothermia[12]

Most mild-moderately hypothermic Pts are managed effectively in the field and do not require evacuation.

Tx: Hypothermia
1. Change the environment and find shelter. Replace wet clothing w/ dry clothing and add wind and waterproof layers. Treat gently.
2. Add insulation under and around the Pt. Consider a hypothermia wrap for moderately and severely hypothermic Pt. Add external heat sources and well-insulated heat packs at hands, feet, armpits, groin, and neck.
3. Encourage exercise if the Pt is able and allow shivering in a dry, insulated environment.
4. Give warm, sweet, non-caffeinated, non-alcoholic liquids and encourage the Pt to eat a meal, if they are able.
5. For a severely hypothermic Pt, assist ventilations for 5-15 min prior to movement.
6. Avoid chest compressions if there are any signs of life or the Pt is rigid from the cold. Perform rescue breathing during evacuation.

Evacuate Rapidly:
- Any Pt w/ severe hypothermia.

Lightning[13]

Lightning strikes can cause a multitude of injuries including death. The best defense is a strong prevention plan specific for your geographic area and group profile.

Tx: Lightning Injuries
1. Scene safety: Lightning will strike twice in the same spot.
2. Aggressive Basic Life Support: Rescuers should be prepared to provide prolonged rescue breathing.
3. Thorough Pt exam and treatment of any injuries found.
4. Monitor closely for cardiovascular, respiratory and neurological collapse.

Evacuate Rapidly:
- Any Pt showing signs of cardiovascular, respiratory or neurological compromise.

Evacuate:
- Any Pt struck by lightning even if they appear uninjured.

Local Cold Injuries[14]

It is possible to see both freezing and non-freezing local cold injuries in the wilderness setting. Both can cause injuries ranging from minor irritation to significant tissue loss and permanent disability.

Tx: Local Cold Injuries
1. If not frozen: Warm the injury w/ skin-to-skin contact. Do not massage or use radiant heat.
2. If frozen: If possible, warm the injury in a circulating warm water bath at 104-108°F (40-42°C), otherwise use skin-to-skin contact. Do not massage or use radiant heat. Consider allowing a Pt to walk on frozen feet if it expedites the evacuation.
3. Protect blisters and damaged tissue, avoid constriction. Protect from re-freezing if viable.
4. Pain medication as needed (NSAIDs often recommended).

Evacuate Rapidly:
- Any Pt w/ full thickness frostbite.

Evacuate:
- Any Pt w/ more than a few, small, isolated clear fluid filled blisters formed after warming a local cold injury.
- Any Pt unable to use the injured area.
- Any Pt unable to protect the area from continued exposure to a cold wet environment or from re-freezing.
- Any Pt whose pain can't be managed in the field.

Male Gender Illness And Injury[15]

It can be challenging to differentiate between traumatic and infectious problems w/ the male genitalia. Since delay in care can result in the loss of a testicle, treatment should error on the conservative side.

Tx: Male Gender Illness and Injury
1. Pain management. NSAIDs often recommended.
2. Cool compresses.
3. Elevation/support of the testicles.
4. If epididymitis is suspected administer antibiotics.
5. If inguinal hernia is suspected, attempt reduction.

Evacuate Rapidly:
- Any Pt w/ suspected testicular torsion.
- Any Pt w/ testicular pain of unknown origin.

Evacuate:
- Any Pt w/ a suspected epididymitis.
- Any Pt w/ an inguinal hernia that does not reduce or reappears after reduction.

Athletic Injuries And Fractures[16]

Treatment and evacuation decisions are based on the Pt's ability to use the injured area.

Tx: Strains, Sprains, Tendonitis and Minor Fractures
1. Assess injury for stability and usability.
2. Assess circulation, sensation and motion (CSM).
3. RICE Therapy:
   - Rest: Get the pressure off of the injury site.
   - Ice: Cool the area for 20 min.
   - Compression: Elastic Wrap, distal to proximal.
   - Elevation: Above the Pt's heart.
4. Pain medication as needed.
5. Allow the injury site to passively warm.
6. Assess again for usability.
7. Support the injury w/ tape or other adjuncts.

Tx: Obvious Fractures, Open Fractures and Unusable Injuries
1. Assess circulation, sensation and motion (CSM).
2. If fracture is open, thoroughly irrigate and clean wound prior to manipulating injury.
3. Use gentle traction-in-line (TIL) to establish normal anatomical position. Slow down or discontinue your attempt if pain increases significantly or you meet resistance. If the bone ends do not reduce, protect them from freezing or drying.
4. Dress wounds.
5. Splint in a position of function w/ a well-padded and rigid splint.
6. Traction splint mid-shaft femoral fractures.
7. RICE therapy. Pain medication as needed.
8. Monitor CSM before and after TIL and splinting.
9. Consider prophylactic for infection (consider antibiotic therapy for open fractures if evac > 8 hrs.)

Head Injuries[14]

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

Tx: Mild Head Injuries
Conservative treatment w/ close observation for 24 hrs in the field can be done if the Pt did not lose consciousness or was only momentarily dazed or stunned, but recovered appropriately and the Pt remains awake w/out negative change in mental status and has only transient nausea or vomiting.
1. Monitor the Pt for developing signs of serious head injury.
2. Let the Pt rest, but wake them up every few hrs to monitor LOC.
3. Avoid pain medications for 24 hrs.

Tx: Serious Head Injuries
1. If the injury is open, use diffuse pressure w/ a bulky dressing to control bleeding.
2. Manage Airway, Breathing and Circulation.
3. Immobilize the spine and elevate the head at approximately a 30-degree angle. Consider placing the Pt on his or her side to manage the airway.
4. Evacuate.

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

Evacuate:
- Any Pt who has a change in level of consciousness after a blow to the head (e.g. disoriented, seeing stars, brief period of appearing to be asleep, unknown or unwitnessed loss of consciousness).
- Any Pt whose S&S do not show improvement after 24 hrs.

Guidelines
Policies
Practices
Procedures
Protocols
Rules
Standards

Delete a Couple…

Define the Rest…

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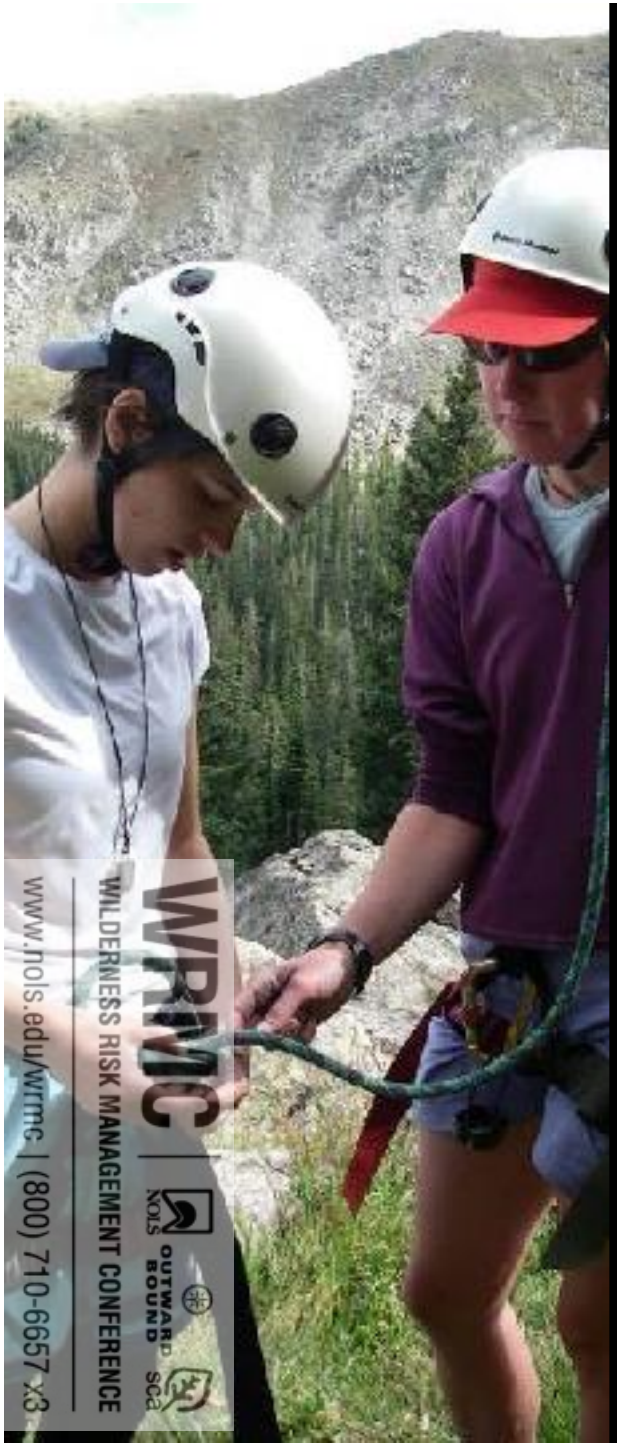
Instructors are a link you can influence.

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!

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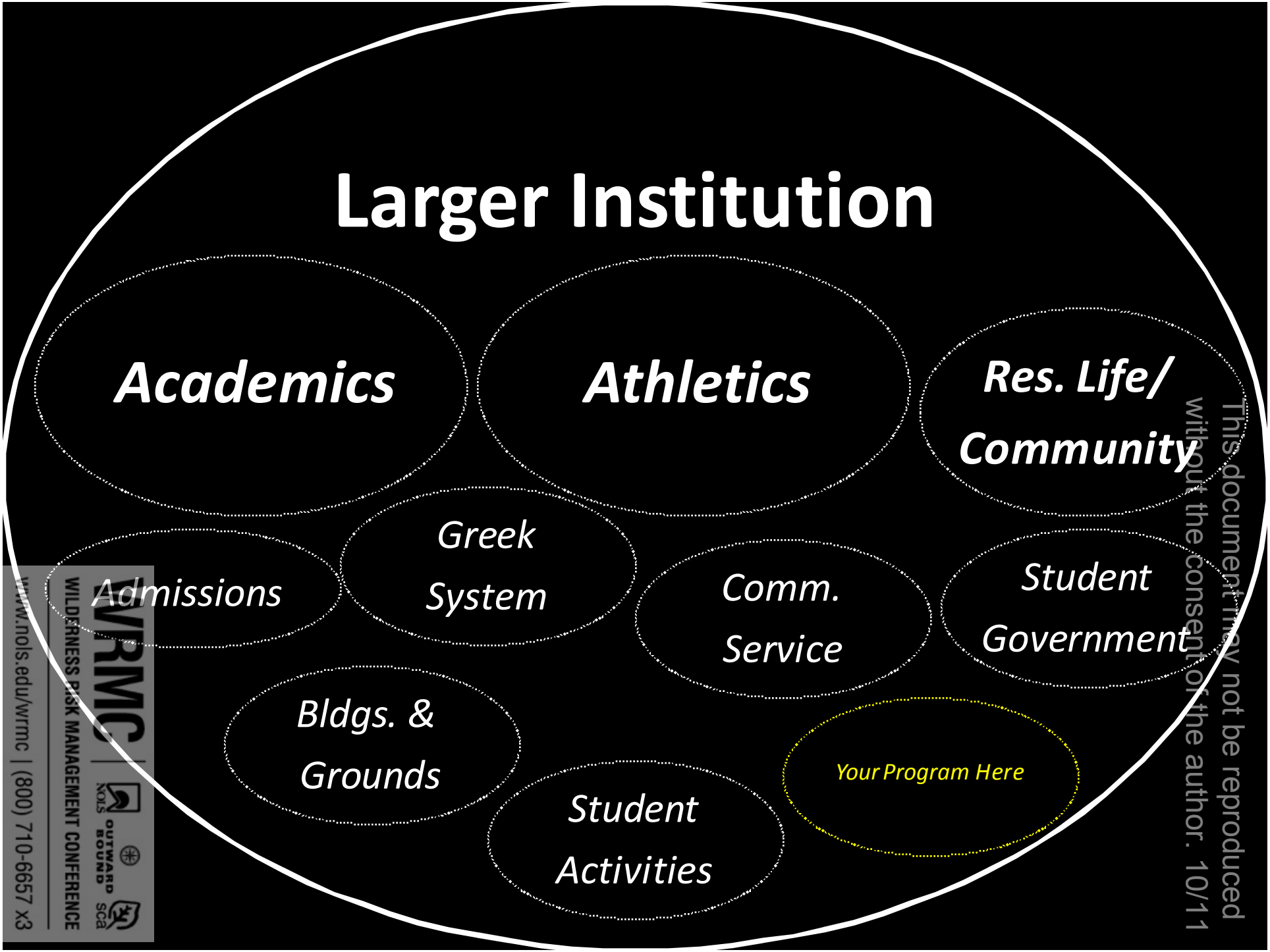


Small Program Inside Larger Institution

- 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 ⬇

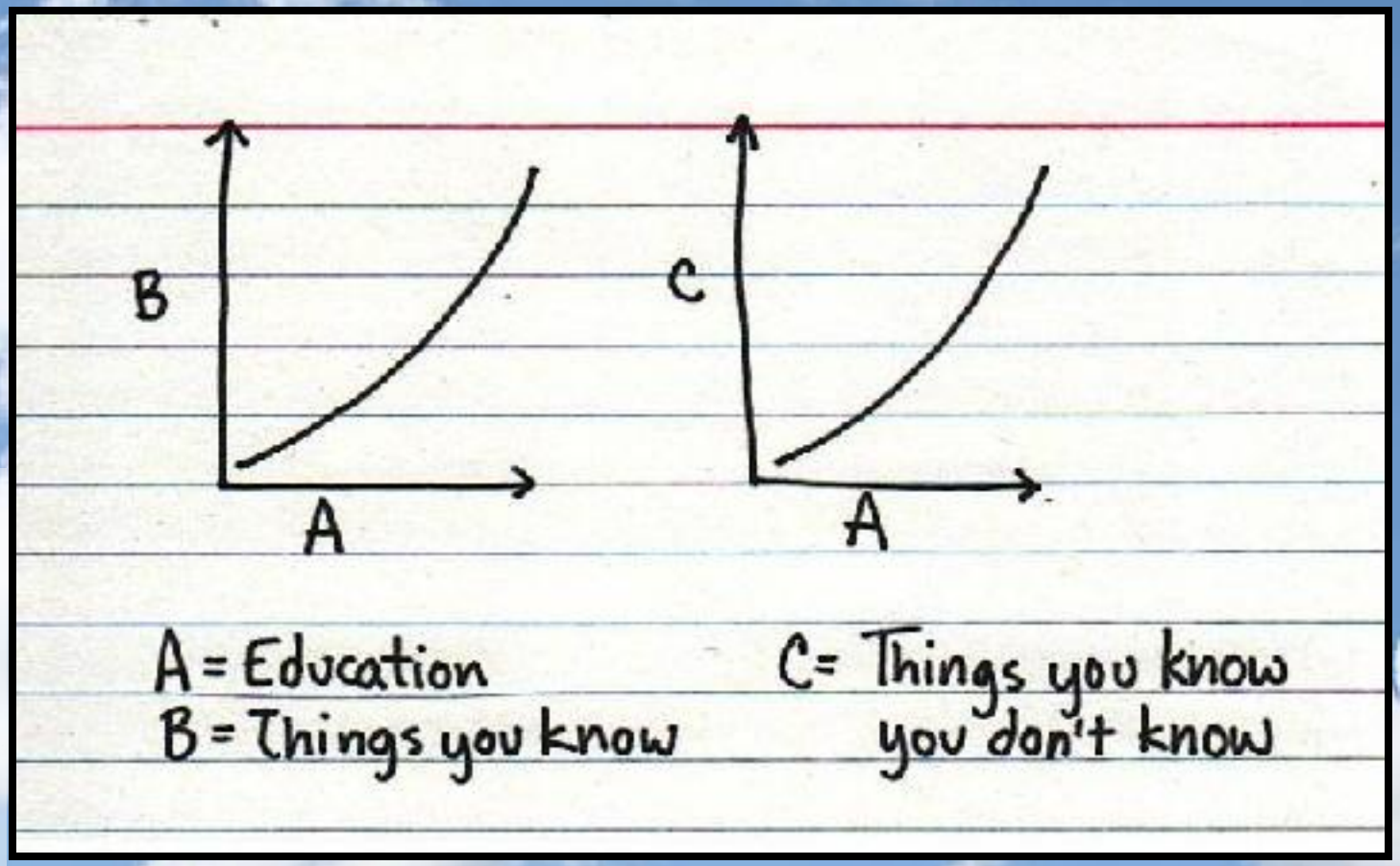
\+ Budgets ⬇

= Δ on RM

Are You OWNING The Compromises?

Questions?

Further Discussion…



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
- Documentation- Risk Management Plans, Emergency Action Plans, Med Protocols
- 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

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

Questions & Comments Welcome…