**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 monitors the situation, so it is best if they are not the ones 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 goes to the County 4-H Office

One copy stays with the person completing the plan

# Name of event or activity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Date of event or activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Location of event or activity (Include Street Address):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 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.

##### Who to Call (list name & number):

* + Parent/Guardian - remember to contact any parent/guardian right away for their input on any incident regarding their child.
  + 4-H Professional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Lead Volunteer (Event Organizer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Secondary lead volunteer(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Additional volunteers working or transporting youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Who will contact EMS (Calling 911 or EMT on site):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Who will manage crowd control:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Who will provide direction for emergency vehicles:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Who will create an event/activity phone tree & initiate if needed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Who will handle specific issues that are animal related:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Complete the Checklist (Check Circle):**
   * Do you have completed 4-H Health forms for all attendees? Health forms must be kept and turned in at the county office.
   * Do you have 4-H Accident/Incident report forms? If an incident occurs, send the completed forms to your county office ASAP.
   * Are all individuals listed with driving responsibilities properly licensed and have adequate insurance?
   * All chaperones have taken and passed the approved UConn Minor Protection 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

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