



Office of Risk Management
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Camps and Enrichment Program Risk Self-Assessment Worksheet

This Risk Assessment worksheet is designed for use by program sponsors to assess risk associated with various program activities. This Risk Assessment worksheet cannot encompass all of the possible scenarios for program activities and risks that might occur for on-campus and off-campus program activities. Therefore, sponsors are called upon to exercise due diligence in designing program activities in such a way as to reflect safety considerations for all participants. Program sponsors operating under University auspices are encouraged to obtain assistance from the Office of Risk Management and Environmental Health and Safety as necessary to address questions regarding the design of safe camp and program activities and identify potential hazards or heightened risks before accident or injury occurs.

Name of Camp or Program: _____

Assessment Completed By: _____

Phone Number: _____ Email Address: _____

Date Completed _____

A. General Administration

- | | | | |
|---|-----|----|----|
| 1. Are there industry standards for your camp/program? | YES | NO | NA |
| a. Is your camp/program in compliance? | YES | NO | NA |
| b. Provide name of organization establishing those standards? | YES | NO | NA |
| _____ | | | |
| 2. Have written procedures been established outlining all safety procedures to include emergency preparation and drop-off and pick-up of camp participants? | YES | NO | NA |
| a. Have parents received all policies? | YES | NO | NA |
| 3. Has camp sponsor evaluated/arranged communication availability while at camp site and when away from main camp site for emergency incidents? | YES | NO | NA |
| 4. Have background checks been conducted on camp or enrichment program staff, counselors, teachers, volunteers or other adults who will work with camp participants (under 18)? | YES | NO | NA |

5. Have camp employees reviewed procedures on the reporting of crimes, accidents, fires and other emergencies?	YES	NO	NA
6. Have camp or enrichment staff been provided the following training:	YES	NO	NA
a. Emergency procedures?	YES	NO	NA
b. General safety guidelines?	YES	NO	NA
c. Sexual harassment/molestation?	YES	NO	NA
d. How to report sensitive situations and who to talk to?	YES	NO	NA
e. Missing/lost participant procedures?	YES	NO	NA

****Note:** The above listed training is not optional for Mason sponsored programs.

B. General Program Activities

1. Is all program time scheduled (minimal or no free unsupervised time)?	YES	NO	NA
2. Has the camp sponsor considered the portion of free unsupervised time campers might have and evaluated this factor's relationship to managing camp risk?	YES	NO	NA
3. Has the camp sponsor evaluated the adult camp supervisor to camp participant ratio?	YES	NO	NA
a. What is the age groups for the camp? _____	YES	NO	NA
b. What is the ratio? _____	YES	NO	NA
4. Are recreational events or camp activities that involve physical activity included in this camp 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.)

5. Do any of the activities for this camp involve the operation of hand or power tools such as saws, exacto knives, scissors, or scalpels?	YES	NO	NA
a. Has the camp sponsors arranged for review of the safe use, proper handling, and supervision of participants engaged in use of such devices?	YES	NO	NA
b. Is the equipment in proper working condition?	YES	NO	NA
c. Is activity appropriate safety equipment (such as, but not limited to, safety goggles) provided to all participants in the activity?	YES	NO	NA
6. Will any activity of this camp involve participant use of, or access to, firearms, bows and arrows, or pressurized projectiles?	YES	NO	NA
a. Has the equipment been inspected to ensure proper working condition?	YES	NO	NA

b. Are there safety features involved with the equipment?	YES	NO	NA
If yes, are the safety features in proper working order?	YES	NO	NA
c. Will instruction on the safe use or handling of the equipment be provided to supervisors and participants?	YES	NO	NA
d. Does the equipment require demonstrations or training on use?	YES	NO	NA
e. Has the camp sponsor arranged for adequate adult supervision during the use or handling of this equipment?	YES	NO	NA
f. Have measures been taken to restrict access to this equipment when not in use?	YES	NO	NA
7. Will any activity involve the use of chemicals, flammable, toxic substance or biological substance?	YES	NO	NA
If yes, is specific training in the safe use of these materials being provided to campers?	YES	NO	NA
a. Are MSDS available on-site?	YES	NO	NA

E. First Aid

1. Has the camp sponsor made arrangements to provide first aid and CPR training to camp counselors?	YES	NO	NA
a. Will individuals with first aid or other medical training (may include police or security forces) be present (in the actual vicinity of camp activities) during camp activities?	YES	NO	NA
b. Will medical trainers or technicians be "on call" for the purpose of providing first aid?	YES	NO	NA
c. If none of the above, please provide an explanation of how first aid will be administered for the camp or program (attach additional pages if necessary).	YES	NO	NA

2. Will a First Aid Kit(s) be provided immediately to the location of the camp or program activities?	YES	NO	NA
If no, please explain.			

If yes, has the camp sponsor 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
3. Has or will the camp sponsor inspect the contents of the First Aid Kit to ensure that used, out of date, or damaged items have been replaced?	YES	NO	NA
4. Will counselors or program staff be provided information on recognition of and			

treatment of heat exhaustion or heat stroke?	YES	NO	NA
5. For strenuous outside activity conducted between May and September, will heat exhaustion preventative measures be taken? (Ex. The provision of cool drinks and frequent encouragement or reminder to consume it, breaks or rest periods from extended periods of physical activity, staffers alert for the symptoms of the onset of heat exhaustion)	YES	NO	NA
6. Will the camp sponsor collect information from participants regarding special medical considerations (such as food allergies, insect stings or bites, allergic reactions, activity restrictions, injuries sustained prior to camp or program participation that might be aggravated or re-injured while participating in camp activities, possession or use of prescription medication, allergic reactions to medications) [Note: For competitive applicants or limited enrollments, this information should be collected only after selection is made for participants]	YES	NO	NA
7. If yes, will the camp sponsor provided for the appropriate security of sensitive medical information?	YES	NO	NA
8. Is there a process in place to ensure that restrictions are appropriately applied (e.g. providing for alternative foods and other preventative measures are taken to avoid exposure when allergies are noted and ensuring that in cases of severe allergies)?	YES	NO	NA
9. Has the camp sponsor considered redesigning any elements of the camp or program that might lend to acceleration of competition into conflict and/or fighting?	YES	NO	NA
10. In cases where medication needs to be dispensed to participants, has the camp sponsor considered issues related to securing the medication, scheduling dispensation, refrigeration, or other storage needs, return of the medication to the participants or parents as the close of the camp session?	YES	NO	NA

Note: Supplemental risk assessment worksheet required if your program involves aquatic, housing or transportation.