



Office of Risk Management
 4400 University Drive MSN 6D6, Fairfax, VA 22030
 Phone: (703) 993-2599; Fax: (703) 993-2339

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 |
| b. Are emergency communications processes in place for contacting parents? | YES | NO | NA |
| c. Do the drop-off and pick-up procedures include the orderly arrival and departure of vehicles and guidelines for supervision of the area? | 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 |

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|--|-----|----|----|
| 4. Have background checks been conducted on camp or enrichment program staff, counselors, teachers, volunteers or other adults who will work with camp participants ? Refer to Policy 2221 | YES | NO | NA |
| 5. Have camp employees reviewed procedures on the reporting of crimes, accidents, fires and other emergencies? Refer to Policy 1404 | YES | NO | NA |
| a. Are procedures in place for documenting and reporting incidents and illnesses? Should be included in the Camps Operating Procedures. | 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 |
| f. Mandatory Reporting of Child Abuse and Neglect | YES | NO | NA |

**Note: The above listed training is not optional for Mason 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. Camp Ratio Recommendations::

Age Range	Number of Adults	Number of Children	Overnight Children
5 years & younger	1	6	5
6-8 years	1	8	6
9 -14 years	1	10	8
15-18 years	1	12	10

- | | | | |
|--|-----|----|----|
| a. Has the camp sponsor evaluated the adult camp supervisor to camp participant ratio? | YES | NO | NA |
| b. What is the age groups for the camp?_____ | | | |
| c. What is the ratio?_____ | | | |
| 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 |

C. First Aid

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|---|-----|----|----|
| 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 provide 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. 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: The Supplemental Risk Assessment worksheet is required if your program involves aquatic, housing, laboratory activities (including working with chemicals or other potentially hazardous materials) or transportation.