

Youth Camp Risk Assessment Worksheet

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 at 972-338-1829 to make an appointment.

CAMP INFORMATION:		
NA	ME OF CAMP DIRECTOR:	
РΗ	PHONE: () EMAIL:	
NA	NAME OF CAMP:	
MI	MISSION OF PURPOSE OF CAMP:	
GEI	NERAL 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 Camp 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 Camp Participants? ☐ YES ☐ NO ☐ NA	
2)	Have you developed a comprehensive training program for all Camp Staff? ☐ YES ☐ NO ☐ NA	
	Who will facilitate the training?	
	What material will be covered during training?	
	How frequently and when will training take place?	

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3)	Have you provided Camp Staff for the camp at a ratio no less than 1 Camp Staff member to 10 Camp Participants for vigorous activities and/or 1 Camp Staff member per 25 Camp Participants for sedentary activities throughout the duration of the camp 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 y	es, 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 Camp 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? \square YES \square NO \square NA
-	es, list items that will be used and why they are used as part of the program AND continue through estion 5.
If n	o, go to question 6.
	• Has the equipment been inspected to ensure proper working condition? \square YES \square NO \square NA
	What process is in place to check safety of equipment on regular intervals during the program?
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	 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 Camp Staff and Camp Participants? YES NO NA Who will facilitate this training and what resources have been used to assure training is accurate?
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• How will you assure that Camp Staff has learned materials covered in training?

6)	Will any activity involve the use of chemicals, ignitable or noxious gases? \square YES \square NO \square 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 Camp Staff and Camp Participants? \Box YES \Box NO \Box NA
	• Who will facilitate this training and what resources have been used to assure training is accurate?
	How will you assure that Camp Participants understand training?
	How many Camp 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.) \square YES \square NO \square 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 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 Camp Participants who do not pass the swimming assessment?
	• Is the person conducting swimming skill proficiency assessments qualified to make proficiency determinations? \Box YES \Box NO \Box NA
	Who will facilitate the assessment?
	 Will a "buddy system" be utilized to ensure that Camp Participants do not enter the water alone? □ YES □ NO □ NA
	• Will Camp Participants be provided a review of safety consideration appropriate for the water activity? \Box YES \Box NO \Box NA
	• Who will facilitate this training and what resources have been used to assure training is accurate?
	 How will you assure that Camp Participants understand the training?

	Who will determine if weather is not suitable for water activities?
	Have proactive risk management plans been developed for these activities?
НО	USING:
1)	Will Camp Participants be housed overnight in University Residence Halls? ☐ YES ☐ NO ☐ NA
	If yes, • Which halls?
	What precautions need to be considered about the facility for the safety of Camp Participants?
2)	Will Camp Participants be housed in facilities other than Residence Halls? \Box YES \Box NO \Box NA
	If yes, • What facilities?
	• What precautions need to be considered about the facility for the safety of camp participants?
3)	Has consideration been given to the restriction of access to the housing area? \Box YES \Box NO \Box 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 Camp Participants be provided instructions on security, loss prevention, and other housing related safety and security issues? \square YES \square NO \square 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 the information?
5)	Will Camp Participants be instructed on emergency exit locations, procedures, and common meeting or reporting areas in the event of an emergency or building evacuation? \square YES \square NO \square NA
6)	Has consideration been given to determining an appropriate number of Camp Participants assigned to an established sleeping area/space? \square YES \square NO \square NA
7)	What curfew is established and communicated to Camp Participants?

• What alternative activities are planned in the event of bad weather?

		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 Camp Staff regarding crisis response?
8)		hat provisions will be made to brief groups of Camp Participants bringing their own adult counselors or pervisors on safety, camp established expectations, camp rules, or other provisions?
9)		ave Criminal History Background Check forms been submitted to Risk Management for all Camp Staff less than three weeks prior to the start of the camp? \Box YES \Box NO \Box NA
10)		ow will information be provided for Camp Participants on who to see or contact if they have an nergency?
11)		ow will Camp Participants be briefed on expectations with regard to conduct (e.g. horseplay, pranks, c.)?
	•	Who will facilitate these expectations with the Camp Participants?
12)		ill Camp Participants be briefed on safety provisions specific to the facility in which they are housed x. Prohibitions to sitting in windows, on ledges, and railing of high-rise buildings)? YES \square NO \square NA
		What information will be included?
		When will this information be covered?
		Who will facilitate the information?
		How will you assure Camp Participants understand the information?
TR/	NS	SPORTATION:
1)	Нс	ow will Camp 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 Camp Participants?

2)	Who will transport Camp Participants to/from camp activities?
	When will Camp Participants be transported?
	What safety training has been done to minimize risks associated with travel?
	• What process is enforced to determine all transported Camp Participants are accounted for before, during, and after traveling?
3)	Will University of North Texas at Dallas vehicles be used for transporting Camp Participants? ☐ YES ☐ NO ☐ NA
	Who will be driving the UNTD vehicles? (only UNTD employees are allowed to drive UNTD 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? \Box YES \Box NO \Box 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 Camp Participants be transported in vehicles other than University owned vehicles? ☐ YES ☐ NO ☐ NA
	• If yes, has the person determined that the vehicles are reasonably sound and reasonably capable of safely completing the trip? \square YES \square NO \square NA
	• If Yes, has the sponsor obtained evidence of insurance on the vehicle? \square YES \square NO \square NA
	• Have the insurance coverage amounts, in relation to the participants transported by the vehicle, been considered with Risk Management? \square YES \square NO \square NA
5)	Will participants be transported over twenty-five (25) miles from the general camp activity site in relation to camp program activities? \square YES \square NO \square NA
6)	Although Camp Participants are not considered "University Student," the University policy on Student Trave is a good reference for planning camp or program field trips. Has the camp 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? \square YES \square NO \square NA
8)	Will drivers be briefed on anticipated driving or traffic conditions in relation to transporting Camp Participants? \square YES \square NO \square NA
	• Has the Camp Director arranged for weather conditions to be reviewed prior to the Initiation of travel for more than twenty-five (25) miles from the main camp activity location? \square YES \square NO \square 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) \square YES \square NO \square NA
10)	Does the Camp Director know who to call in the event of a vehicle breakdown? (University vehicles or personal vehicles) \square YES \square NO \square NA
11)	Will drivers be instructed on what to do in the event of an automotive accident? \square YES \square NO \square NA
	• Does the Camp Director know whom to call in the event of an automobile accident involving a University owned vehicle? \Box YES \Box NO \Box NA
	 Does the driver know where the insurance card and Vehicle Accident Report forms are kept? □ YES □ NO □ NA
12)	Has the Camp Director obtained Texas roadside emergency assistance telephone numbers for the areas in which the camp will be traveling? \square YES \square NO \square NA
13)	Will the Camp 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, Compliance Office, the Camp Coordinator, the Camp Director if not accompanying on the trip) \square YES \square NO \square NA
14)	Has the Camp Director assessed the appropriate loading and unloading sites for the buses, vans, and/or cars to avoid Camp Participant loading/unloading in or around traffic? \square YES \square NO \square NA
15)	Will a First Aid kit be present in the vehicles used for transporting Camp Participants? ☐ YES ☐ NO ☐ NA
CH	ARTER 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 Camp Participants by land, sea, or air in which one or more vehicles and operators are provided for this purpose.] YES NO NA
	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? \square YES \square NO \square NA
2)	Has or will the Camp Director confirm(ed) that the charter services carry liability insurance and that the policy is current? \square YES \square NO \square NA
3)	For boat charters, has or will the Camp Director confirm(ed) the availability of appropriately size life jackets for <u>all Camp Participants and Camp Staff?</u> \square YES \square NO \square NA
4)	Has the Camp Director considered arrangements for communicating proper safety measures to Camp Participants prior to loading? \square YES \square NO \square NA
	What information will be included in the instruction?
	Who will facilitate the information?
	How will you assure participants understand information?

5)	Does the Camp 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 Camp Participants? \square YES \square NO \square NA
FIR	ST AID:
1)	Will the Camp Director review with Camp 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 Camp Participants at all times? ☐ YES ☐ NO ☐ NA
	If no, please explain.
	If yes, has the Camp 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? \square YES \square NO \square NA
	• How often will the Camp Director inspect the contents of the First Aid Kit to ensure that used, out of date, or damaged items have been replaced?
4)	Will Camp Staff be provided information on recognition of and treatment of heat exhaustion or heat stroke? \square YES \square NO \square 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 and Release forms from each Camp Participant?
	How will this information be kept confidential and maintained?
	 How will the Camp Director consider issues related to receiving and securing the medication, scheduling dispensation, refrigeration, or other storage needs, return of the medication to the Camp Participants or parents at the close of the camp session?
	Who will be the person administrating the medication?
7)	What alternative restrictions are in place for Camp Participants who are allergic to food, insect bites, have prior injuries, etc.?
8)	In cases where camps 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 camp, has Risk Management approved the caterer? \square YES \square NO \square NA
10)	Has consideration been given to redesigning any elements of the camp program that might lend to acceleration of competition into conflict and/or fighting? \square YES \square NO \square NA