

Culture

Culture: An integrated pattern of individual and organizational **behavior**, based on shared **beliefs and values**.

Safety Culture: The influence of organizational culture on safety. Specifically, the values, beliefs, and behaviors that affect the extent to which safety is emphasized over competing goals such as financial performance.



Foster a culture of safety by shifting behaviors, which occurs by shifting beliefs and values:



Characteristics of Safety Culture: How Do You Compare?

- **Leadership From the Top.** The CEO, Board & senior leadership clearly, consistently prioritize safety.
- **Inclusion.** Staff at all levels participate in activities like risk management reviews, safety discussions, and incident reporting. Information from these activities is shared throughout the organization.
- **Suffusion.** All members of the organization can articulate the vision for safety and how it relates to their individual work.
- **Culture of Questioning.** Staff recognize no risk management system is perfect. It is acceptable to question those in authority when there are urgent safety concerns.
- **Collaboration.** Staff work together up and down the organizational hierarchy and across departments.
- **Effective Communication.** Staff at all levels communicate in both directions (speaking and listening) about safety. Cultural attributes like unwillingness to admit ignorance, admit mistakes, or ask for help are effectively discouraged.
- **Just Culture.** Individuals are not punished for raising safety issues or confronting supervisors about unsafe practices.

Activities & Program Areas

Manage Activity and Program Area risks:

• Before

• Activity/area selection

- Select activities and areas with the lowest risk (that meet program objectives)
- Use perceived rather than real risk when possible



• Standards: Adhere to applicable standards



• Policies & procedures:

established for all activities



Bouldering Policies

1. Staff must have properly been trained to supervise and inspect a bouldering area.
2. The bouldering area must be evaluated and comply with the Evaluating Climbing Site section found within this manual.
3. All climbers must have at least one spotter working with them during a climb.



Bouldering Procedures

1. The ratio of staff to participants is 1:6.
2. Helmets must be worn for bouldering done above knee height.
3. No bouldering shall be conducted traveling higher than the shoulder height of the spotter.
4. Staff shall insure that weather and terrain are appropriate for participant's level of comfort and skill. If necessary, adjust route or postpone bouldering until weather conditions improve.

• During

- Dynamic risk management. Active supervision: modify, postpone or stop activities as needed

• After

- Debrief with participants
- Debrief with staff at end of program
- Management verifiably follows up on debriefs



Staff

A critical element in managing risk.
Can also be a source of risk.

“Staff:” Activity leaders, administrators, logisticians, volunteers, interns, chaperones, observers, etc.

Considerations:

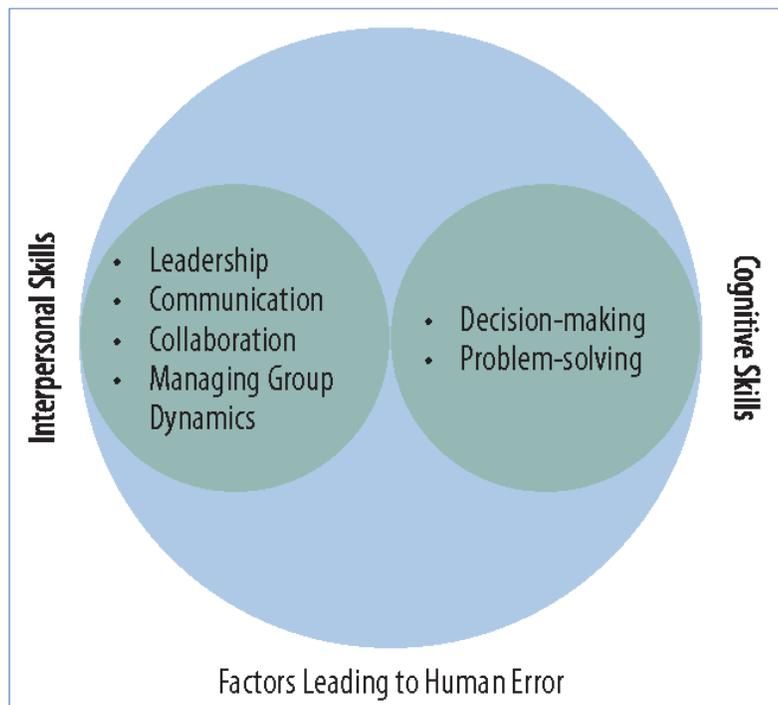
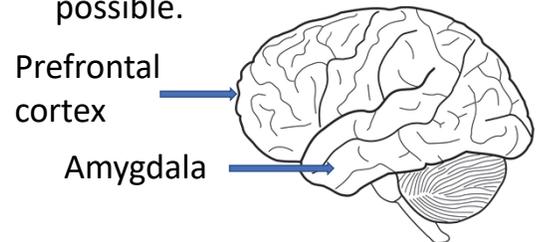
I. Human Resources Management

1. Establish required staff capacities: knowledge, skills, abilities, attitudes/values
2. Hire staff who verifiably meet baseline capacities (experience, certifications, etc.)
3. Train staff to verifiably meet work-ready capacities (safety & emergency procedures, program hazards, etc.)
4. Supervise and support staff to maintain capacities: supervision, evaluations, recognition, retention



Risk and the Developing Brain

- The differing timeframes of the development of the amygdala and the prefrontal cortex in the brain lead to increased risk-taking until the mid-20's.
- No proven solutions. Hire people after their mid-20's as possible.



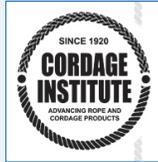
II. Human Factors in Error Causation

- Human error often a role in accidents
- Cognitive and interpersonal skills deficits lead to human error
- Cognitive skills deficits: cognitive bias and cognitive shortcuts
- Training, rules, group dynamics management, external viewpoints may help mitigate

Equipment

Equipment managed appropriately through its life cycle:

- **Selection:** appropriate, sufficient, high quality



- **Purchase:** documented; avoid counterfeit



- **Use, Maintenance, Repair:** to manufacturer standards or industry best practice; document for life-safety gear

- **Inspection:** at appropriate time frames, by qualified inspectors, to relevant criteria; document life-safety gear inspection

Vehicle Maintenance / Repair Log

The intention of the Maintenance/Inspection Log is to document routine maintenance or any maintenance or repairs that are done before scheduled routine maintenance or scheduled seasonal inspection.

Procedures

1. A professional maintenance and safety check shall be made of each vehicle before each season and repairs or adjustments/maintenance be made accordingly.
2. Maintenance receipts and records shall be held in the office.
3. Fill out the Maintenance/Inspection Log any time any maintenance is performed
4. Any time something is purchased for a vehicle it needs to be noted in the Logbook and the receipt turned in.
5. Date a tire or tires were replaced

Date	Mileage
Maintenance Performed (include quantities and type)	
Who Performed Maint./Insp.?	Phone #
Shop Name	Address
Comments	

Rope Log

Rope Name: _____	Type (static/dynamic): _____
Primary Use: _____	Length: _____
Color/Description: _____	Date of Purchase: _____
Diameter: _____	

INSTRUCTIONS

An entry should be made in this book every time the rope is used. It is imperative to the integrity of this official record to thoroughly inspect this rope both before and after each use period. Record: dates checked out, site manager initials, number of days used (any part of a day counts as a whole), and the climbing site or use location. Record rope condition in the "remarks" section and any other important information regarding its use during each period. If it is necessary to shorten this rope due to wear, re-measure the rope, mark the cut end, then record the date and new length in the appropriate space on the cover of this book. Use the designated section in this book to record rope washing information. Also see the Field Manual for other essential information.

Date(s)	Site Manager	Number of Days Used	Climbing Site/Area	Usage (Normal / extraordinary)	Inspected before use (initial)	Inspected after use (initial)	Remarks (e.g. hard use over sharp edge, significant falls)

CLIMBING ROPE WASH INSTRUCTIONS & RECORD

1. Wash this rope with clean, cold water in a front-loading washing machine (or, second choice, in a mesh bag in a top-loading spindle-agitator washing machine).
2. Use mild soap; do not use detergent or bleach.
3. Allow to air dry (out of direct sunlight) before storing.

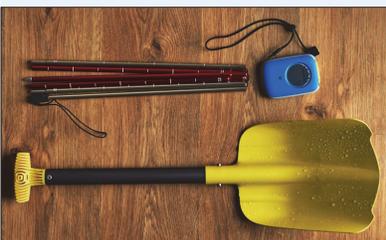
Date washed: _____	Date washed: _____
Brand of soap used: _____	Brand of soap used: _____

- **Location and storage:** accessible, secure, protected from harm



Chloride stress corrosion cracking

- **Retirement:** per schedule; permanently retired; document for life-safety items; follow recall notices





Participants

Help manage risks | Create risks



Pre-program

1. Selection: are you prepared to serve this participant population?
2. Medical Screening: a good medical match for your program?
3. Information & response: informed consent, liability release, equipment needs, pre-program training

Clothing & Equipment Checklist: Winter Snowshoe Expedition Programs	
Quantity	ITEM/DESCRIPTION
	FOOTWEAR
<input type="checkbox"/>	3-4 pr. <u>Wool or synthetic hiking socks</u>
<input type="checkbox"/>	2 pr. <u>Liner Socks</u> : For extra protection and warmth
<input type="checkbox"/>	1 pr. <u>Waterproof, Insulated Boots</u> : Over the ankle boot. Insulated to keep feet warm and dry in slush and snow
<input type="checkbox"/>	1 pr. <u>Sneakers or Running Shoes</u> : For in-camp use
<input type="checkbox"/>	1 pr. <u>Gaiters</u> : For snow protection

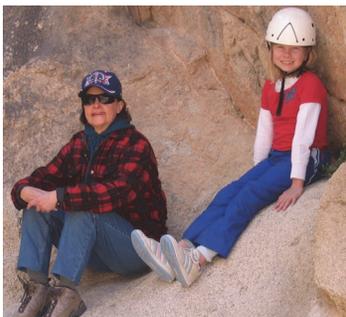


During program

1. Education: behavior expectations, safety procedures, skills training—must be verifiable
2. Supervision: participant assessment, medication mgmt., free time
3. Role of chaperones
4. Working with special populations (disability, etc.)

After Program

1. Evaluation: by participants, field staff.
2. Follow-up: Managerial response to evals



Evaluation of Program For completion by leader of intact group	
Name: _____	Group Name: _____
Program Location: _____	Dates: ___/___/___ to ___/___/___ Leader name: _____
Your feedback concerning this event is invaluable in continuing to improve the quality of our outdoor programs. Please take a few moments to answer the questions below with both narrative and numerical feedback. Rate the following on a scale of 1 to 5: 1 = unacceptable, 2 = poor, 3 = fair, 4 = good, 5 = excellent. Thank you!	
Quality and timeliness of pre-course information received from us about the course goals, itinerary, equipment requirements and the course location to prepare you for the program	
Quality and timeliness of pre-course information received from your organization about the course goals, itinerary, equipment requirements and the course location to prepare you for the program	
Quality and effectiveness of pre-course student and parent presentation at your school/organization by our administrative staff (if applicable)	
Program area appropriateness towards achieving program goals	
Quality of program structure and organization in effectively supporting program goals	
Quality and effectiveness of curriculum and activities	
Quality and effectiveness of program leadership by the our Program Coordinator	
Effectiveness of our staff in delivering program curriculum	
Sensitivity of our staff to participant concerns	
Quality of group management by our staff	
Level of risk management provided by our staff and operations	
Quality and quantity of food	
Quality and appropriateness of equipment provided	
1. Please describe the most successful aspects of the experience.	
2. Please comment on specific areas of the program that need improvement.	
3. What was your impression of program staff? Please comment on your instructor's strengths and weaknesses.	
4. Do you feel the program goals were successfully achieved? Yes No Explain:	

Subcontractors (Providers)

Provide convenience, cost savings; transfer risk

But need careful assessment

Risks: providers may have deficient safety systems you're not aware of

Expectations: subcontractor's risk management systems should generally meet the same standards to which the contracting organization holds itself



Assessment topics before retaining:

1. Copies of relevant permits, licenses, accreditations, and certifications
2. Level of experience with the activity and activity area
3. Summary of 10-year safety record, including incidents, claims and legal actions
4. Summary of safety review findings
5. Copy of emergency plan
6. Standards for equipment management. Safety equipment provided.
7. Qualifications for staff, including experience, skills, training, certifications and background check results
8. If providing transportation: licensing, operator testing, record checks, operating procedures
9. List of sub-subcontractors, and the above information for each
10. Proof of insurances, liability and other

Hands-on inspection of facilities/equipment as needed

During Contract Period:

Accompanying staff assess subcontractor performance



At End of Contract Period:

Staff assess subcontractor performance

Program Debrief Form

Client _____ Course Location _____

Course Director _____ Course Dates _____

Safety Issues:

Subcontractor Assessment:

Course Goals Achieved?

Transportation

A leading cause of fatalities and lawsuits in outdoor and experiential programs

Motor vehicle operator eligibility

- Written test
- Practical test
- Driver record

- Commercial use regulations
- Minimum Age and experience

Types of Violations	
Major Violations	Major Violations
Driving under influence of alcohol/drugs	All other traffic violations (such as speeding) are counted as "Minor"
Failure to stop/report an accident	
Reckless driving/speeding contest	The following citations are minor but will not be included in the count:
Driving while impaired	Motor vehicle equipment, load or size requirement
Making a false accident report	Improper/failure to display license plates
Homicide, manslaughter or assault arising out of the use of a vehicle	Failure to sign or display registration
Driving while license is suspended/revoked	Failure to have driver's license in possession (if valid license exists)
Careless driving	
Attempting to elude a police officer	

Driver Check Off

For (Name of Employee): _____ Date: _____

EMPLOYEE ACKNOWLEDGMENT
I have read the "Types of Citations/Offenses/Minor" and understand the requirements for adhering to the policies, procedures, and guidelines contained within this document. I understand that failure to follow the requirements set forth in the "Types of Citations/Offenses/Minor" will result in disciplinary action.

EMPLOYEE SIGNATURE _____

EMPLOYER SIGNATURE _____

EMPLOYER TITLE _____

EMPLOYER COMPANY _____

EMPLOYER ADDRESS _____

EMPLOYER PHONE _____

EMPLOYER FAX _____

EMPLOYER EMAIL _____

EMPLOYER WEBSITE _____

EMPLOYER CONTACT PERSON _____

EMPLOYER CONTACT PHONE _____

EMPLOYER CONTACT FAX _____

EMPLOYER CONTACT EMAIL _____

EMPLOYER CONTACT ADDRESS _____

EMPLOYER CONTACT CITY _____

EMPLOYER CONTACT STATE _____

EMPLOYER CONTACT ZIP _____

EMPLOYER CONTACT COUNTRY _____

EMPLOYER CONTACT LANGUAGE _____

EMPLOYER CONTACT TIMEZONE _____

EMPLOYER CONTACT CURRENCY _____

EMPLOYER CONTACT TAX ID _____

EMPLOYER CONTACT VAT ID _____

EMPLOYER CONTACT OTHER ID _____

EMPLOYER CONTACT OTHER INFO _____

EMPLOYER CONTACT OTHER COMMENTS _____

EMPLOYER CONTACT OTHER NOTES _____

EMPLOYER CONTACT OTHER DETAILS _____

EMPLOYER CONTACT OTHER DATA _____

EMPLOYER CONTACT OTHER INFORMATION _____

EMPLOYER CONTACT OTHER RELEVANT INFO _____

EMPLOYER CONTACT OTHER IMPORTANT DATA _____

EMPLOYER CONTACT OTHER CRITICAL INFO _____

EMPLOYER CONTACT OTHER SENSITIVE INFO _____

EMPLOYER CONTACT OTHER CONFIDENTIAL INFO _____

EMPLOYER CONTACT OTHER PROPRIETARY INFO _____

EMPLOYER CONTACT OTHER TRADE SECRET INFO _____

EMPLOYER CONTACT OTHER UNLAWFUL INFO _____

EMPLOYER CONTACT OTHER ILLEGAL INFO _____

EMPLOYER CONTACT OTHER VIOLATIVE INFO _____

EMPLOYER CONTACT OTHER PROHIBITED INFO _____

EMPLOYER CONTACT OTHER RESTRICTED INFO _____

EMPLOYER CONTACT OTHER UNAUTHORIZED INFO _____

EMPLOYER CONTACT OTHER UNAPPROVED INFO _____

EMPLOYER CONTACT OTHER UNACCEPTABLE INFO _____

EMPLOYER CONTACT OTHER UNSATISFACTORY INFO _____

EMPLOYER CONTACT OTHER UNDESIRABLE INFO _____

EMPLOYER CONTACT OTHER UNWARRANTED INFO _____

EMPLOYER CONTACT OTHER UNJUSTIFIED INFO _____

EMPLOYER CONTACT OTHER UNREASONABLE INFO _____

EMPLOYER CONTACT OTHER UNNECESSARY INFO _____

EMPLOYER CONTACT OTHER UNWARRANTED INFO _____

EMPLOYER CONTACT OTHER UNJUSTIFIED INFO _____

EMPLOYER CONTACT OTHER UNREASONABLE INFO _____

EMPLOYER CONTACT OTHER UNNECESSARY INFO _____

Vehicle Operator Written Test

Name: _____ Date: _____

- No one who will be driving a company vehicle shall have any drugs or alcohol in their system _____ hours prior to driving.
- What is the organization's policy regarding seatbelts? _____
- Vehicles shall be operated _____ or _____ the posted speed limit at all times.
- What is the organization's policy regarding use of headlights (day or night)? _____
- Drivers shall not operate a motor vehicle for more than _____ hours consecutively, or _____ hours in a day.
- The _____ is completely in charge and responsible for the operation of the vehicle and trailer and the safety of the passengers.
- When shall a "pre-drive checklist" be filled out? _____
- Most accidents are caused by: a) _____ b) _____ c) _____
- When are employees allowed to transport participants in their personal vehicles? _____
- Where should you pull over if having mechanical trouble or a breakdown? Why? _____
- What should you do if in a vehicle accident? _____
- Should you plead guilty or assess or admit fault? _____
- What should you do if the wheels of the vehicle travel off the paved roadway (and onto the shoulder)? _____
- What should you NOT do if the wheels of the vehicle travel off the paved roadway? _____
- What will minimize understeer problems and will reduce the risk of van rollover? _____
- Entering a turn at a _____ speed decreases the negative effects of oversteer and reduces the risk of van rollover.
- The load in a 15 passenger van should be _____ and _____ for best stability.
- Weighing down the back seat of a van "un-weights" the front of the van, therefore, keep the load on the back seat as _____ as possible.
- Allow at least a _____ second gap between you and the vehicle in front of you. In adverse weather allow at least a _____ second gap.
- There are blind spots behind any vehicle. What should you do if you cannot get assistance to back up your vehicle? _____

Motor Vehicle Grading Criteria (Last Three Years)

Number of Minor Violations	Number of at-fault accidents			
	0	1	2	3
0	Clear	Acceptable	Borderline	Poor
1	Acceptable	Acceptable	Borderline	Poor
2	Acceptable	Borderline	Poor	Poor
3	Borderline	Poor	Poor	Poor
4	Poor	Poor	Poor	Poor
Any major violation	Poor	Poor	Poor	Poor



Operator training

- Safe driving
- Regulations
- Loading/unloading
- Emergency handling
- Specific equipment, situations
- Organization's operating procedures

Motor vehicle operation procedures

- Drugs and alcohol
- Lights
- Speed limit
- Loading/unloading
- Hours of service
- Electronics use
- Pre-operation checklist
- Vehicle log

Pre-Drive Vehicle Inspection Checklist

Date: _____ Vehicle: _____

Destination: _____ Driver(s): _____

Start Mileage: _____ End Mileage: _____

Purpose/Program: _____

Instructions: Use the following general checklist to perform an inspection of the vehicle before each trip. If also pulling a trailer, complete trailer checklist. Proceed thorough. Advise Logistics staff if something is missing or needs repair/maintenance. Make note of any repairs or maintenance you made before/after the journey.

UNDER HOOD: Check and circle one

- Oil level (high, adequate, low)
- Coolant level (high, adequate, low)
- Windshield wiper fluid (high, adequate, low)
- Jack

EXTERIOR: Check for:

- Adequate tire tread
- Hide a key
- Damage

INTERIOR: Check:

- Running/Parking Lights
- Headlights
- High Beams
- Turn Signals (front/back)
- Brake Lights
- Reverse Lights
- Mirror
- Seats Secure
- Damage

COMMENTS or other concerns: _____

(Sign) _____ have completed all parts of the above form (Sign) _____

EQUIPMENT: Ensure presence of

- Vehicle Manual
- Pressure Gauge
- Working Flashlight
- Flares
- First Aid Kit
- Jumper Cables
- Tire Iron
- Fire Extinguisher
- Tire chain supplies
- Tire chains (winter only)

TRAILER: Check:

- Hitch completely on ball
- Hitch lock on draw position
- Pin for padlocks on hitch lock
- Jack completely jacked up
- Ball chains secured on trailer
- Blocks removed from tires
- Ball down completely shut
- Brake lights work
- Running lights work

Vehicle Accident Report Form

Checklist: Complete this form as soon as possible.

Checklist: Obtain information from each other involved party to be able to:

- Call the police and/or other authorities if possible from the scene.
- Call the insurance carrier of the involved party.
- Call the organization's Vehicle Manager for more information.

Checklist: Obtain and complete information:

- Name and Address of Involved Parties
- Name and Address of Witness
- Name and Address of Driver
- Name and Address of Vehicle Manager
- Name and Address of Insurance Carrier
- Name and Address of Police
- Name and Address of Hospital
- Name and Address of Lawyer
- Name and Address of Other Parties
- Name and Address of Other Witnesses
- Name and Address of Other Involved Parties
- Name and Address of Other Insurance Carriers
- Name and Address of Other Authorities
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Business Administration

Immediate risks (sample)

- Workplace health and safety: hazardous items, PPE, food service, hygiene, ergonomics
- Physical facilities: code compliance, permits, zoning



- Data protection: confidentiality, IP, records retention
- Financial: embezzlement, mismanagement, fraud
- Legal risk: contracts, IP/physical theft/fraud
- Human resources: discrimination, harassment, minors, supervision
- Marketing: accuracy in risk portrayal, promising "safety"

Strategic Risks

Demographic, Market and Social Shifts



Geopolitical Conflict and Instability



Climate Crisis

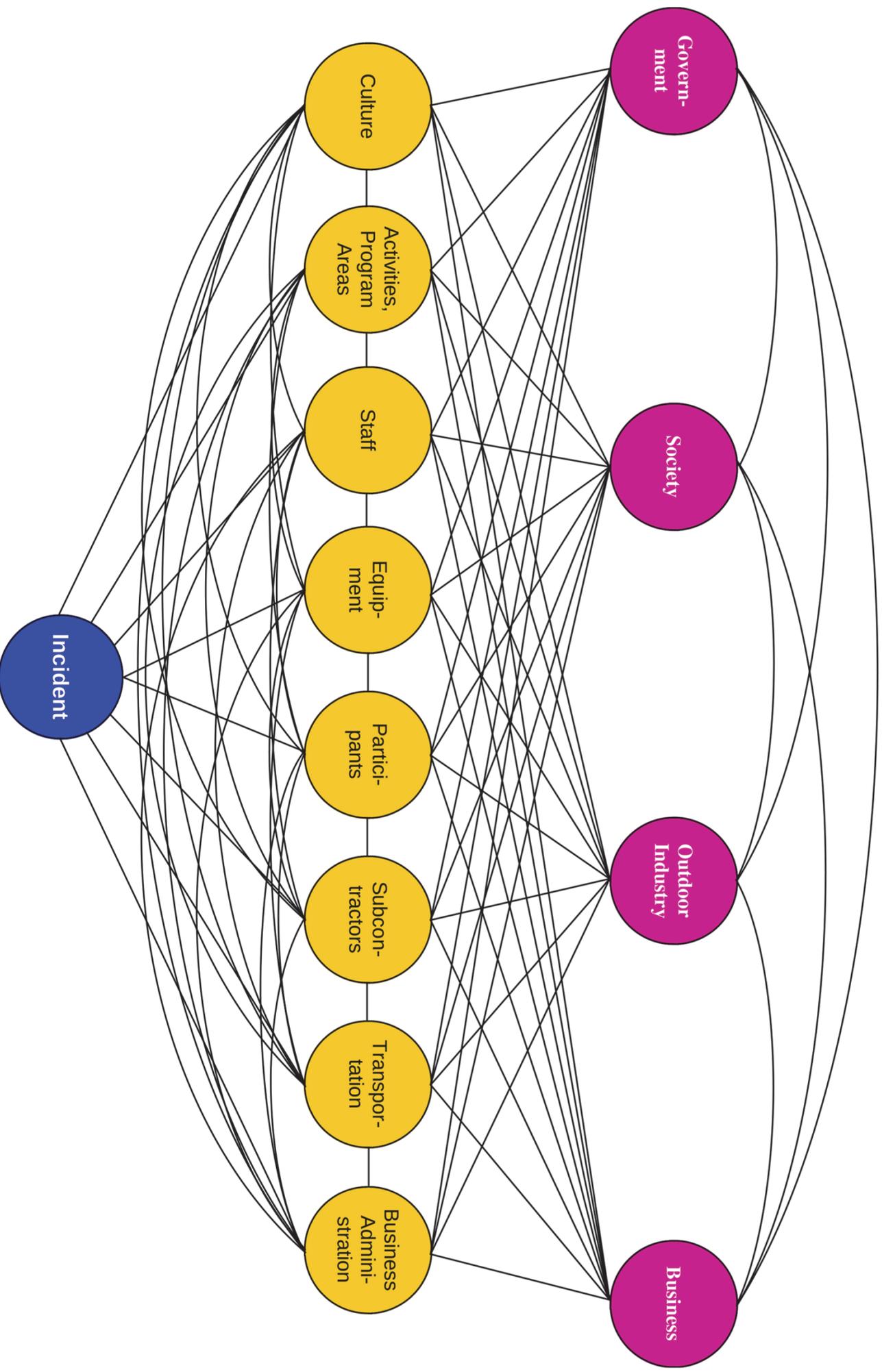


"Due to wildfire, our outdoor education site is closed for the foreseeable future."



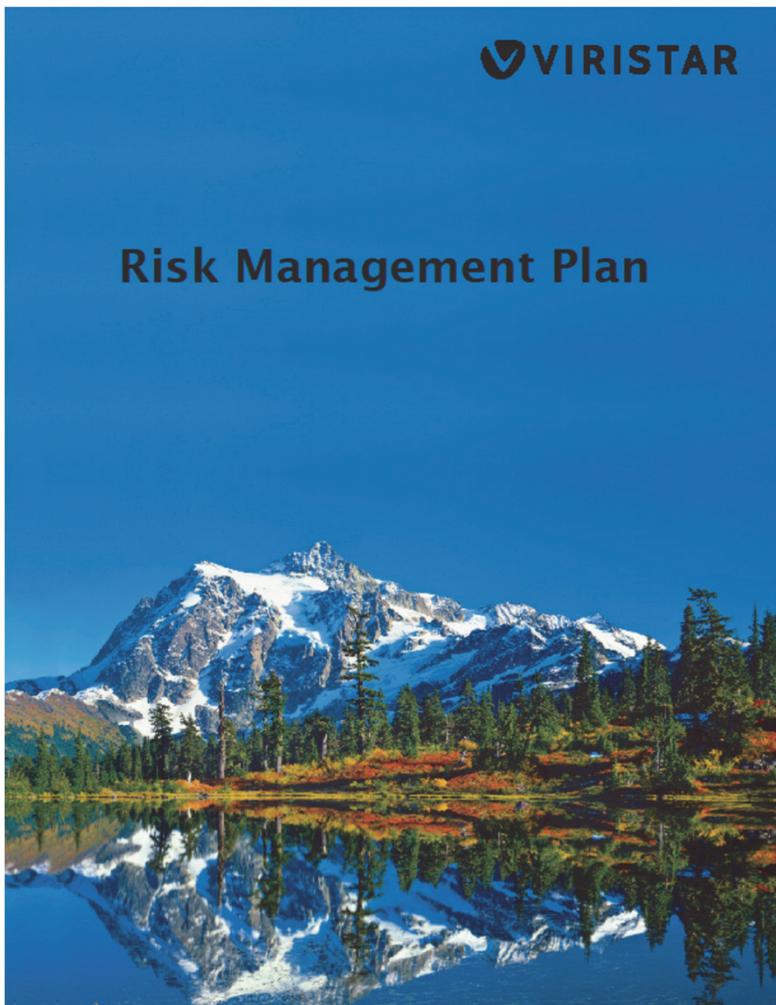
Outdoor Risks

Direct Risk Domains and Underlying Risk Domains



Risk Management Plan

- Describes the organization’s commitment to risk management, and risk management goals
- Locates the policies and procedures used to manage risks in risk domains
- Describes the organization’s risk management instruments





Mountain Adventures
Unlimited

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