



RISK MANAGEMENT REVIEW

OUTDOOR RECREATION AND COMMUNITY ACCESS PROGRAM OF SOUTHEAST ALASKA INDEPENDENT LIVING

Juneau, Alaska 2017

REVIEW CONDUCTED BY NOLS RISK SERVICES

284 Lincoln Street
Lander, Wyoming 82520
(307) 335-2222
www.nols.edu/risk-services

DAVID YACUBIAN—Lead Reviewer, NOLS Risk Services

KATE KOONS—Assistant Reviewer, NOLS Risk Services

KATIE BAUM METTENBRINK—NOLS Risk Services Manager, Senior Consultant

CONTENTS	PAGE
Introduction	2
Staff and Program Affiliates Interviewed	3
General Comments	4
Strengths of the Program	5
Observations, Recommendations and Suggestions for Improvement	6
1. Risk Management Oversight	7
2. Staff Requirements, Training, and Evaluation	9
3. Volunteer Management	11
4. Supervision of Consumers	13
5. Policies and Practices	15
6. Emergency Response	19
7. Crisis Management	20
8. Incident Reporting	22
9. Working with Subcontractors	24
Conclusion	25
Appendix A: ORCA Program Documents Reviewed by NOLS	Attached
Appendix B: Excerpt from <i>Risk Management at NOLS</i>	Attached separately
Appendix C: NOLS Crisis Management Protocol Outline	Attached separately
Appendix D: Sample Essential Eligibility Criteria	Attached separately

INTRODUCTION

Outdoor Recreation and Community Access (ORCA) is a program of Southeast Alaska Independent Living (SAIL), which is a non-profit organization based in Juneau. The program also operates (and has small offices) in Sitka and Ketchikan, and its purpose is to promote inclusive recreation and adaptive outdoor pursuits for Southeast Alaskans with disabilities. ORCA Program Director, Megan Ahleman, asked NOLS to conduct a risk management review of ORCA programs. The original review request was focused on the following:

1. Risk management oversight
2. Staff and volunteer training and management
3. Policies and procedures
4. Emergency response systems

The topics of participant supervision, incident reporting, and crisis management also arose during the review, and our comments on those topics have been included in this report.

NOLS Risk Management Consultants David Yacubian and Kate Koons spent three and a half days onsite at ORCA offices, September 18-21, 2017. They visited the Juneau office and took day trips to both Sitka and Ketchikan. They conducted interviews with 19 current and former ORCA staff, volunteers, community partners, and board members. During the visit, David and Kate observed three programs—one each in Juneau, Sitka, and Ketchikan—that were located in close proximity to towns and emergency services. Two of the observed programs were for adults (Sitka and Ketchikan) and one was for youth (Juneau). They did not observe any backcountry programming.

Additionally, SAIL program staff provided additional information—including program details and an account of a recent incident—to NOLS Risk Services Manager Katie Baum Mettenbrink by phone on October 20, 2017. That information also informed this report.

Prior to the site visit, Megan Ahleman provided NOLS with written program materials describing the mission and values of ORCA, staff training, policies and practices, marketing, incident reporting, and emergency and crisis response systems, among other topics. See Appendix A for a complete list of program documents reviewed.

Katie Baum Mettenbrink and NOLS Risk Management Director Drew Leemon provided additional expertise for this report.

There are risks associated with all outdoor activities, and this review cannot lessen those risks. The review provides an external perspective on how ORCA appeared to be functioning at the time of the review and offers input on how the organization might enhance those functions.

ORCA STAFF AND AFFILIATES INTERVIEWED

- Megan Ahleman, ORCA Program Director
- Kate Burkhart, SAIL Board Chair
- Doug Gregg, ORCA Volunteer, Parent
- Mary Gregg, SAIL Board of Directors Treasurer, Parent, ORCA Volunteer
- Steve Hutchinson, SAIL Independent Living, former ORCA Program Coordinator, Sitka
- Jeff Irwin, SAIL Board Member/Formal ORCA Staff
- Sierra Jimenez, SAIL Assistant Director (Haines)
- Clare Kelly, ORCA Program Coordinator, Sitka
- Tristan Knutson-Lombardo, SAIL Assistant Director
- John Kramer, ORCA Volunteer
- Erin Lupro, Assistant Director of Snowsports School, Eaglecrest Ski Area
- Melissa O'Bryan, ORCA Coordinator, Ketchikan
- Joan O'Keefe, SAIL Executive Director
- Sean O'Neill, ORCA Juneau Lead
- Bob Purvis, Board Member and ORCA Consumer
- Keith Smith, ORCA Program Director, Ketchikan
- Kat Sprengard, ORCA Volunteer/Formal Jesuit Volunteer
- Mallory Story, ORCA Coordinator
- Emma Van Nes, ORCA Youth Coordinator and Jesuit Volunteer

GENERAL COMMENTS

ORCA has a diverse array of program options for participants, ranging from outings to local school playgrounds for games and activities (lasting a couple of hours) to multi-day trips (ranging from 2-14 days) in Alaska and the lower 48 states that involve hiking, kayaking, cultural interactions, and other activities depending on the location. Additionally, there is an adaptive ski and snowboard program, adaptive equipment rental (bikes, walkers), and other instructional activities such as swimming and cooking. Some of the shorter programs are offered weekly, with many of the same participants involved each week. ORCA served 240 youth and adults in 2016, ranging in age from 3-89 years old.

ORCA has a unique staffing structure that consists of long standing management staff who have been with the organization up to 20 years, one Jesuit Volunteer (JV) each in Juneau and Sitka who rotate each year and help run programs in those locations, and 5-40 additional community volunteers in each location. Despite their title, JVs are treated as employees and receive a stipend for their service from an outside entity.

The existing program is functioning well and there have been no significant incidents since the program's inception. However, much of the program is managed with informal systems and oral tradition. Most staff interviewed thought there was a need for more formalized risk management systems and structure, and we agree. To a person, staff were willing and eager to share their concerns and expressed a desire to help the program learn and improve. Our recommendations primarily focus on establishing consistent, formalized systems.

STRENGTHS OF THE PROGRAM

Observed strengths of ORCA include, but are not limited to, the following:

- **Organizational culture:** SAIL and ORCA staff demonstrated that they are open to feedback, committed to improving systems, and inherently value each other's contributions to the organization. This culture positions them well to make changes where recommended.
- **Staff committed to mission and organization:** Staff are dedicated to providing access to people with disabilities and advocating for ORCA consumers. This was evident in day to day interactions, observed activities, and the overall tone of each interview.
- **Staff committed to participants:** We observed staff that had close relationships with participants, knew their specific needs and concerns, and were well prepared for activities. It was a pleasure to see the program staff interact with participants with an appropriate blend of professionalism and genuine care.
- **Strong leadership:** The current leadership team is strong and works well together. Members of the team (Joan, Tristan, Sierra, and Megan, specifically) have held their positions from 3-15 years.
- **Background checks on all volunteers regardless of client age:** ORCA conducts background checks for all volunteers, and not just those working with youth.
- **Eaglecrest partnership:** ORCA has a partnership with Eaglecrest Ski Area in Juneau to provide adaptive ski and snowboard activities. ORCA and Eaglecrest have a strong working relationship, and the ski/snowboard program is a great resource for the community, located just a few miles from downtown Juneau.
- **American Canoe Association (ACA) kayak training:** ORCA provides ACA Level 2 Coastal Kayaking training (one-day course on basic strokes and rescues), which staff must complete in order to lead kayak trips for ORCA.

OBSERVATIONS, RECOMMENDATIONS, AND SUGGESTIONS FOR IMPROVEMENT

Any well-functioning organization will benefit from periodic review to determine where and if refinements can be made. While our exploration of ORCA was brief, and our observations can capture only a snapshot of how the organization conducts its activities, we offer the following insights as areas that need improvement. As stated above, the recommendations are based on interviews with staff, review of program materials, and program observations.

We have chosen specific topic areas on which to comment, based on the original review request and our findings. Each section is numbered and includes a discussion of our observations followed by recommendations and/or suggestions. **Observations** provide context for recommendations and suggestions. They are intended to describe specific program areas targeted for improvement and are not exhaustive. **Recommendations** are defined as steps or actions the organization is strongly encouraged to take to address a specific deficiency. **Suggestions** are defined as steps or actions the organization might consider implementing to improve operations.

Our job as reviewers is to identify which aspects of ORCA, within the scope of the review, appear to be functioning well and where improvements could be made. Our knowledge of the organization's capabilities is limited, so recommendations and suggestions are not solutions. It is ORCA's responsibility to decide whether the recommendations can or should be heeded, as well as how recommendations should be implemented.

1. RISK MANAGEMENT OVERSIGHT

Observations

ORCA has a culture that encourages all staff and volunteers to take responsibility for risk management. Program coordinators in each office, a staff person called a “team lead” in Juneau, and JVs, are collectively referred to as ORCA “program staff”. Along with community volunteers in some cases, these program staff are on-the-ground risk managers. All of these individuals facilitate daily and local multi-day activities for ORCA participants (referred to as “consumers”); program staff select and design activities after receiving input from consumers about their interests.

ORCA Program Director Megan Ahleman, SAIL Assistant Director Tristan Knutson-Lombardo and Sierra Jimenez, and SAIL Executive Director Joan O’Keefe make up the broader leadership team within the organization. Joan, Sierra, and Tristan are not involved in ORCA’s daily operations, but contribute to overall program vision and get involved when there are problems. Megan is responsible for administrative risk management, and plans and facilitates multi-day programs (trips to the lower 48 for example). She meets with all ORCA program staff from the three locations weekly. Interviewees commented that they really appreciate this meeting and find it useful in conveying programming concerns and providing updates. In particular, those in the outlying offices (Sitka and Ketchikan) highlighted the benefits of this meeting in terms of maintaining consistent practices.

In practice, we found risk management oversight at ORCA to be effective. Risk management roles and responsibilities in most areas are well-understood by staff, and there is a strong risk management culture that emphasizes transparency and learning. Nonetheless, there are a few issues that merit attention.

ORCA does not have a written risk management plan. Though we observed consistent understanding of roles and responsibilities among staff, this understanding is reliant on oral tradition, making the system more vulnerable in the event of turnover and potentially less resilient overall. Documenting the program’s oversight structure (i.e. roles and responsibilities) along with risk management goals would add useful redundancy.

The SAIL board of directors’ role in risk management at ORCA is unclear, and neither SAIL nor ORCA have a risk management committee to guide operations or provide external perspective. Multiple board members indicated in interviews that they were unclear about their role in risk management. Two board members were familiar with ORCA only from board meeting updates, and had not observed or participated in program activities.

In addition to utilizing the board of directors, another way to access external perspective is to dialog with peer organizations. ORCA is aware of a few other Alaska-based programs that work with individuals with developmental and physical disabilities, but does not have regular interaction with any of those organizations. We did not observe any specific problems stemming from this lack of peer interaction. Nonetheless, it may be useful to engage peer organizations regarding practices, activities, and common concerns, to stay abreast of what others are doing and share ideas. There are also organizations in the lower 48 states that may be good peer resources for ORCA program staff.

Recommendations

- 1.a. Document risk management roles and responsibilities.

- 1.b. Determine and document risk management goals for the ORCA program. See Appendix B: Excerpt from *Risk Management at NOLS* for an example.
- 1.c. Clarify the SAIL board of directors' role in risk management at ORCA.

Suggestions

- 1.a. Create a risk management committee. Among other possibilities, the committee could help review serious incidents, provide external perspective on industry practices, advise on consideration of new activities, and/or provide specific areas of expertise not represented by staff.
- 1.b. Identify peer organizations that also work with individuals with disabilities, work extensively with volunteers, or conduct other similar activities. Develop relationships with one or more of those organizations and dialog periodically to share ideas and discuss challenges as they arise.

2. STAFF REQUIREMENTS, TRAINING, AND EVALUATION

Observations

There has been minimal staff turnover in management roles at ORCA in recent years, and most current staff have been with the program for more than five years. Consequently, JVs are the main focus of staff training. Volunteer training and management are addressed in section three.

Many aspects of staff training are organized and working well, but a few are undocumented, unclear, or otherwise lacking. Examples of documented, useful systems include written position descriptions for all staff, an outline for annual JV training, other training curriculum documents, and checklists to support staff in preparing for and managing the various activities offered. Areas we thought could be improved include first aid training requirements, staff training in behavior management and challenging communication with caregivers, and staff evaluations.

First Aid Training Requirements

ORCA staff who lead trips are required, at minimum, to have CPR and Basic First Aid certifications. This requirement reflects actual practices and, for most activities, we think this level of training is reasonable given the proximity to local EMS and medical facilities as well as ease of communication in most locations.

ORCA requires staff on some trips to have a higher level of first aid training than CPR/Basic First Aid. However, that requirement is not consistently adhered to. Interviewees and program documents state that staff must have a current WFR certification in order to lead kayaking and overnight camping trips, but some staff lead these trips without a WFR. It seems that these trips do consistently have at least one WFR-certified staff person, but the statement that a WFR is required for all staff leading these trips is inconsistently applied. Similarly, the “team lead” job description states that a WFR certification must be obtained “during first year of employment,” but the person currently in that position does not have a WFR and is in their second year of employment.

Additionally, there is no system for tracking whether staff have required first aid certifications/training or whether certifications are current.

Managing Consumer Behavior

Staff in nearly every interview expressed concerns about the challenges of managing consumer behavior. In particular, JVs—who tend to have little or no prior experience managing groups or working with people with disabilities—described behavior management as one of the most difficult parts of their job.

We observed a few examples of challenging behaviors in Juneau and Sitka, which seem to be representative. We observed young consumers in Juneau throwing rocks and sticks in a public parking lot (in relatively close proximity to other people) while waiting for an activity to begin, despite repeated instructions to stop doing so. One of those same consumers (in Juneau) later took off running away from the group and had to be tracked down by staff. In Sitka, a consumer had repeated outbursts of yelling inappropriate words and phrases in a vehicle (sexual content, curse words, etc.) that potentially compromised the emotional safety of other consumers in the group.

Given ORCA’s mission, some instances of challenging participant behavior are expected (indeed, this is stated in the ORCA volunteer manual), and the issue merits additional attention in staff

training. There are informal efforts to share stories about managing behavior during staff trainings and retreats, but expanded and formalized efforts to address this issue would be useful.

Behavior expectations and policies are addressed in sections four and five.

Communication with Caregivers

Staff have frequent interactions with caregivers (e.g. parents, other family members, guardians, health care workers) regarding the unique needs of ORCA consumers, and JVs manage many of these interactions. JVs often come to ORCA right out of college and have limited prior work experience. Communication with caregivers can involve sensitive information regarding consumer health or behavior concerns, and the conversations can be challenging and stressful. We did not observe specific problems stemming from a lack of training in this area, but JVs did mention these challenges and we think communication with caregivers may merit additional attention in training.

Evaluation Process

Staff described the evaluation process as open, collaborative, and useful. From our perspective, the process seems to be working well but is missing a useful reflection opportunity. Each spring, staff members complete a self-evaluation and supervisors write an evaluation of each person who reports to them. During this process, there is no structured opportunity for employees to give feedback to their supervisor, or to share feedback for others in ORCA or SAIL leadership. Incorporating some such opportunity into the staff evaluation process would provide an outlet for employees to voice concerns and give ORCA more well-rounded perspective on staff performance.

Recommendations

- 2.a. Review requirements for first aid training. Revise as needed if current requirements are deemed unnecessary and/or align practices with stated requirements.
- 2.b. Create a system to track staff first aid certifications (and any other required certifications/trainings) to verify that certifications are valid and current.

Suggestions

- 2.a. Provide additional training for JVs (and other staff who lead activities) in managing consumer behavior. Help staff identify behaviors that are acceptable and unacceptable for ORCA programs, and provide guidance on how to respond to unacceptable behaviors. Consider including scenarios that address common behavior challenges, and/or conducting debriefs after challenging behavior situations to provide ongoing training and support. (See also sections four and five.)
- 2.b. Consider providing training on managing challenging communication (including phone calls) with caregivers. See Wilderness Risk Management Conference (WRMC) online Resource Center (www.nols.edu/wrhc, Program Administration section) for a sample outline of concepts and training structure.
- 2.c. Create an evaluation system that allows for feedback to supervisors in addition to self evaluations and supervisee evaluations.

3. MANAGEMENT OF VOLUNTEERS

This section addresses the role and management of community volunteers, who are distinct from JVs.

Observations

Community volunteers are a vital resource for the ORCA program, and many volunteers have been involved with the program since its inception in 1994. In Juneau, there are roughly 40 volunteers that help regularly on programs. Sitka and Ketchikan have fewer volunteers (less than 10 in each location), but interest in volunteering with ORCA is growing in those locations.

There is a detailed volunteer manual that describes activities offered, volunteer responsibilities, general risk management information, tips on working with people with disabilities, and ORCA policies. It is well-written and is a good resource for volunteers.

As stated above in the Strengths section, ORCA conducts background checks on all prospective volunteers.

We did not see a volunteer agreement, and are unsure if one exists. We also did not see any mention of insurance related to volunteers in the volunteer manual or other program documents, and staff did not seem to be aware of any insurance coverage for volunteers or their actions. It is unclear whether volunteer actions are covered under ORCA's liability insurance. Presumably, a volunteer would not be covered under the ORCA workers' compensation insurance if they were injured during an ORCA activity, and the program does not carry any other insurance that would allow a volunteer to file a claim if injured during an ORCA activity. We are also unsure whether any information about insurance—including whether they would have access to workers' compensation coverage—is communicated to volunteers.

Currently, there is no system to track individual volunteers' qualifications, completed trainings, performance, or readiness to lead certain activities. Aside from consenting to a background check, there are no written qualifications for ORCA volunteers. Outside of the adaptive ski and snowboard program, there are no documented criteria for volunteering in specific activities.

Of all ORCA programs and activities, the adaptive ski and snowboard program is the most reliant on volunteers, and also requires the most training for prospective volunteers. This program seems to be well-managed. ORCA pairs a trained volunteer with every participant while skiing/snowboarding, and utilizes ski patrol for emergency response and additional supervision of consumers and volunteers. The program requires both new and returning volunteers to participate in a one-day training at the beginning of each ski season. There are also optional training opportunities each week through Professional Ski Instructors of America (PSIA) where volunteers can learn about advanced adaptive ski techniques and improve their own skills.

Volunteer training for other activities is less consistent. We did not see documentation of training requirements, nor any curriculum used to facilitate volunteer trainings.

Recommendations

- 3.a. Create a volunteer agreement in consultation with an attorney, or review current agreement if one exists.

- 3.b. Inform volunteers (via volunteer agreement or otherwise) whether they are or are not covered by ORCA workers' compensation or other insurance plan if they are injured during an ORCA program. If not covered, advise volunteers to have their own health insurance.
- 3.c. Consult with ORCA insurance carrier about liability coverage for volunteer actions.

Suggestions

- 3.a. Create a system to track volunteers' readiness to lead certain activities. Consider including qualifications, completed trainings, past performance, relevant outside experience, and/or interests.
- 3.b. Document training requirements and curriculum for volunteer trainings for all program activities. Consider using ski/snowboard program as a model.

4. SUPERVISION OF CONSUMERS

Observations

Supervision ratios are unclear, and practices do not align with stated guidelines. Interviewees stated that it is a goal on most ORCA trips to have a staff-to-consumer ratio of one-to-five. In some situations, the intended ratio is lower. For example, adaptive skiing and snowboarding require additional supervision. Similarly, if there are consumers who are not ambulatory in any activity, ORCA states that the program will increase the number of staff and/or volunteers on that activity.

Some interviewees described the one-to-five ratio (along with the adjustments for consumers who are not ambulatory) as ORCA “policy.” Others described it as something to strive for. In either case, staff agreed that the stated ratios are not consistently adhered to. The one-to-five ratio is documented in an outline of training topics from April 2017 (Ketchikan), and possibly elsewhere.

Additionally, there is lack of clarity regarding who is considered “staff” in relation to ratios, which contributes to confusion around the issue generally as well as to inconsistent execution of supervision standards. Volunteers are not to be counted when determining how many staff are needed to run a program within the intended ratio, however in reality, volunteers are included in staff counts for some activities. One example is adaptive skiing and snowboarding, which are described as having a one-to-one ratio in which the one-on-one supervision of each participant is provided by community volunteers. (In this case, ski patrol and two ORCA staff members are also present at the ski area to provide broad oversight and support if needed.) Similarly, it is not uncommon on day trips and within the youth program for JVs or others to be the only staff person with more than five consumers, where additional supervision, if any, is provided by volunteers.

Supervision levels are not necessarily inadequate in the above examples, and exceptions to stated ratios may even be appropriate in some cases. However, the organization is not following its own stated guidelines, and program staff do not have clear parameters for determining what is needed to manage a given activity.

Some consumers require the support of a personal care attendant, guardian, or other aide (ORCA uses the general term “caregiver” to describe these individuals) in order to participate in ORCA activities. This determination is usually made by ORCA staff, and is often based on experience with a consumer in a previous activity. Interviewees described a current trend of fewer consumers having access to individual caregivers in recent years (due to state funding cuts), with no reduction in demand for ORCA programs. Some program staff described feeling pressure to run activities with less supervision than they would like to have, because they do not want to turn people away. Staff expressed that, as facilitators of an adaptive program, they take pride in “meeting people where they are.” In some cases, this results in having consumers on activities and trips who may require more supervision and care than ORCA can provide in the program’s current staffing model.

ORCA does not have essential eligibility criteria (EEC) describing what prospective participants need to be able to do in order to participate, nor do they have documented guidelines for determining when a consumer must be accompanied by an individual caregiver. Decisions are made on a case-by-case basis and without formal structure or parameters.

Recommendations

- 4.a. Clarify consumer supervision standards for each activity, including who is counted (staff and volunteers, or only staff) in determining ratios. Strive to align practices with stated ratios.
- 4.b. Clarify who is empowered to make exceptions to intended ratios, if anyone.
- 4.c. Create guidelines for when a consumer must be accompanied by an individual caregiver in order to participate in ORCA programs. Consider sharing guidelines with families/guardians of prospective participants so those people can help ORCA determine when an individual caregiver may be needed.

Suggestions

- 4.a. Create essential eligibility criteria (EEC) for ORCA programs. See Appendix D for an example.

5. POLICIES AND PRACTICES

Observations

ORCA policies, practices, and general risk management information are documented in the ORCA Volunteer Manual (which has beneficial information for both volunteers and staff), the SAIL Employee Handbook, and the ORCA Procedure Manual, among other places. For the most part, we thought these documents contained pertinent information. However, we also found that some documents contained confusing or problematic information, and policy information on a number of specific topics was unclear. Additionally, some important practices for managing activity risks are not documented, and interviewees' descriptions of those practices were inconsistent. We have described specific issues below.

Content of Written Program Materials

ORCA had a risk management review conducted in 2004 (not by NOLS). A report from that review describes risk management practices applicable to any outdoor program along with suggested components of a risk management plan. ORCA has taken some of that text and inserted it into its own program materials as risk management philosophy and policy. Some of this text is unhelpful and may create exposure for the program. For example, one excerpt states that volunteers create additional liability for a program and require additional and/or specialized training. This language is questionable, does not serve any training or policy purpose in ORCA program documents, and creates exposure for ORCA if the program's practices do not align with this advice. Other excerpts from the prior review report are similarly unhelpful and potentially problematic. In general, we do not advise lifting content verbatim from one source or program and inserting it into another program's materials, with or without permission.

Medical Protocols

ORCA does not have medical protocols to help determine whether someone who sustains an injury or illness on an activity (a) should seek medical attention or (b) is in sufficient health to continue with or return to an activity.

For example, one concern in the adaptive ski and snowboard program is the potential for head injuries, especially because the direct supervision of consumers in that activity is provided by volunteers who may not have medical training (unlike ORCA staff). Head injuries can be serious enough to warrant attention even in the absence of a person being "knocked out" or having other obvious symptoms, and there is increased risk if a person suffers a second head injury before the original injury heals. There is no guidance for volunteers deciding whether a consumer should seek medical attention (from ski patrol or elsewhere) following a possible head injury. There is also no system for requiring clearance or assessment from a medical professional for a consumer to return to the ski program after a head injury.

More broadly, it would be useful for ORCA to have structure in place to guide staff or volunteers in making decisions about how to proceed with consumers following any injury or illness, in terms of additional care needs and/or continuing with or returning to activity. ORCA has been provided with access to the NOLS Wilderness Medicine Protocol Package for reference in creating such protocols.

Bear Practices

All program areas used by ORCA are within black and/or brown bear habitat. While ORCA does not have many documented encounters with bears (and no problematic encounters we are aware of), such encounters are a significant risk for outdoor programs in Alaska. ORCA does not have written practices regarding camping and traveling in bear habitat. There is discussion of camping and managing groups in bear habitat during overnight staff trainings, but there is nothing written down or formally expected of staff. A hiking program document directs staff to “do the bear safety talk,” yet there is no content of a bear safety talk written down. It is also unclear whether or how consistently ORCA groups carry bear deterrent spray.

Some ORCA staff have years of experience camping and traveling in bear habitat (and one of those staff is usually present on outdoor trips) but newer staff and most JVs do not. The program should have consistent practices for avoiding and responding to bear encounters, and should train staff in the use of those practices.

NOLS offers information about bear practices in *NOLS Bear Essentials: Hiking and Camping in Bear Country*, and in NOLS’ *Wilderness Educator Notebook*, and other sources are also available.

Consumer Drop-off Procedures

At the conclusion of most youth activities and activities for consumers with developmental disabilities, ORCA staff drive consumers home. Some of these consumers—typically adults who are living independently—are allowed to be dropped at the door with no verbal or visual contact with a caregiver. Other consumers are brought to the door, and ORCA staff cannot leave until a caregiver takes responsibility for them. There is no system for documenting consumer drop-offs. ORCA staff do not write down the drop-off time nor whether someone greeted them at the door. If a caregiver inquired about a consumer’s whereabouts, there is no record of when ORCA transferred care of that consumer to someone else, or dropped them off on their own at home.

Behavior Policies

As mentioned above in section two, staff indicated that managing consumer behavior is one of the most challenging aspects of their jobs. Staff and volunteers stated in interviews that there are no written behavior policies and that behaviors are managed on a case-by-case basis. We did see one document titled “ORCA Activity Expectations” that contains nine very general expectations (under the headings of safety, respect, and teamwork) such as, “Always stay with the group,” and “Be kind, positive and friendly.” Staff use behavior management strategies drawn from their own experiences and informal coaching they receive from other staff.

If consumers display a pattern of “extreme behaviors,” ORCA asks them to bring their own caregivers to subsequent programs to aid in their participation in the program activity (primarily related to managing interactions with other people). Thresholds for what constitutes “extreme behavior” are not defined. ORCA strives to work with all consumers to facilitate their continued participation as long as consumers are interested. Expulsions happen rarely, if ever. Though many consumers participate on a regular basis, we did not hear of any process to determine that a returning consumer would be ineligible for future programs based on a pattern of behavior that was unmanageable by ORCA staff.

As stated earlier, interviewees reported that funding for individual caregivers has declined in Alaska. ORCA is seeing more interest from people with needs that exceed the program’s management

capabilities and do not have access to individual caregivers. This trend sharpens the need for clearly defined and documented behavior policies and essential eligibility criteria, as well as criteria for when an individual caregiver is required for participation. See also section four.

Dressing/Undressing and Toilet Use

In some cases, staff run activities for consumers who need assistance dressing, undressing, and/or using the toilet. ORCA does not always have staff of the same gender as those consumers on those activities. One JV reported that, in those situations, ORCA staff may ask another consumer to assist in dressing/undressing. For example, a female JV described bringing a group of consumers—including two male consumers and no male staff member—to a local swimming pool. On an earlier pool visit, one of the male consumers had had some difficulty getting changed in the locker room in a timely manner. On this next visit, the JV asked the other male consumer to assist with the changing process.

Physically assisting a peer in dressing/undressing is a vulnerable position for both people involved, and we think this practice is problematic. The same applies to a consumer needing assistance using the toilet during an activity, which some ORCA consumers require.

Handwashing and Snack Management

All of the activities David and Kate observed had a snack component. We did not observe handwashing (nor a handwashing setup/structure of any kind). Some snacks were opened and passed around for consumers to put their hands in the bags or boxes in order to serve themselves.

The human hand is a vector for disease and bacteria. The practice of sharing food in this manner increases the potential for consumers to pass illnesses around and get sick.

Recommendations

- 5.a. Review program documents for text pulled directly from prior risk management review report. Remove content that does not apply to ORCA programs or does not serve a clear policy purpose. Revise applicable content to match ORCA's specific needs.
- 5.b. Create a system to provide staff and volunteers with guidance in responding to and managing injuries/illnesses, including thresholds for seeking additional care and parameters for continuing or returning to ORCA activities after an injury/illness. See NOLS Wilderness Medicine Protocol Package for guidance.
- 5.c. Create written practices for managing groups in bear habitat. Include expectations for carrying and use of bear deterrent spray. Strive to keep practices simple, as some ORCA staff have very limited experience. Provide training to support these practices.
- 5.d. Create a checklist for consumer drop off that documents whether each consumer can be left alone or needs to be greeted by a caregiver.
- 5.e. Provide a method for documenting the time of drop-off and to whom (if anyone) care was transferred at that time.
- 5.f. Define and document consumer behavior expectations and expulsion policies, including consequences for commonly seen behaviors and steps that must be taken for a consumer to return to ORCA after being expelled (along with who makes those decisions). Consider using behavior and corresponding response continua to guide staff decision-making in gray-area situations.

- 5.g. Review activities that require clothes changes (e.g. swimming) and create clear staffing guidelines for those activities as well as guidelines for staff on how to assist consumers. Guidelines should not rely on consumers to assist each other.
- 5.h. Require consumers to clean their hands before eating. Wash hands with soap when possible, and carry hand sanitizer as an alternative. When using bags of shared snacks, consider having a volunteer or staff member distribute snacks in a manner that does not require consumers to insert their hands into a bag of food.

Suggestions

None

6. EMERGENCY RESPONSE

Observations

Emergency response information is inconsistent across ORCA program offices. The Sitka office has a helpful document in an activity binder, with an emergency call-down list of staff and board members and information on responding to tsunamis and other relevant environmental events. The Juneau and Ketchikan offices did not have similar written plans. Staff in Ketchikan knew who they would call in the event of an emergency but were not aware of a formal document that outlined what to do. Staff in Juneau also identified who they would call in an emergency, but stated that there was not a document to assist them. Emergencies can cause a significant amount of stress for an organization and its staff, and a clear plan can reduce this stress and help facilitate effective response in a potentially chaotic situation.

On most trips, staff carry cell phones for emergency communication. There are ORCA-owned phones, referred to as “emergency ORCA activity cell phone,” in each program location for staff to carry, and those phone numbers are shared with consumers and their families. Staff also carry personal phones sometimes, but are instructed not to give out those numbers or use personal phones to contact consumers or caregivers. Interviewees in Sitka reported that there are a few activity locations where cell phones do not work. One of those is a popular place for ORCA hiking trips. (There may be other cell coverage gaps in program areas near Juneau or Ketchikan but we did not discuss that during interviews.)

Interviewees stated that sea kayak and backpack trips carry a Garmin InReach device (two-way satellite texting device), and kayak trips also carry a VHF radio. This expectation is not documented. There is no regular testing of these devices prior to trips, and no consistent training for staff in using these devices or in any procedures involving emergency communication.

Recommendations

- 6.a. Create or augment emergency response plans for each location. Plans should include information on medical care facilities (services offered, level of care available), contact information for local search and rescue (and/or other relevant responders, land managers, etc.), and call down lists for ORCA staff. There should be clarity about who is notified and who makes decisions in an emergency, and any criteria on which those decisions are based.
- 6.b. Conduct emergency response drills periodically so all staff understand their role in an emergency.
- 6.c. Review cell coverage in all program areas and revise communication device plans accordingly. If ORCA intends to have a functional communication device on all trips/activities, plan accordingly for areas with limited or unreliable cell coverage.
- 6.d. Document expectations for which trips will carry satellite communication devices and/or VHF radios.
- 6.e. Require staff to practice with emergency communication devices before going out on an activity, including periodic tests of devices.

Suggestions

None

7. CRISIS MANAGEMENT

Observations

ORCA does not have a crisis management plan to guide staff in their response to a major medical or environmental event or a participant fatality.

A crisis is differentiated from an emergency in its level of severity. A crisis has the potential to overwhelm an organization's available staff and resources, or impact an organization's ability to operate.

A crisis management plan is typically organized as an easy-to-use checklist of priorities regarding what to do and whom to contact in the immediate minutes and hours after an event. It provides guidance and direction for actions and decisions in the subsequent days, weeks, or months. These long-term elements of a crisis plan include next of kin/family relationships, communication with internal and external audiences, legal strategies, relationships with insurance carrier, and incident review and investigation strategies or procedures.

An organization needs to decide in advance its philosophical and managerial approach to responding to and managing a crisis situation over the long term. This decision has significant implications for the organization's legal strategy, and there are essentially two approaches: (1) a closed approach where the organization keeps a tight rein on communication and access to information by the media, family, or other interested parties is limited, and (2) an open approach that uses a thoughtful and compassionate response to family, media, and others.

An organization's crisis response needs to be agreed upon by the leadership team, board of directors, legal counsel, insurance carrier, and potentially other stakeholders. The particulars of these approaches are too extensive to adequately explain in this document, but ORCA has been provided a crisis management template modeled after the NOLS crisis management protocol for consideration in developing a crisis plan.

Recommendations

- 7.a. Establish and document crisis management procedures to guide ORCA's administrative response during and after a serious incident. See Appendix C. Examples of procedures may include, but are not limited to:
 - Leadership and roles and responsibilities during and following the event
 - Immediate response and support to patients/victims/survivors.
 - Family/next of kin notification and relationships.
 - Communication with media and the public
 - Communication with internal audiences
 - Incident review and investigation
- 7.b. Determine an organizational philosophy that will guide how ORCA will respond in the event of a crisis to the needs of affected families, survivors, the media, as well as the legal strategy it will follow.
- 7.c. Conduct crisis response drills and/or tabletop exercises to familiarize staff with the crisis plan.
- 7.d. Keep the crisis plan current and relevant by reviewing and updating the information periodically (particularly following a crisis situation), both to address ongoing program changes and to maintain accuracy of phone numbers and other tactical details.

- 7.e. Ensure that the crisis plan is readily available at all times to appropriate staff either in hard copy or electronic form.

Suggestions

None

8. INCIDENT REPORTING

Observations

Expectations regarding incident reporting, and procedures for reporting and tracking incidents and analyzing incident data could all be improved. It is worth noting that we found staff and volunteers to be very open to talking about incidents throughout our interviews. We found a reflective and open culture surrounding the sharing of incident information, but there is minimal structure in place to promote consistent or productive reporting.

There is no definition of what constitutes a reportable incident, and descriptions of reporting expectations given by staff during interviews varied. Some people said that anytime the first aid kit was used was a reason to fill out an incident report form. Some listed disagreements with consumers as reportable incidents. Some said they were unfamiliar with incident report forms. Annual turnover in the JV position also contributes to confusion regarding reporting expectations among staff.

It is an expectation that the executive director, assistant directors and program managers review all incident reports, and some other staff read them as well. Incident information is entered into a database that is primarily used for tracking consumer information. It was unclear what becomes of incident information after forms are reviewed and information is entered into the database.

Called MICIL, this database contains consumer information such as address, guardian information, medications, allergies, programs a person has attended, etc. It is used for storing incident information as a secondary purpose. Incidents are noted in an individual consumer's record. The database is searchable only by individual consumer and does not allow staff to search incident records, analyze incident data, or view data as a set. There did not seem to be any system for analyzing incident information to identify trends. Board members we interviewed were not aware of what happens when an incident gets reported, nor of any specific follow up.

Maintaining a searchable, incident-specific database would provide opportunities for staff to analyze the data for trends, to make adjustments in training or other aspects of the program if necessary, and provides material for case studies to be used in staff training. Incident data also provides a record of injuries and illnesses, which may be useful when communicating with guardians or caregivers, insurance carrier, or other parties.

ORCA does not collect data on near-miss incidents (i.e. close calls). While staff reported openly sharing near miss experiences during trainings and informally with one another, near misses are not listed on the incident report form and are not captured.

Recommendations

- 8.a. Define what constitutes a reportable incident, communicate reporting expectations to staff, and add the definition to the incident report form.
- 8.b. Create a system for synthesizing incident reports and analyzing the information.

Suggestions

- 8.a. Create a searchable storage system for incident information.
- 8.b. Define a "near-miss" incident for ORCA trips, and include near-misses in incident analysis (Recommendation 8.b.).

- 8.c. Consider addressing incident reporting expectations in training, or providing examples of well-written incident report forms as a training component.
- 8.d. Consider sharing incidents (including near-misses) and the subsequent learning with the Board of Directors on a regular basis.

9. WORKING WITH SUBCONTRACTORS

Observations

While ORCA runs most of their own activities, they do use subcontractors for some activities/programs. One example is the program's use of a local yoga instructor for some youth after school programs. Additionally, many out-of-state trips utilize subcontractors in order to offer more varied activities than the program would be able to provide internally, such as local sightseeing tours. The goal of using subcontractors in these cases is to offer additional opportunities for consumers. On occasion, ORCA also subcontracts transportation services.

Most of these activities take place within the range of front-country EMS systems, and are relatively straightforward. We did not have any pressing concerns about how these activities have been managed, but proactively formalizing the relationships with activity providers would be prudent.

There has been no discussion about asking these providers to name ORCA as additionally insured, and we are not aware of any formal agreements about roles or expectations.

Recommendations

None

Suggestions

- 9.a. Request to be listed as additionally insured with any subcontracted provider of ORCA program activities.
- 9.b. Clarify roles, responsibilities, and expectations with all subcontractors, including regarding emergency response.

CONCLUSION

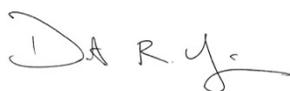
We found ORCA to be a well-functioning organization with dedicated staff who were open to discussing the program during interviews. Activities are thoughtfully chosen to match the needs and abilities of the consumer clientele and the mission of the program, and ORCA provides a great service to the Juneau, Sitka, and Ketchikan communities.

ORCA programs will benefit from formalizing and documenting risk management systems to support existing oral tradition among long-serving staff and to promote consistency in practices.

The desire to evaluate risk management systems by having NOLS conduct this review is commendable, as is the commitment to improvement that we observed. The staff we interviewed were professional and candid. All interviewees were eager to explain their roles and experiences with ORCA, and to discuss which aspects of the program were working well and which aspects could be improved. In particular, we would like to recognize Megan Ahleman at ORCA for her time and effort in gathering program documents, assisting with logistics, answering follow-up questions, and helping us hone in on our focused insights.

We wish ORCA great success in the continued development of risk management systems.

Respectfully submitted on November 17, 2017 by,



David Yacubian
Lead Reviewer, NOLS Risk Services



Kate Koons
Assistant Reviewer, NOLS Risk Services



Katie Baum Mettenbrink
NOLS Risk Services Manager



Drew Leemon
NOLS Risk Management Director

APPENDICES

Appendix A: ORCA Program Documents Reviewed by NOLS

Appendix B: Excerpt from *Risk Management at NOLS* (attached separately)

Appendix C: NOLS Crisis Management Protocol Outline (attached separately)

Appendix D: Essential Eligibility Criteria Template (attached separately)

APPENDIX A: ORCA PROGRAM DOCUMENTS REVIEWED BY NOLS

GENERAL

- Mission and Risk Management
- Mission and Program Goals
- SAIL Organizational Chart
- 2017 Ketchikan ORCA Brochure
- 2017 Sitka ORCA Brochure

EMERGENCY MANAGEMENT

- Disaster Recovery Plan
- First Aid Kit List
- Incident Report Form
- Instructions Regarding the Press and Public
- In Case of Emergency Protocol

STAFF RELATED

- SAIL Employees Manual 2012
- Volunteer Manual 2016
- Volunteer Manual All Season 2017
- Personnel Policies 2017
- New Performance Evaluation
- Background Check Applicant Profile Information Sheet
- JV Orientation & Training 2017
- ORCA Ketchikan Training 2017
- The Ten Commandments Poster Template
- SAIL History

FIELD RELATED

- Driver Training
 - ORCA Driving Checkoff List
 - Bus Pre-trip and Maintenance
 - In Case of Emergency Protocol - Driving
 - Ketchikan Driving Information
 - Sitka Driving Information
- Orca Procedure Manual
 - Biking
 - Bowling
 - Fishing
 - Campfires
 - Hiking
 - Kayak Rescue
 - Kayak Overnight

- Kayaking
- How To JAHMI Friday
- Nordic Skiing
- Sledding
- Snowshoeing
- Swimming
- Trips

PARTICIPANT RELATED

- 2016-2017 Disabled Sports USA-ORCA Program of SAIL Liability Waiver & Media Release.pdf
- Consumer Intake Document
- FY18 CBJ Youth Scholarship Application
- Release of Information Form
- Independent Living Plan
- ORCA Activity Expectations - Participant
- ORCA Activity Form - Participant

ACTIVITY PREP

- ORCA Activity Expectations
- Activity Preparation and Quality Control
- Kayaking Checklist
- Ski Ride Checklist
- Winter Activity Checklist
- Packing Lists:
 - Denali Packing List
 - Berner's Bay Packing List
 - San Diego Packing List
 - Whitehorse Ski trip Packing List