Risk Management Checklist Report (for Hosting ALL International Programmes)

This must be completed by the Local Risk Manager/Chapter Representative and signed by Day Three of the Programme. It should then be sent immediately to the National Risk Manager, by fax or post. *Requirements for sites, food, activities apply to all campsites and host homes. Please submit only one form per programme, including Interchange. Answers should apply to all sites/host homes. If there are some exceptions, these should be explained on a separate sheet of paper and attached to this report. Most of the questions must be addressed in advance of the programme and this form serves as a final check.*

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| --- | --- | --- | --- |
| **Programme Reference (e.g. V-2014-057)** | | |  |
| **Start Date** |  | **End Date** |  |
| **Hosting Chapter** |  | | |

|  |  |  |
| --- | --- | --- |
| **HEALTH CARE** | | Y / N |
| Have all host staff been properly trained and equipped to provide First Aid? | |  |
| Have arrangements been made to provide medical, dental, and psychological care / advice, both emergency and routine, for all participants at all times? | |  |
| Do all participants carry travel/ medical insurance? | |  |
| If not, how many did not have travel/medical insurance? |  |  |
| From which NAs were the participants without insurance? |  |  |
| For any participant who did not have insurance, has International Office been contacted to arrange for immediate coverage? | |  |
| Have all participants brought original copies of signed and completed CISV International Health and Legal Forms? | |  |
| If Legal forms are missing, has the sending NA been contacted to provide them? | |  |
| If Health Forms are missing, has the person’s doctor sent information or has the person been taken to a local doctor for a check-up? | |  |
| Is there a list of emergency contact numbers available and a procedure in place in the event of an emergency? | |  |

**LEADERSHIP TRAINING**

|  |  |  |
| --- | --- | --- |
| Have all leaders, staff, JCs and host families received appropriate leadership training or orientation? | |  |
| If not, how many did not have training / orientation? |  | |
| From which NAs are the leaders who have not had training? |  | |
| Have the background and reputations of all leaders / staff, host families and all volunteers been appropriately confirmed? | |  |
| Are all staff, leaders, host families and volunteers for your programme aware of CISV's Guidelines on Behaviour and Cultural Sensitivity (InfoFile R-7)? | |  |

**DELEGATES**

|  |  |  |
| --- | --- | --- |
| Has appropriate adult supervision been arranged for the duration of the programme? | |  |
| If No, what are the exceptions, and have you obtained written permission from the delegate’s guardian? |  | |

**TRANSPORTATION**

|  |  |
| --- | --- |
| Have all individuals and hired companies who will provide transportation for delegates provided proof of locally accepted and adequate insurance against injury to delegates? |  |
| Have hired companies been required to add CISV as Additional Insured’s to their insurance policies? |  |

**PROGRAMME FACILITIES** *(Basic requirements apply to host family homes as well as camp and mini-camp sites.)*

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| --- | --- |
| Is the chosen site appropriate for the specific CISV activity being hosted / conducted? |  |

**PLEASE CHECK THAT THE FOLLOWING ITEMS FROM THE PROGRAMME GUIDES ARE IN THE SITE:**

|  |  |  |  |
| --- | --- | --- | --- |
| Dormitory / Sleeping Facilities | **Y / N** | General | Y / N |
| Separate areas for boys, girls and adults |  | Adequate sanitation |  |
| Space between beds |  | Required health and legal requirements |  |
| Linens |  | Kitchen |  |
| Lighting |  | Sufficient equipment |  |
| Ventilation / climate control |  | Adequate sanitation, health/legal standards |  |
| Separate showers for boys and girls |  | Activity Room |  |
| Toilets |  | One room large enough for all participants |  |
| Space for luggage |  | Smaller areas for group activities |  |
| Security for valuables |  | Outdoor Facilities |  |
| Dining And Eating Facilities |  | Free from health hazards |  |
| Dining area |  | Adequate space for activities |  |
| Sufficient tables and chairs |  | Office Space |  |
| Passage between tables |  | Telephone, fax or e-mail facilities *(at least 2 means of external communication)* |  |
| Cutlery and china |  | Safe for valuables |  |
|  |  | Space for Staff to meet privately |  |

|  |  |
| --- | --- |
| Do all sites comply with local laws concerning occupancy, fire safety and sanitation? |  |
| Has the site been examined to reduce or eliminate unnecessary dangers or risks? |  |
| Is the site insured? |  |
| Have home visits been conducted for all host families? |  |

# FOOD

|  |  |  |  |
| --- | --- | --- | --- |
| **Will every CISV participant have a healthy and appropriate diet?** | | |  |
| **Please check FOOD requirements** | Y / N |  | Y / N |
| Three meals and one (1) snack a day |  | Drinkable water available at all times |  |
| Sufficient quality and quantity |  | Provisions for special diet requirements |  |

**ACTIVITIES**

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| --- | --- |
| Are all staff members aware that all planned activities must be reviewed to reduce or eliminate the possibility of injury? |  |

**LEGAL COMPLIANCE**

|  |  |
| --- | --- |
| Do all activities and use of facilities comply with national, state and local laws and regulations that affect CISV and its programmes? |  |

**IF ANY OF THE ABOVE HAS BEEN ANSWERED “NO”, ON AN ADDITIONAL SHEET OF PAPER, PLEASE LIST THE ACTIONS TAKEN TO COMPLY.**

|  |  |
| --- | --- |
| **Name of Chapter Risk Manager:**  ***(Person submitting this form)*** |  |
| **Signature:** |  |
| **Date:** |  |

**FOR THE USE OF NATIONAL RISK MANAGER**

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| **Name of NATIONAL RISK MANAGER:** |  |

***Please sign below to indicate that you have reviewed this report, followed up on any concerns and will report them to the NA Board.***

|  |  |
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| **Signature of National Risk Manager:** |  |
| **Date:** |  |