COMMONLY MISUNDERSTOOD OR UNMET ACCREDITATION STANDARDS
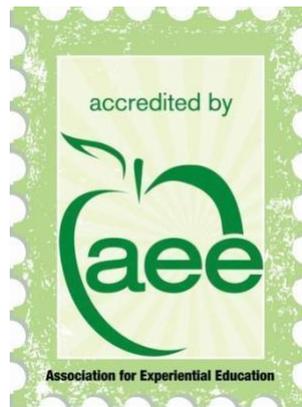
UPDATED AND REVISED SUPPLEMENT TO THE

*MANUAL OF ACCREDITATION STANDARDS FOR ADVENTURE PROGRAMS (*7th EDITION Revised)*, and MANUAL OF ACCREDITATION STANDARDS FOR OUTDOOR BEHAVIORAL HEALTHCARE PROGRAMS (2nd Edition, Revised)*

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The original version of this document "*Top 15 Most Commonly Misunderstood and/or Unmet Accreditation Standards*" was written by Deb Ajango in 2008, with assistance from members of the Accreditation Council. The next edition was updated and revised in 2016 by Steve Pace, Shawn Tierney, and Dan Miller.

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Introduction

This supplement to the *Manual of Accreditation Standards for Adventure Programs* and the *Manual of Accreditation Standards for Outdoor Behavioral Healthcare Programs* has been written to provide guidance specific to the standards that have been found by AEE to be commonly misunderstood or unmet. We hope you find this document a helpful tool while preparing for your AEE Accreditation site visit.

The standards discussed in this document are listed in the order in which they appear in both accreditation manuals. There are minor differences in language between the two manuals (for example, participant/client.) The language used in this document is from the adventure program manual, with the exception of standards that are unique to the outdoor behavioral healthcare manual. A thorough interpretation of the intent of each of the standards is included, and the most common reasons why standards are not met are provided. Examples are offered to help readers develop a better understanding of what it takes to demonstrate compliance with each standard.

Accreditation self-assessment study authors should keep in mind that AEE standards are meant to be broadly applicable rather than narrowly prescriptive. Neither the standards manual nor this supplement offers detailed advice on *how* to meet a standard. Accreditation reviewers should not provide that type of advice either. In fact, it is almost always inappropriate for a review team to dictate which knot, which anchor system, or which paddling stroke is best. Instead, organizations must decide which policies, procedures, and practices are most appropriate for their own uses, given their unique circumstances and mission. Whatever an organization decides to implement must meet the intent of the accreditation standards of the Association for Experiential Education.
Ultimately, whether a standard is considered "met" by a review team will depend on whether the intent of the standard has been met. That is, any organization seeking accreditation is expected to apply the intent of each standard to its own circumstances. The organization is expected to "make a case" that its operating procedures are in alignment with the intent of each standard. An organization must also provide supporting documentation to help substantiate its claim as "evidence of compliance". To help readers understand what is meant by *intent* and *interpretation*, as well as *compliance*, summary explanations are provided in the appendices.

Section 4. Program Oversight and Management of Activities

4.01 The program has documented that it has conducted hazard assessment and risk analysis for all program activities.
Explanation: There are written policies and procedures in place for **hazard** assessment and risk analysis for all program activities, including non-technical activities. Procedures are used to identify hazards and associated inherent risks, and they establish measures for managing instructor and client exposure to these risks. This assessment occurs: 1) prior to programming, using various risk analysis

tools that are available and using information resources such as guidebooks, personal knowledge, or input from other program personnel, and; 2) during the activity when faced with real or potential hazards or obstacles, for example, inspecting and cleaning a rock buttress of loose rocks prior to conducting a top rope or rappel activity, scouting a whitewater rapid from shore before running it; and 3) during a post-debriefing process were even the best of programs become even better through such mechanisms as close call analyses and staff feedback.

There can be a range of responses to meet this standard including, but not limited to: a formal, written process identifying risk factors and risk management strategies, established practices or procedures to be utilized by program personnel while in the field; or instructor training to support ongoing hazard assessment and risk analysis in the field. It should include ongoing collection of risk management data, along with analysis of data to inform or promote modified and new practices to reduce future risks.

*<u>**Secondary Activities:**</u> It is in the nature of wilderness-based adventure programs that situations will occur that are outside the bounds of planned programming. In these cases, in-the-moment judgment calls by the on-site instructor are required. The program provides written guidelines for program personnel to make these in-the-field decisions.*

Intent of the standard: In order to provide consistent risk management across all aspects of an organization's programs, a thorough, written process of hazard assessment and risk analysis must be in place.

Most common reason(s) for a finding of "unmet": In cases when an activity is a long-standing part of a program, written documentation of a thorough hazard assessment and risk analysis may be lacking. A program might rely on the assumed expertise and knowledge of the activity leader for its assessment and analysis. A program may not have a written hazard assessment and risk analysis policy and procedure in place for every activity and venue. Sometimes, the assessments may not be thorough.

Often, programs do not have policies regarding Secondary Activities

Clarification and/or suggestions for documenting compliance: There should be a thorough written hazard assessment and risk analysis on file for each activity and venue. There should be documentation that the assessments have been reviewed by the program's risk management committee.

4.04 The program has a designated and functioning risk management committee that includes external membership.

*Explanation: A **risk management committee** provides oversight to the program's risk management planning, implementation, and performance. This may include reviewing risk management issues affecting clients and program personnel; supporting positive and effective policies and procedures; reviewing and analyzing incident reports; and monitoring and reviewing risk management training sessions and awareness programs.*

The intent of external membership is to provide a system of checks and balances to the organization's risk management program. This is often achieved by combining program expertise (program personnel) and outside (non-program personnel) perspectives that help to strengthen the organization. An effective committee includes a representative mix of individuals including program personnel and advisors such as other outdoor educators, land managers, doctors, and lawyers who are not employees of the organization. The committee meets regularly and minutes for meetings are accessible.

Intent of the standard: Experience has shown that it is essential to have a group of informed people from inside, and outside, an organization to provide insight, ideas, and feedback on risk management systems. Outside members need not be intimately familiar with an organization to expose thinking errors, especially when an organization has been in existence for a number of years and there is little staff or management turnover.

AEE has observed that some organizations tend to become insular in their thinking and this can lead to poor decision making around risk management practices. Having external experts participate in the risk management committee is one way to help manage this risk.

A risk management committee works best when it is a mix of individuals with a variety of backgrounds and expertise. Adventure educators, land managers, physicians, insurance specialists, and lawyers are examples of professionals who will serve as useful advisers. If an organization works with a special population, such as youth at risk, it is reasonable to expect that an expert in that population (such as a therapist) might sit on the committee as well.

The charge of a risk management committee varies, but the group is usually tasked to review an organization's standard operating procedures, to assess staff training or training requirements, to review curricula, to review incident reports, trends, and patterns, and/or to investigate incidents. Minutes of committee meetings are important to archive so that they can provide institutional memory and provide proof of due diligence around risk management concerns.

Most common reason(s) for a finding of "unmet": Some organizations do not have a risk management committee. Some organizations have a committee, but the committee does not include any members from outside the organization (i.e., external membership). Many organizations state that a committee exists, but the group does not meet on a regular basis; has no explicit, agreed-upon understanding of purpose; and does not keep minutes, or the minutes lack details such as dates and attendees of the meeting.

Some organizations seeking accreditation are subsets of larger entities, like universities and behavioral health centers. Although these larger organizations generally have a risk management committee, it is common that only one member of that committee (at most) has risk management expertise relevant to adventure

programming. This example would not meet the intent of the standard unless additional members with relevant expertise are added to the membership of the committee.

Clarification and/or suggestions for documenting compliance: A risk management committee does not need to be of a certain size, nor does it need to meet a certain number of times per year. However, it must be logically staffed and meet often to accomplish its charge. The members of a review team will want to see a list of the committee members, including identifying external members. They also might want to talk with one or more of the members. They will also want to see agendas and minutes of meetings. In addition, the review team will want to know that the topics addressed during meetings are specific to the safety and well-being of the organization's staff, property, and participants.

4.05 The program engages in internal and external risk-management reviews.

Explanation: Like the writer who misses typos after repeatedly proofing their own work, an outdoor program that solely inspects its own activities and procedures, is at risk to miss concerns and issues that are close to them. The goal of a risk management review is to identify areas of program strength and weakness in an effort to foster improvement. Reviews can assess specific program areas or comprehensively evaluate the programs of an organization. Reviews result in written recommendations, which are responded to by the program.

*The intent is for a program to conduct periodic reviews with at least one **internal** and one **external review** between AEE accreditation site visits. For an initial accreditation review, the program has had either an internal or external review during the past three years.*

Internal and external reviews refer to the composition of the site review team. An internal review is conducted by members of the program's program personnel. An external site review team is composed of members not affiliated with the program in order to expose the organization to an external perspective.

For the purpose of meeting this standard, a necessary component of an internal or external review is the inclusion of written suggestions and recommendations. This is often not an aspect of an audit or inspection. An AEE accreditation site visit is not considered an external review.

Intent of the standard: The intent of standard 4.05 is similar to the intent of standard 4.04. Both standards are based on the belief that several sets of eyes, particularly fresh eyes, is important when it comes to risk management. The practice of having someone check or assess an organization's work is similar to the practice of editing. When someone who is knowledgeable about a topic (whether that topic is writing or climbing) can check another's work, previously undetected errors can be caught; suggestions for improvement can be made; and ultimately, the end product can be improved. There is a risk of becoming complacent in the face of the routine. Even highly risky endeavors can become cloaked in the appearance of routine. Driving is an example that many can relate

to. Statistics gathered around traffic accidents and fatalities show that many could have been prevented if the individuals involved had been more alert to the risks inherent in the activity.

Sticking with the analogy of the editor, it generally is accepted that authors should not edit their own work. Because authors are so familiar with their own writing, they sometimes overlook errors that others might find. Consequently, before a document is released to the general public, it is standard to employ someone other than the author to review the document for mistakes. Similarly, it is often preferable to use a review team that is not closely tied to an organization to provide a critique.

As standard 4.05 implies, both internal and external reviews are beneficial and required. When an internal review is conducted, it is important to use a reviewer (or review team) who can provide honest and worthwhile feedback. When possible, an organization should use a reviewer who is not intimate with a class, an outing, or a program.

External assessors often are in the best position to identify previously undetected errors. As a general principle members of the Risk Management Committee should not be part of an external review team. Further, an analysis provided by an external reviewer can be used to help an organization assess whether it is conducting its activities in a manner consistent with its peers.

Most common reason(s) for a finding of "unmet": Organizations commonly do not meet this standard because they do not conduct formal reviews. They might ask an instructor to provide feedback or to evaluate a colleague, or they might ask staff to assess an outing, but these reviews tend to be informal and cursory. These types of actions do not meet the intent of the standard.

Organizations sometimes mistakenly believe that risk management committees inherently provide risk management reviews. This is rarely the case. Risk management committee members can be asked to conduct reviews, and committee members can make excellent reviewers. However, the work typically associated with risk management committee meetings does not intrinsically meet the intent of this standard.

Many organizations collect end of trip feedback from clients, however, this in itself does not fulfill the intent of the standard. An external review should be focused specifically on undertaking a review, and this should be communicated with clear expectations prior to the review commencing. An external review does not necessarily need to cover the entire organization in its scope, and for example, it may just 'take a deeper dive' into a specific activity that is new, there are concerns about, or have not been reviewed for a while. These types of reviews often include a study of policy and procedures, any incident trends surrounding a specific activity, and interviews with key staff to illuminate more around the area being reviewed.

Organizations that use low- or high-ropes challenge courses sometimes assume that their annual challenge course inspections fulfill the review requirement. While this type of review is important and beneficial, it (by itself) does not meet the intent of the standard.

Another assumption sometimes made is that an AEE review alone can be used to meet the standard. Although the AEE accreditation process requires both an internal review (self-assessment) and an external review (site visit), the intent of the standard is that an organization conducts reviews regularly. Given that AEE accreditation reviews happen at most every three to five years, an AEE review by itself does not meet the definition of "periodic" reviews.

Clarification and/or suggestions for documenting compliance: Whether a staff member, a risk management committee member, or an outside auditor conducts a risk management review, it must be a purposeful event. A reviewer (or review team) should be given parameters. The reviewer should know what the scope of the review will be and be informed regarding the expectation to provide written findings and recommendations.

Periodic reviews do not have to be exhaustive audits of an entire organization. An organization might ask a reviewer to look at one aspect of its program that is of particular interest or concern. This might include, but would not be limited to, an assessment of the organization's climbing program, its water activities, or its new-staff orientation process. It could include a review of how the organization handles its safety briefings and debriefings, it might be an assessment of the efficacy of communication within the organization, or it could be a review of how a newly introduced activity is being managed.

The scheduling and thoroughness of reviews will depend on the size and complexity of an organization. Ideally, an organization will have some aspect of its programming reviewed annually or every other year. The standard requires at least one of internal and one external review during an accreditation term.

In order to demonstrate compliance with this standard, both external and internal review reports should contain clearly stated recommendations. Also, it is important that the organization writes a response that clearly states whether a recommendation is accepted or rejected and if rejected why.

As with risk management committee minutes, it is prudent to keep a record of both internal and external reviews and the recommendations that stem from these.

4.09 All program personnel and clients go through an appropriate exchange of medical information prior to a course start. Program personnel and client health information is reviewed by appropriate program personnel prior to a program, and the information.
Explanation: Prior to any activity start, program personnel and participants are asked to identify in writing or via oral exchanges preexisting medical, and if appropriate, psychological conditions that could potentially affect their well-being or

success in the activity. Additionally, prior to a course start, the organization takes appropriate steps to warn program personnel and participants of potential environmental hazards that might affect pre-existing conditions, for example, participants who take birth control pills could be susceptible to strokes at high altitude. Specifically, program personnel and participants are informed that a symptom or condition may be a medical reason for not doing or modifying an activity or program. For example, it may be inappropriate for a person with a history of seizure disorder to belay a climber without close supervision and/or backup.

If a medical form is used to gather information, it states the importance of completing the form completely and honestly. For example, it might state that missing or misinformation could result in an injury or may compound the severity of an injury. The program has a system for identifying which program personnel have access to confidential information, where the information is to be stored, and how long the information will be stored beyond instructor/client involvement or employment. A procedure regarding form/document disposal is in place as well.

Information is disclosed only on an as-needed basis. Participant and instructor confidentiality are respected as required by applicable law.

Intent of the standard: To be able to manage the risks to each individual posed by participating in a program or activity it is essential to know their relevant medical history. This includes both participants and staff. The depth of the medical history information will vary depending upon the length and the physical difficulty of the program and its activities.

Organizations often develop a set of common essential eligibility criteria to guide their decision making in this admittance. It is considered prudent for an external group such as a risk management committee or licensed professional medical advisor to help advise on such criteria.

Most common reason(s) for a finding of "unmet": Most programs recognized the importance of obtaining and reviewing relevant medical information of participants prior to the start of a program. However, in some cases these confidential documents are not handled properly in accordance with common accepted privacy standards regarding limiting access and storage.

Clarification and/or suggestions for documenting compliance: Medical history (a physiological and psychological history that could be cause for concern in a field or activity setting) should be documented and stored in a way to protect a participant's confidentiality. This information should only be available to those with a need to know. Participants and staff should have signed a release that makes this medical information available to staff with a need to know.

4.14 The program has a written administrative crisis management plan that is used during and following a serious emergency or incident. This plan is practiced on a regular basis.

*Explanation: This standard differs from 4.13 in that it is specific to a crisis situation that involves a serious and/or fatal injury. A **crisis management plan** includes the administrative actions that will occur once the emergency has been stabilized in the field. A serious incident is one in which the patient's health is or may be compromised, for example, loss of limb, loss of life, or serious illness. The administration has written guidelines to assist in supporting the injured instructor/client once they are out of the field.*

The plan includes steps for notifying and working with the victim or family of the victim (as well as non-injured program personnel/clients) a media response strategy, a plan for communicating with program personnel, insurance agents, attorneys, and relevant community members. The plan considers providing emotional support for survivors that may include providing for a critical incident stress debriefing or providing resources on post-traumatic stress to clients and program personnel.

This plan also addresses long-term issues related to serious emergencies such as relations with the family of the patient's)/victim(s), continued relations/support of survivors, incident investigations and how the findings of the investigations will be managed. It also addresses continuing support of program personnel involved in the incident including work status and provisions for ongoing assistance.

The plan is periodically reviewed by the program's risk management committee legal counsel and/or insurance carrier and is adopted by the organization's governing body. This plan is practiced, and program personnel and support staff are competent in its use.

Intent of the standard: Many organizations create emergency action plans (sometimes called crisis management plans) that can help guide them in the minutes, hours, and days following a serious incident or fatality. However, it is common for an organization to be challenged with decisions that can arise days, weeks, and even months or years post-incident. This standard requires that an organization seeking accreditation have a plan in place for addressing the following types of questions: Under what circumstances will there be an investigation, and if so, who will conduct it? Will the investigation's findings be shared with the victim's family or the public? Will employees who were involved in a serious incident be allowed to go back into the field? Will there be any type of memorial for a fatally injured participant or employee? Will the organization provide counseling for those involved?

This standard also includes an expectation that organizations consider the ramifications of certain actions or inactions after a serious injury or fatality. For example, organizations that have never dealt with a serious incident or fatality might not think to address the concerns and needs of current employees, new employees, and potential customers. Yet, it has been AEE's experience that organizations that have not considered these types of needs often remain in turmoil for longer periods of time following serious incidents. Similarly, AEE has

found that organizations suffer when difficult decisions (such as whether to conduct or allow an investigation) are not discussed until after such an incident occurs for the first time.

It is not necessary for an organization to have a plan in place that outlines the exact actions that will be taken in every case. However, given how difficult it can be to make effective decisions during highly stressful times, and given how helpful post-incident guidelines and checklists can be during these times, it is important that a long-term post-incident plan exists. The plan can be generic and might simply denote options, or it might include a checklist of issues to consider days, months, and years after an event. The plan should clearly identify who will make key decisions, especially because there can be disagreement about what actions to take.

Most common reason(s) for a finding of "unmet": The most common reason why organizations do not meet this standard is that no written long- term post-incident plan exists. In some instances, a plan exists, but it is extremely basic and does not clarify how difficult decisions will be made. Sometimes a plan exists but it is not reviewed regularly enough for decision-makers to understand and use it appropriately.

Clarification and/or suggestions for documenting compliance: The crisis management plan should be designed to make sure that organizations are ready to address the long-term needs that might arise following a serious incident. In order to demonstrate compliance with this standard, an organization should provide AEE and the review team with a copy of its long-term post-incident plan (which should include a strategy for making difficult decisions).

4.15 The program defines specific first aid or wilderness medicine practices that will be used.

Explanation: Standard 4.15 *addresses first aid or wilderness medicine training and competency for program personnel. This standard specifically addresses the actual first aid practices the organization authorizes for use during the program. On one level, the curricula of wilderness medicine appear to be the same regardless of which company is used to train program personnel. However, there are specific and important differences in the curricula of these companies. These differences can lead to confusion and/or conflict when treating patients. Some program personnel may have a higher level of training than that required by the program and it may not be appropriate for them to use their advanced skills in the context of the program. In addition, some wilderness medicine skills may be considered outside the scope of practice for non-medical professionals. Examples of these skills might include, but are not limited to, spine assessment, reduction of a dislocation, prescription medication administration including epinephrine, cessation of CPR, wound care, and the removal of impaled objects.*

The organization identifies wilderness medicine skills or curricula that are approved for use in the program. Options for accomplishing this might include having one wilderness medicine company train all program personnel, selecting a specific

wilderness medicine/first aid book that is used as the first aid text in the field. It may also include the use of medical protocols that provide specific directions for treating common injuries and illnesses, provide evacuation decision-making criteria specific to the program, and provide guidance for any skills that might be considered outside the scope of practice for non-medical professionals. Medical protocols are written or reviewed and approved by a licensed professional medical advisor. It is also important to be aware that a variety of different laws and regulations exist in relationship to many of these practices, for instance, client and program medications, and that it has become common practice to consult on these issues with medical and legal advisors.

Intent of the standard: Organizations seeking accreditation need to remember that their employees bring a wide variety of skills to the workplace. Some trip leaders might have limited first aid training, while others might be paramedics. In fact, trip leaders often have training in myriad medical techniques, such as suturing (stitching) wounds, using nontraditional materials (such as superglue) to close wounds, reducing a variety of dislocations, using oral and/or nasal airways, assessing a spine, and administering prescription drugs.

Organizations seeking accreditation need to realize those trip leaders who possess Wilderness First Responder (WFR) certifications, but were certified by different agencies, may have been taught different skills. For instance, three of the leading wilderness medicine training providers have slightly different curricula. Thus, WFR students from these different agencies do not learn identical techniques.

Any organization whose licensed professional medical advisor authorizes the field practice of skills that go beyond first aid, including some of the skills taught in a typical WFR course, will be expected to know and understand the ramifications of that authorization. It should be familiar with each of the authorized skills. It also should be familiar with what can go wrong if treatment is applied incorrectly. The following medical skills, taught in most WFR classes, are sometimes considered more than first aid: spine assessment; reduction of dislocations; use of prescription medications, including epinephrine; and wound care, including the cleaning and closing of wounds and the removal of impaled objects.

If operating internationally across various jurisdictions, the program should take steps to check the legality of these topics in the place the program is running. For example, the use of epinephrine is illegal in some international destinations, regardless of a medical protocol authorizing its use that was signed in a different country.

Organizations should be aware that individuals who have advanced medical training (such as paramedics) generally are not allowed to practice advanced skills unless they are under the direct or indirect supervision of a physician. Thus, it is generally inappropriate, and perhaps illegal, for an organization to suggest that a trip leader who has advanced medical training is approved to perform advanced skills in the field.

In short, an organization should not suggest to its staff members that they are authorized to use any skills they have learned unless it has done its homework. By adopting a blanket policy ("It's okay to use what you've learned"), an organization is, in fact, suggesting that unorthodox techniques that trip leaders might have learned are sanctioned. It is also suggesting that employees who have been trained to use advanced medical skills (such as techniques used by paramedics) are authorized to use those skills on the job.

To avoid dilemmas like these, organizations should consult with a competent licensed professional medical advisor and take steps to learn about the types of medical training that their employees have received. Not only should program managers identify potential differences in what their trip leaders have been taught, but they also should know whether their employees' skills can be legally used in the field.

Given the complexity of the issue of establishing and overseeing medical practices in the field, it is incumbent on the organization to appoint a licensed professional medical advisor to review and approve such practices.

Most common reason(s) for a finding of "unmet": The most common reason why a designation of unmet occurs is that an organization provides a blanket statement implying that its field staff can practice any medical skills they have learned.

Programs also sometimes find it difficult to find a licensed professional medical advisor to review and approve practices.

Another common problem that can lead to an unmet designation is when an organization states that its field staff can practice any skills they have learned as part of their WFR certifications. This can be problematic if the organization is not familiar with the variations between the WFR curricula. Given that different agencies teach skills such as spine assessment, dislocation reductions, and administration of prescription medications differently, the organization needs to clarify which method or methods it is authorizing.

Clarification and/or suggestions for documenting compliance: In order to document compliance, an organization needs to minimize or eliminate blanket statements as described above, and it needs to clearly articulate which skills its staff are authorized or are not allowed to practice. For instance, an organization that authorizes trip leaders to reduce dislocations in the field should clarify which specific joints its trip leaders can reduce. This communication can be done in staff training, in a staff manual, or through other means.

If an organization allows its trip leaders who have advanced medical training to use advanced skills, it should show that this is being done under the supervision of a licensed professional medical advisor. Many organizations choose to have an appropriately trained physician sign off on the specific emergency medical protocols that are approved to be used by appropriately trained staff. If an

organization does not authorize the field use of advanced medical skills, it is not required to have a physician sponsor.

4.18 Appropriate first aid, emergency, and rescue equipment is available and/or accessible at each activity site.
Explanation: First aid supplies – appropriate for the location, activity, and clientele -- are available and accessible at each activity site. This equipment might be specifically intended for first aid and rescue use, or it can be improvised from other equipment.
There is a system in place for ensuring that first aid kits are stocked and routinely checked so that incomplete kits are not inadvertently carried into the field. Similar steps are taken to ensure that other emergency equipment is routinely checked and properly maintained.

The intent of this standard is as follows: Organizations seeking accreditation must be aware that the expected list of items in a first aid kit will be depleted or expire, and that systems must be in place to ensure kits are maintained. While an organization usually gives a lot of thought and planning into the particular contents of a first aid kit, after repeated field use and over time these contents deplete, and similar intentional planning should be directed towards maintenance and resupply of these kits.

Most common reason(s) for a designation of unmet: The most common reason why a designation of unmet occurs is because instructor first aid kits were found with expired medications. Review teams have also identified some programs with expired first aid medication in basecamp resupply points, and in first aid kits left in vehicles or at activity sites.
Another common reason for an unmet is because on inspection, first aid kit items do not match the inventory or contents list, or that an item such as a thermometer is damaged and unserviceable. These may be field kits, or also first aid kits at basecamps, in vehicles or at activity sites. Occasionally items are damaged due to water exposure.

Clarification and/or suggestions for documenting compliance: In order to document compliance, an organization needs to ensure that medications have a clear expiry date written on them, and that a system exists to ensure these are checked. Often, medications come in large foil packets, and if these are cut into smaller portions, then clear labelling should exist on each smaller portion of supplies. Other items in a first aid kit with an expiry date should also be checked, such as Ventolin inhalers or oral rehydration salts, if carried.
Intentional planning needs to be given to how first aid kits will be restocked and inspected. If this is an instructor's responsibility, then a systematic time for inspection and restock, such as the day prior to course, may be prudent to ensure it consistently occurs.
First aid kits and supplies at activity sites, in vehicles or at basecamps, also need a system for inspection and maintenance.

<u>4.19 The program has a system for tracking and analyzing field-related incidents, illnesses, and near misses.</u>

*Explanation: A system for tracking and analyzing **incidents, illnesses**, and **near misses i**s required for improving risk management. It informs evidence-based decisions in program management, quality, legal exposure, and reputation. Relatively minor bumps and bruises to more serious medical, behavioral, and emotional problems are reported. While it isn't critical to report every scratch or blister, some relatively minor incidents, when viewed collectively, may be important indicators that drive changes or improvements in areas such as, but not limited to, program design, policy systems, and program personnel training.*

Intent of the standard: It is widely accepted that incidents and close calls should be recorded. By tracking and analyzing accidents and close call data, organizations have an opportunity to modify and improve field policies and staff training regimens. For instance, after recognizing a trend an organization might alter the time of year in which it visits a venue so that environmental hazards are less likely to be encountered. Or it might make changes to equipment lists so that trip leaders and participants are better prepared for field outings.

This standard has been included to make sure that any organization seeking accreditation has a system in place for recording and learning from field incidents.

Most common reason(s) for a finding of "unmet": Most organizations seeking accreditation collect incident data. Many, however, do not seem to know what to do with the data, or they do not prioritize the time to analyze it. Instead, the incident reports are kept in a file and reviewed perhaps once per year, sometimes by a single individual, sometimes by a group (such as a risk management committee). Although the incident reports are discussed, nothing more is done with the information. Commonly, the findings are never shared with anyone other than the reviewers, and any lessons learned are not implemented.

It is the intent of this standard that an organization's incident data be appropriately assessed so that trends, surprises, and lessons learned can be identified and shared within the organization. If only one or two people from an organization review the data, and nothing is learned, the intent of the standard is unmet.

Sometimes organizations erroneously believe that tracking accident and incident data leaves them open to legal problems. Most legal authorities believe that the opposite is true. Not tracking, analyzing, and learning from accidents and incidents could be construed as evidence of a poorly run organization.

Rarely, an organization receives a designation of unmet because it does not track or analyze its close calls/near misses. If a review team finds, through interviews or other means, that an organization has experienced numerous (or serious) close calls/near misses in the field, and it also finds that those incidents have not been documented, shared with appropriate staff/supervisors, or otherwise addressed, the team will consider the intent of the standard to be unmet.

Clarification and/or suggestions for documenting compliance: An organization seeking accreditation should expect to provide AEE reviewers with access to its incident reports. The review team might want to see reports of physical injuries, behavioral incidents, and/or close calls. The organization might also consider providing an annual summary analysis of its incidents. This might include numbers of injuries, types of injuries, narrative information, analysis of trends or changes, and/or contributing factors that played a role in the incidents. More importantly, the organization should be able to show that it is attempting to use the data to improve its programming.

Organizations are expected to debrief incidents. Consequently, an organization seeking accreditation might present documentation of debriefings. In the absence of documentation of debriefings, the organization might describe how incidents are debriefed. For example, the organization might address the following questions: When does the debrief occur? Who leads the debrief? Who sits in on the debrief? What is done with the information gained from the debriefing?

An organization seeking accreditation also should be able to show that any lessons learned from incidents are shared with field staff or other applicable personnel. Further, staff should not be penalized for or discouraged from reporting incidents. When instructors fear that they will be unfairly reprimanded for field errors or close calls, an atmosphere of secrecy and distrust almost always results. This goes against the intent of the standard.

Section 5. Human Resources

5.01 There is a system for identifying and communicating qualifications and core competency requirements for program personnel.

Explanation: The program uses position descriptions that clearly state the **qualifications** *and/or experience needed to conduct a given activity or perform a job for specific levels of responsibility such as lead instructor, co-instructor, assistant instructor, program director, primary therapist, adjunctive therapist, liscensed professional medical advisor, medical coordinator, and intern therapist. Core competencies may include, but are not limited to, specific technical skills, teaching skills, interpersonal skills, rescue skills, wilderness medical training, and program personnel's competency to carry out the organization's emergency action plans and search and rescue procedures. Core competencies for therapists might include case management, treatment planning and executing, documentation, assessment, crisis management, and teaching and supervising. Medical staff competencies might include evaluating fitness for prospective clients to the program based on medical conditions, routine medical check, and triaging medical emergencies.*

Core competency also includes the ability of program personnel to utilize sound judgment and to be prepared to respond appropriately to varying situations and circumstances. Examples may include, but are not limited to, unusual or

counterproductive client behavior, emotional stability, damaged or lost equipment, environmental challenges such as rapidly changing or extreme weather, or other potential and unforeseen program situations.

Judgment is also relied on to allow program personnel to select activities and activity sites based on clients' skill levels, physical abilities, and psychological or emotional readiness. When applicable, program personnel have the ability to modify program goals and expectations to meet the needs and abilities of the clients. For example, program personnel are able to assess client readiness to face challenges, make appropriate modifications to their itinerary or lesson plans, or to terminate, delay, or alter an activity, or proceed with greater supervision.

Job descriptions and core competencies apply to program personnel regardless of whether they are paid, volunteer, students, or interns. Job descriptions are available for key administrators and identify key academic or experience-based requirements of the supervisor of the adventure program in addition to listing job responsibilities.

Intent of the standard: Baseline job qualifications differ significantly across the spectrum of outdoor programming and depend on the duty's employees are expected to perform. Consequently, before sending trip leaders into the field, an organization should create and use core competency lists for all positions.

Core competency lists usually differ slightly from job descriptions. A job description provides an overview of the duties that will be performed. It might also identify skills that are required for hire. A core competency list, on the other hand, identifies skills that are necessary to complete a job or to perform a job adequately.

A trip leader who is hired to lead a technical whitewater trip would be expected to have different core competencies than a leader who is hired to lead a day-long hiking trip. Consequently, it is preferable that a core competency list is written for each activity. Competency lists might also note which skills are required if/when an organization works with a special-needs population.

It is unusual for a new employee to be strong in all core competency areas. By comparing an employee's incoming skill set to a core competency list, a solid professional development plan can be crafted. Additionally, when competency lists are used, an employee generally will be more knowledgeable about where they stand, what is expected of them, and what they need to work on to improve. When staff members' skills are compared to competency lists, the organization can adjust its staff training regimen if it recognizes weaknesses.

Not only are core competency lists useful in the hiring process and when identifying training needs, but they also can be used to help determine when an employee is ready to be promoted. If these lists are not used, promotions often are made subjectively. That is, an assistant might inappropriately be moved to a lead instructor position because they have "put in their time," they seem to know what

they are doing, or they are a "good instructor" who gets along well with participants.

Most common reason(s) for a finding of "unmet": Organizations typically understand which skills are required to competently lead an activity, and organizations often have appropriate expectations of their trip leaders. However, for the reasons stated above (under the intent of this standard), core competency lists should be written down and should be available to staff. If an organization cannot provide written lists of some sort, the standard will likely be considered unmet.

The most common reason why an organization receives an unmet designation is that it does not have or use core competency lists. Instead, generic skill lists or job descriptions are used for multiple positions. It is not uncommon, for instance, for an organization to use a single job description for an assistant instructor as well as a lead instructor; the same job description is used regardless of the activity an employee will be leading and regardless of the populations they will be supervising.

Some organizations receive an unmet because they do not have comprehensive job descriptions for managers. A job description (vs. a core competency list) is generally adequate for a manager. Some organizations receive an unmet because they use students or volunteers as trip leaders, but they do not have adequate core competency lists for these positions.

Clarification and/or suggestions for documenting compliance: To demonstrate compliance, an organization seeking accreditation should provide lists of the core competencies, or basic skills, required of trip leaders (including volunteers or student leaders, if these are used). The lists should be based on the activities that the organization conducts. If an employee is expected to work with a special population, core competency lists should be written to include applicable skills that would be needed to work with that clientele. Comprehensive job descriptions for managers should be available as well.

5.04 Program personnel are hired or selected who are technically qualified to lead activities, program personnel are qualified to work with the populations they are instructing, and records of their qualifications are available.
Explanation: The organization's hiring or program personnel selection process is designed so that only program personnel that possess the core competencies defined for the position conduct activities. Unpaid program personnel (volunteers and/or interns) used in any type of teaching, leading, or supervisory position are subject to this standard.

[OBH Manual only] Certain client populations may require staff members to have specific skills and experience with those populations. For example, staff members who work with a particular high-risk mental health issue (e.g., depression) are trained to identify and address emerging issues (e.g., self-harm, suicidality), and/or

have the available resources to refer or consult with a mental health professional who can help triage or address the emerging issue.

*Personnel files for all program personnel are kept up to date. Documents in the files might include, but are not limited to, an employment application and letters of recommendation, a resume that identifies pertinent employment history and/or personal experience, a record of training attended and/or copies of current required **certifications** and licenses such as wilderness medicine certificates, and copies of program personnel evaluations.*

Advanced course program personnel demonstrate theoretical and conceptual knowledge and skills that are relevant to the academic discipline and experiential pedagogy. They teach theory and concepts using experiential methods when appropriate.

Intent of the standard: Not only do staff need the appropriate skills to teach and manage adventure activities, some client populations have special needs. Consequently, trip leaders who work with special populations should understand how those groups might differ from others in how they learn, process information, and express themselves. Certainly, not all associates of a special-population group are identical; however, many possess similar needs. In fact, whether a group is made up of college students, youth at risk, or physically disadvantaged participants, several of its members likely will have similar needs.

This standard also considers the importance of participants' emotional safety and well-being. Trip leaders who have a basic understanding of the values, needs, and fears of their clientele generally will be better able to manage emotional risks. Additionally, it is assumed those trip leaders who have been trained to deal with potentially unsafe behaviors (such as fighting, making threats, and running away) will be better equipped to deal with, if not prevent, such behaviors in the field.

If core competency lists are available, as described above in Standard 5.01, an organization likely will find it uncomplicated to assess and document whether its staff are qualified to lead activities. The organization can compare its employees' skill sets to the core competency lists. Gaps or deficiencies can be identified and addressed. Once this happens, the organization can feel confident that its employees are qualified to lead program activities. Ultimately, it is expected that organizations seeking accreditation will have a competent understanding of the needs of the populations with which they work. It is also expected that organizations will make sure that trip leaders are aware of potential challenges associated with various clientele and that the leaders are trained or educated accordingly.

Most common reason(s) for a finding of "unmet": The most common reason why this standard is not met is that organizations that work with special populations (such as youth at risk, corporate groups, and people with disabilities) are not able to (or simply do not) document that their staff members are qualified to work with these clientele.

Routinely, organizations work with special populations only on occasion. Sometimes these organizations have minimal expertise when it comes to addressing the unique needs of these groups and it is unfortunately too common that few to no applicable staff training is conducted, and staff core competencies in this area are found to be inadequate by a review team.

Clarification and/or suggestions for documenting compliance: Organizations seeking accreditation should include in their core competency lists the knowledge, skills, and experience needed to work with any special population groups they serve. The organizations also should document that employees who work with these client groups possess the required knowledge, skills, and experience.

If new employees lack experience working with a given population, an organization should document that it has an apprentice, mentoring, or training program, or other systems to assist with staff development. If the organization is not qualified to provide staff training, it should identify options that it can use instead.

5.06 The program has a system for assessing and supervising program personnel.

Explanation: The organization has a system for evaluating program personnel field skills, interpersonal and group skills, and job performance. Records of these evaluation processes are kept on file. There is a routine method for providing feedback to program personnel regarding their performance and/or professional development needs and a routine process for program personnel to provide feedback to management.

The Intent of the Standard: Program personnel are key to a successful program. In order to ensure a desired level of competency, some system of formative and summative evaluation is necessary. This should include not only evaluation, but professional development and opportunities for program personnel feedback.

Most common reason(s) for a finding of "unmet": Most organizations seeking accreditation assess and supervise staff to some degree. The most common reason why an organization receives an unmet is that its system is informal and/or incomplete.

Many organizations receive a designation of unmet because their assessments are too basic. Some organizations, for instance, use traditional staff evaluations that address qualities such as punctuality, reliability, and workmanship. This would not meet the intent of the standard because of its limited scope. In some cases, evaluations are adequate; however, the employees are not given any follow-up advice, mentoring, or training to help them improve. No benchmarks are identified, and no professional development plans are created.

Some organizations do not meet this standard because they rely on peer evaluations that are ineffective. In these instances, the evaluators (often other trip leaders) are not always qualified to or have not been trained to assess their colleagues. Sometimes, the evaluators do not want to hurt the feelings of their peers, or they find the process awkward, so they offer only positive feedback. At

other times, the feedback is too vague or not particularly useful. For example, comments such as "needs work" or "you rock" are not specific enough to meet the intent of the standard.

Participant evaluations are commonly used by organizations and can be beneficial, but they rarely assess an employee's technical abilities, rescue skills, or decision-making abilities. Self-evaluations can be helpful, but employees cannot always accurately assess themselves, and of course, they do not know what they do not know. Consequently, neither of these methods, used alone, meets the intent of the standard.

Finally, an organization sometimes receives a designation of unmet because there is no system in place for evaluating program managers. If no one within the organization has the expertise to assess a manager's performance and to help address shortcomings, the organization will suffer. When there is inadequate oversight, the person who oversees the outdoor program ends up functioning without enough and appropriate checks and balances.

Clarification and/or suggestions for documenting compliance: In order to document compliance, an organization seeking accreditation should provide evidence that a system exists for evaluating staff. Evaluations should be based on core competencies, and records of these appraisals should be kept. The organization might make available a variety of completed staff evaluations as samples so that reviewers can feel assured that the process is thorough, useful, and effective. Names can be deleted from the samples, and confidentiality can be maintained.

If no one within an organization is qualified to assess and supervise its managers, the organization could use a consultant, its risk management committee, or some other person or group that has enough expertise to conduct this important assessment and provide formative and summative information to these supervisory employees.

5.09 In the event a program contracts out services for activities, a system is in place to assess and document the appropriateness of the subcontractor's credentials and performance.
Explanation: In the event an organization contracts a person or vendor to conduct or lead an activity, steps are taken to assess the subcontractor's competencies and credentials prior to the program. A system is in place to evaluate a contracted service in areas such as, but not limited to, instruction, delivery, and risk management to provide a record of ongoing performance.

Intent of the standard: Organizations do not always have the expertise or equipment needed to properly conduct some activities.
Consequently, they contract out for these services. Before an organization seeking accreditation hires an outside source to lead an activity, to transport students, or to teach specific courses, it will need to assess its competency and professionalism.

An organization that wishes to contract out its rock climbing activities might, for instance, ask to see the following: a contractor's rock climbing policies; records of the contractor's rock climbing equipment, including purchase dates and inspection records; applicable accident/loss reports; the contractor's rock climbing supervisory ratio guidelines; a copy of the contractor's release of liability form; and a copy of the contractor's proof of insurance.

Although the organization might not be able to effectively evaluate some of the information identified above (given its lack of expertise in the activity), a qualified contractor should be able to provide the requested documentation. Further, the organization could seek assistance from other sources (such as members of its risk management committee or peer institutes) to help evaluate the information.

Most common reason(s) for a finding of "unmet": The most common reason why an organization receives an unmet is because it has not conducted adequate research on a contractor's credentials or performance. Instead, the contractor's credentials are accepted simply "because it has been in business for a long time" or "because it specializes in the activity."

Another common reason why an organization receives an unmet designation is because none of its research or findings (such as the contractor's proof of insurance, policies, etc.) is documented or available to the review team.

Clarification and/or suggestions for documenting compliance: To demonstrate compliance, an organization seeking accreditation should show that it has exercised due diligence in its selection of a contractor. At a minimum, it should be able to provide copies of all applicable licenses and permits that the contractor is required by law to have. It also should be able to provide a copy of the contractor's policies and procedures and proof of insurance, or it should be able to show that a staff member with the background to do an adequate assessment has reviewed these documents. Other documents that can be used to support compliance might include the contractor's staff qualifications and accident history.

An organization seeking accreditation also should consider addressing legal issues (such as whether or not they will use their own as well as the contractor's liability form, or whether a written agreement should be in place that documents which organization is responsible for a participants well-being in the case of an incident or injury). The organization is encouraged (though not required) to provide evidence that it has been named as a co-insured party. Organizations are also encouraged to explain how their own employees will be used in staff-to-participant supervisory ratios when their staff attends a contracted outing. If the organization's trip leaders plan to attend a contracted outing, the organization should document in advance how leadership roles will be determined in the event of an emergency. Finally, the organization should consider identifying and addressing any of the contractor's policies that appear to be in conflict with its own policies.

Not all the steps described above are required to meet this standard; however, each can be used to help document compliance with the standard's intent.

Section 6. Transportation

6.02 The organization has identified and follows operator assessment and training procedures.

Explanation: Prior to operating a vehicle, drivers are trained in the operation and handling of the type of vehicle they will be driving. The assessment and training program can be done in house, if the expertise exists, or through the use of a third-party program. The training includes vehicle handling, driving in diminished conditions, and precautions for specific local conditions and special equipment, for example, trailers, racks, and high-lift jacks. The organization takes steps to make sure drivers receive adequate supervised time behind the wheel prior to being allowed to drive with a loaded vehicle and/or with clients. Further, drivers are reasonably familiar with a vehicle, including location of emergency equipment and its use before driving that particular vehicle for any length of time or distance.

Intent of the standard: If nonprofessional drivers are used to transport participants, extreme care should be taken to ensure that they are adequately trained and are prepared to handle an unexpected event (such as a breakdown, a flat tire, or an accident). Ideally, drivers should be at least 21 years of age and should have three to five years of experience driving the type of vehicle that they will be asked to use to transport students.

Although AEE does not require that drivers be of a particular age or have a certain driving background (other than what the law requires), the intent of the standard is to make sure that drivers are prepared and able to manage all aspects of transporting participants in normal and challenging conditions in the vehicle(s) they will be operating. For example, organizations might allow drivers to practice, with no participants in the vehicles, in realistically challenging conditions. Drivers who might drive on dirt roads or on snow, for instance, should be given the opportunity to practice on dirt roads or on snow, if possible. If trailers are used, training associated with backing-up, hitching, and loading should be included.

Organizations that do not train their own drivers are still expected to make sure that the drivers used are adequately trained.

Most common reason(s) for a finding of "unmet": The most common reason why an organization receives an unmet is that no driver-training program exists within the organization, and no alternate plan is in place to make sure drivers are adequately trained. Organizations seeking accreditation commonly obtain driving records, but this step alone does not meet the intent of the standard.

Occasionally, a program receives an unmet designation because its driver-training program is deemed to be inadequate. For instance, some organizations require

employees to watch a video or read a manual before they are allowed to drive, but the intent of the standard assumes that the training process will include a hands-on teaching component and a skills assessment. If the hands-on component of a training session is too brief, such as a drive around the block, it might be deemed inadequate. Further, if drivers will be expected to pull trailers, but those drivers have not practiced driving with a trailer, the standard might be considered unmet.

Clarification and/or suggestions for documenting compliance: In order to document compliance, an organization should show that all employees approved to transport passengers or drive specialized vehicles have received adequate

training. An outline of all applicable training courses should be made available during the review.

An organization also should show that it has obtained and examined driving licenses and records, and it has established standards for disqualifying or eliminating people who have unacceptable driving records.

6.10 If trailers are used, appropriate procedures are identified and followed.
Explanation: Towing trailers requires additional driver training and competency. Trailers are of the proper size and capacity to match the tow vehicle. Tow vehicles are equipped to handle the additional load and strain from towing trailers. Proper hitches, safety equipment, and lighting are necessary. Proper trailer loading and procedures for distributing weight are followed. Drivers have training specific to the tow vehicle and trailer they will be operating.

Intent of the standard: Towing loaded trailers increases driving risk, as the loads and strains on the vehicle change its handling dynamics. Furthermore, skills such as reversing a trailer are not easily obtained, but rather are usually developed through practice while a trailer is unloaded. In addition, faults in trailers such as a disconnected electrical system can increase the risks posed to other drivers and road traffic. Vehicle accidents with trailers at speed can often lead to the towing vehicle also rolling, or to significant jack-knifing.

Most common reason(s) for a designation of unmet: The most common reason why a designation of unmet occurs is because an organization does not have policy and procedures specifically relating to the use of trailers. This may include but is not limited to topics such as driver pre-use inspection checklists, loading and weight, driver experience levels or vehicle speeds while towing.
Another common reason for this unmet is because there is not a systematic driver training system, or no recorded documentation of driver training, or no record of an authorization system based on observation (i.e. a competency based test).

Clarification and/or suggestions for documenting compliance: In order to document compliance, an organization needs to have a documented driver training system that addresses trailer use where applicable. This may include a series of training tasks, such as lining up and hitching a trailer, reversing, turning while reversing, and undertaking pre-use checks.

Programs should also have a record of driver authorization in place, specifically for trailer use. This is commonly achieved with a competency-based test, prior to operational use.

6.14 In the event an organization allows personal vehicles to be used to transport clients, program personnel, and/or equipment, a system is in place to assess the driver and vehicle to ensure that all applicable standards, as identified above, apply.
Explanation: Whether the vehicle is owned and/or driven by an employee, volunteer, or student, the vehicle and driver are held to all standards previously described. Program insurance includes a rider stipulating coverage. For example, adequate insurance for all passengers is in place. Proper maintenance is verifiable, and emergency equipment is carried.

Intent of the standard: This is a very difficult practice to manage and is often discouraged by insurers. Most often the driver and their personal insurance will come into play if an accident occurs. Even so, many organizations have this as a common practice (especially small programs). In these cases, the driver and the vehicle need to be assessed and records need to be kept that show the competence of the driver and the vehicle is in operable condition. The program's insurance company needs to be consulted and their advice needs to be considered before this practice is approved.

Most common reason(s) for a finding of "unmet": Assessing a private vehicle is difficult to manage and document; especially in states that do not require annual motor vehicle inspections. In university settings where it is common to have participants that are adults it would seem logical to presume that they can drive themselves and other students to an off-site setting, but if the instructor of the course organizes a carpool or drives students in their own vehicle that puts the university and themselves at risk for a difficult situation to manage if an accident were to occur. Questions could arise such as who is at fault and liable for loss or damages.

Clarification and/or suggestions for documenting compliance: Whenever possible avoid using personal vehicles to transport participants. If adult participants choose to carpool to an off-site event, ensure that they make their own arrangements and that they take responsibility for the choices they make.

Many insurance companies recommend that universities provide transportation to off-site events (field trips) to avoid these types of situations that are often difficult to resolve. If adult students choose to drive themselves some university programs will have them document that they have turned down the transportation provided for them by the organization and are choosing, for reasons of their own, to drive themselves.

Section 7. Equipment, Nutrition, and Hygiene

7.02 Equipment is managed and maintained appropriately by the organization.

Explanation: The organization has a system for the storage and distribution of equipment. A documented system that includes equipment dates purchased, inspections, maintenance, and the retirement of equipment. Equipment is stored in a clean, dry, and secure facility according to manufacturers' recommendations and normally not exposed to direct sunlight, such as but not limited to climbing cordage and PFDs. Equipment storage facilities are well organized and equipment management systems are in place for tracking equipment check out, return, and condition of the equipment when it is returned. Technical equipment is stored in such a way as to limit access to the general public, program personnel, or participants.

Maintenance of equipment includes using established inspection methods appropriate for the particular types of equipment and following manufacturer's recommendations, established industry standards, or any applicable government regulations. The program has established guidelines for when equipment is retired or removed from service and has established replacement schedules. Equipment condition usage logs are kept as appropriate for certain protective equipment such as lead climbing ropes and PFDs.

Equipment management also includes record-keeping for rental equipment. Hazardous or flammable materials associated with the use or maintenance of equipment such as stove fuel, caustic cleaning chemicals, or adhesives are stored appropriately per local regulations, such as in approved fire-resistant containers or rooms, or are stored an adequate distance from facilities or areas where people congregate.

The intent of this standard is as follows: This standard intends to make sure that an organization seeking accreditation has a system in place for confirming that its field equipment is appropriately distributed, adequately maintained, replaced when the manufacturer recommended lifetime has passed and is properly stored. As part of this system, gear in need of maintenance should be marked and tracked so that it does not inadvertently reappear in the field, and time should be allotted for performing repairs.

Most common reason(s) for a designation of unmet:
The most often occurring reason for this unmet is due to inadequate documentation of use, maintenance, purchase history, repair, or retirement of some items of equipment.

An organization often receives an unmet designation if it does not keep records of purchase for critical/risk management items. Many programs have no established systems for retiring and replacing specific critical safety gear, such as ropes, harnesses, helmets, or PFD's.

Management of climbing equipment in particular commonly has inconsistencies that lead to an unmet designation. For example, many programs do not have rope logs, or they have rope logs, but they are not used consistently. Sometimes a rope log is used, but it does not include purchase dates and use history. Often, equipment logs

do not include retirement dates for equipment. Furthermore, manufacturers' guidelines for the maximum life of a particular item of equipment are often not referenced. Programs may not take into consideration that different manufacturers will indicate different lifespans and maintenance regimes for the same type of equipment, such as harnesses.

Some programs have applied an equipment standard inconsistently across various activities, for example, a ropes course inventory does not have the same standard as a climbing gear inventory. Even within a particular activity, programs may record some information, such as rope logs, but they do not include information about the harness, cordelette, helmets, and climbing hardware purchase, inspection, and retirement dates.

Some programs do not record the start date of use of equipment, as their organizations' retirement and replacement plan are well before the life expectancy of the item, such as within a year or two of purchase. This is particularly common for climbing ropes. While this is a prudent measure, clear documentation of this system, cannot be verified by the review team during the site visit. Often when this happens, during a site visit the review team identifies this as being unmet if there is an example observed of uncertainty, confusion, or ambiguity around this question of the age of ropes.

Several programs have received an unmet as their gear rooms or repair area appeared disorganized and lacked inventories. When overseeing an equipment inventory, some programs keep purchase receipts for proof of date of purchase, such as for ropes, but these are not kept with the rope usage logs, so a disconnect exists when monitoring usage and retirement dates.

Sometimes a review team finds that marking of gear has faded, such as on PFD's, or fallen off, such as on ropes. PFD's with noticeable rips and tears are often identified by the review team as being no longer appropriate for use.

Sometimes an organization receives an unmet is because fuel is not stored in a proper fireproof container or a proper location. Fuel includes gas, white gas for stoves, and propane. Specific examples of this being unmet include having fuel stored in the vicinity of other equipment, not in a fire-resistant container, unsecured, or in a way that does not meet OSHA or other regulations.

Another reason why an organization sometimes receives an unmet is that there is no formal system for routine equipment inspections. Although an informal system of inspection might be used (e.g., instructors looking over gear before use), such a system, if used alone, generally does not meet the intent of the standard. Some programs claim to inspect all equipment once per year, but no record or evidence of this inspection can be provided to a review team. Some programs have inadequate systems to indicate, identify, or mark retired equipment. This may include an unlabeled box in the equipment room where new and retired equipment was accidentally mixed into the same bin. Also, sometimes a review team finds that maintenance logs for equipment do exist but were not being used.

Clarification and/or suggestions for documenting compliance:
To demonstrate compliance, an organization should provide a complete and current inventory system that includes records of purchase for all critical/risk management equipment and logs, such as rope logs, that document the equipment's use, wear, and retirement schedules. Reference should be made to manufacturers guidelines for retirement of their equipment, and also to their recommendations for annual inspection and maintenance, such as with PFD's or climbing equipment. A clear system needs to be in place to isolate damaged or retired gear before it is disposed of. Good housekeeping of stock should be observed, with visible organization, tidiness, and records of inventories available.

The organization also should be able to provide evidence that it has a system for inspecting equipment regularly. The system should, within reason, eliminate the possibility that damaged gear will be used by participants, or inappropriately returned to the field.

 If fuel is stored on-site, it must be stored appropriately in accordance with applicable regulations. Typically, fuel should be kept in fireproof containers. If fireproof storage containers are not used, in some states it is acceptable for an organization to store fuel in an area that is an approved distance from food and other equipment that might be damaged by the fumes or spillage. Programs often use photo evidence to indicate this standard is now met.

ACTIVITY SPECIFIC STANDARDS: CHAPTERS 4-6

The activity standards follow a consistent format from x.01 to x.08. We have analyzed these in various ways and presented below is a summary analysis of unmet standards around each of these.

When preparing a self-assessment study, it may be useful for a program to view each of the standards using this system, as the documentation may be similar (but not identical) across each of these.

x.01 The program has written policies and procedures for the conduct of [insert activity here].
Explanation: Specific guidelines that program personnel and/or participants are expected to follow, such as supervision requirements, and (In the Standards, examples are inserted here respecting each specific activity.)

Intent of the standard: Each standard covered in the program's Accreditation must have a set of written policies and procedures for that standard in order to assure that consistent attention to program quality and risk management is maintained across the program for all activities.

Most common reason(s) for a finding of "unmet": On face value, the set of standards x.01, which addresses policies and procedures, and which recurs within each activity section, is similar to 4.02: "The program has a written set of policies and procedures specific to the management or facilitation of program activities." However, while a program may have a set of policies and procedures specific to the management of activities, policies and procedures for an individual activity may be missing.

This may reflect a lack of a systematic approach when formulating policies and for the entire program, such as a single missing policy within a larger manual. While larger programs tend to develop a holistic policy and procedure manual, smaller programs will sometimes assemble these around a specific activity or program, such as a program that focuses on a climbing trip, or a specific grade level for a school trip, and in this situation it is possible to omit a policy if they are not collected into a holistic policy and procedure manual.

Sometimes, the way policies and procedures are organized and communicated to field staff differs among programs within an organization, and some field staff may not be aware of the creation or existence of a policy on a certain topic. This may reflect a communication process within the organization, which can result in a practice in the field not aligning with what is written and submitted as part of the self-assessment study.

It may be that a risk assessment for an activity was used instead of a policy or procedure. A risk assessment is different from a policy and procedure, which identifies what must and should be followed. In fact, acceptable practice would see a comprehensive risk assessment being undertaken to help identify risks and their management strategies prior to the formulation of policy and procedures, and subsequently these risk assessments are used to create program specific policy and procedures.

Alternatively, an unmet for this standard may also reflect a perceived lack of applicability for activities considered inconsequential or occurring 'out of program time'. If an activity is deemed to be "incidental", a program should be able to justify why no policy and procedures is required. Under the standards, these activities may be Secondary Activities. (see Standard 4.01: *It is in the nature of wilderness-based adventure programs that situations will occur that are outside the bounds of planned programming. In these cases, in-the-moment judgment calls by the on-site instructor are required. The program provides written guidelines for program personnel to make these in-the-field decisions.*)

The most frequent unmet activities within the x.01 standards are as represented in the graph below:

Commonly Unmet x.01 'Written Policy & Procedures'

	Hiking Policy	Winter Policy	Indiv & Grp Dev Policy	Swim Policy	Incidental Policy
Number of programs with an unmet	4	8	6	8	7
	11.01	17.01	44.01	45.01	46.01
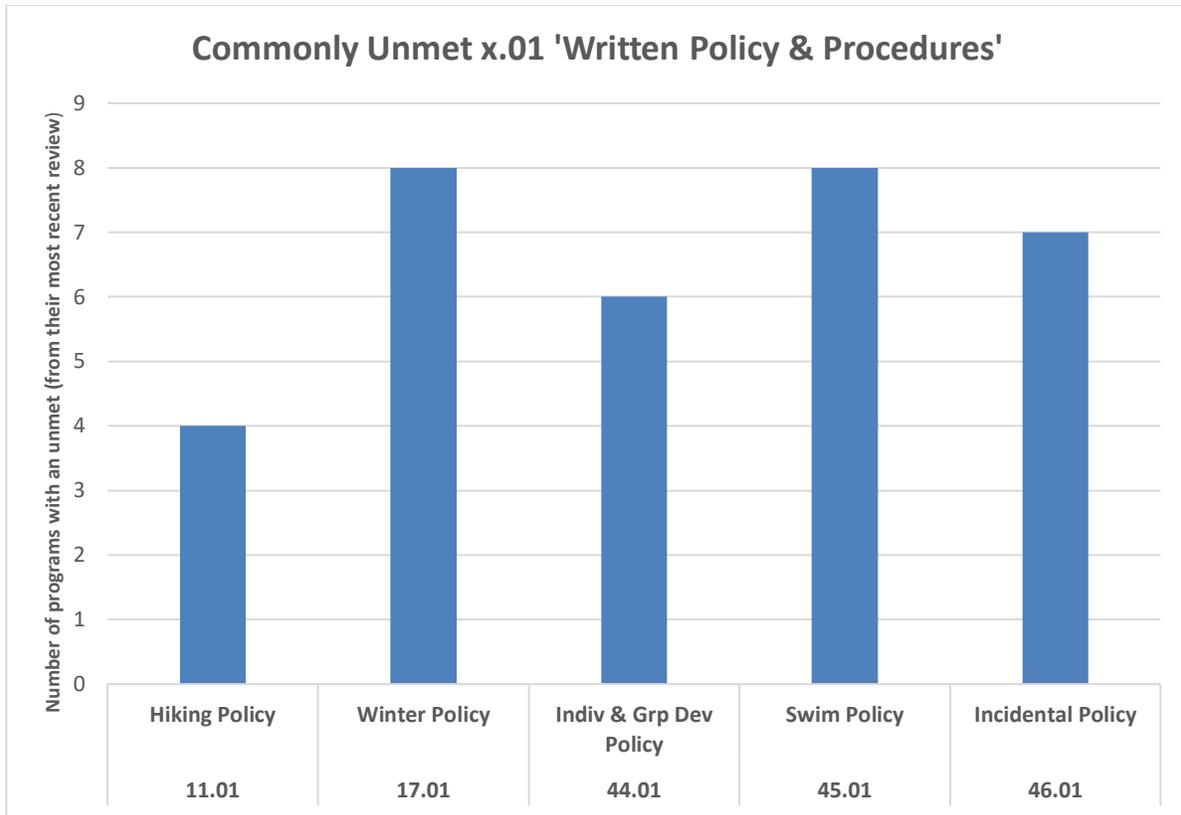
A subset of unmet standards within the x.01 may revolve around what are perceived by the program to be incidental or low-risk activities, including: activities conducted in a winter environment (17.01), group development activities (44.01), swimming and wading (45.01), and other non-technical activities (46.01).

● Winter (17.01): Programs that undertake activities in a winter environment should develop policies and procedures for that context, even if they already have policies and procedures for a similar activity in non-winter conditions (e.g. hiking and camping). Winter conditions are a significant objective hazard.

● Individual & Group Development Activities (44.01): (formerly known as Initiatives Games and Problem Solving Activities), are often unmet as some programs do not have policy and procedure around activities that they consider as minor. If such activities are "Secondary Activities" then they fall under Standard 4.01. If they are a regular, scheduled part of the educational or therapeutic program, then a written policy and procedure is required.

● Swimming & Wading (45.01): Swimming and wading is often an incidental, or "Secondary Activity" (see Standard 4.01,) rather than the primary focus of a

program. For example, it may be included as a way to cool down on a hiking expedition. Nonetheless, the risk of drowning exists even in shallow water, and those responsible for developing and overseeing policy and procedures should be alert to that risk. Programs should have a definition in their policies that identify the circumstances and conditions under which the activity of wading or swimming may occur.

- Other Non-Technical Activities standards (46.01): are also frequently unmet. Site visit reviewers often mark these as unmet because the program listed the standard as "not applicable" in their SAS (and thus did not submit evidence), whereas the reviewers deem the standard as applicable for the program. If such activities are "Secondary Activities" then they fall under Standard 4.01.) If they are a regular, scheduled part of the educational or therapeutic program, then a written policy and procedure is required.

Clarification and/or suggestions for documenting compliance: Programs should review their policies and procedures to be sure that all program activities are addressed. A useful practice is to conduct a risk assessment for an activity prior to creating policies and procedures for that activity. That process helps identify risks and management strategies, which will aid in the creation of practical and useful policies and procedures.

x.02 The program has an explicit and appropriate curriculum for (name of the activity.)
Explanation: *There are explicit educational or instructional objectives for this activity that address topics or skills taught, expected participant standards of performance, and appropriate assessment of participant abilities and understanding. Curriculum topics might include but are not limited to, (insert major topic that must be included in the curriculum.)*

In programs that prepare students with the professional skills required for leadership, instruction, and risk management of the activity, students are also instructed in strategies to facilitate the transfer of learning from the activity. Because theory informs practice, and vice versa, intentional curricular connections are planned, made, and taught between field practices and theoretical and conceptual material. Debriefings, feedback, or guiding processes are used to enhance the application to students' academic knowledge and professional preparation.

Intent of the standard: For the purposes of these standards, curriculum refers to the course of study used to teach a particular activity and includes knowledge and skills objectives, learning activities, and means of assessment.

The purpose of a curriculum is to ensure that participants received appropriate instruction that will contribute to a successful educational and/or therapeutic outcome.

An explicit curriculum that is understood and followed by instructors provides for consistent quality across the program. In order for a curriculum to provide guidance

for those charged with its implementations, it should be created and maintained in a format that assures clarity and consistency and communicated to those so charged. Systematic assessment of participant learning also provides the basis for instructor and program evaluations and improvement. Effective instruction also supports the goals of risk management.

Most common reason(s) for a finding of "unmet": These x.02 standards that address curriculum are the most commonly unmet standards. Common reasons for the unmet finding include:

- Many organizations seeking accreditation are at a transition point, moving from an oral tradition to more formalized systems. If they have not yet written down their curricula or provided another mechanism to support consistent delivery and educational outcomes, the curriculum standards will be unmet.

- Some organizations confuse policies/procedures and curricula (or conflate the two). They mistakenly provide policies and procedures as evidence of meeting the curriculum standards.

- Disagreement between the organization and the review team about whether the curriculum standards should apply to a given activity can result in unmet curriculum standards. The organization may view an activity as incidental, and thus note that the curriculum standards are "not applicable". If the review team disagrees with that assessment, they may opine that the curriculum standards are unmet.

  If an activity is truly incidental, such as backcountry swimming or wading to cool off on a backpacking trip, curricula are not needed for that activity.

Clarification and/or suggestions for documenting compliance:
Programs should review their curricula to be sure that all program activities are addressed. Even if an activity is used as a means to some educational or therapeutic end other than learning the activity or skill itself, that activity still requires an explicit curriculum.

A common strategy for both providing for continuity and accountability across the organization, and providing evidence to meet the standard, is the creation of written curricula.

Examples of activities that need a curriculum may include map and compass, how to belay a rock climber, or paddling strokes. These activities are important topics for enhancing the experience of the participants and need more than just policy and procedures.

If an activity is deemed to be "incidental", a program should be able to justify why no instruction is required. Under the standards, these activities may be Secondary Activities. (see Standard 4.01): It is in the nature of wilderness-based adventure programs that situations will occur that are outside the bounds of planned

programming. In these cases, in-the-moment judgment calls by the on-site instructor are required. The program provides written guidelines for program personnel to make these in-the-field decisions.

APPENDIX: CASE STUDIES

The standards identified below were previously considered commonly unmet, however over time they are now often met. Organizations may find these useful when preparing their self-assessment study, and as such they have been retained below.

Section 3. Program Governance

3.05 The organization's activities and services are described accurately so that clients and potential clients understand the nature of the organization's services and can make informed choices to participate.

Explanation: All program marketing and/or enrollment material is reviewed and updated on an ongoing basis. Descriptions of activities and services are complete, accurate, and presented in a manner that is understandable by the clients for whom it is intended.

In the event that an organization's clients are mandated or otherwise involuntarily enrolled into the program, the program acknowledges the limitations of the client's choice to enrollment and engages the client's participation in the therapeutic process to the fullest extent practical. The program's activities, risks, and services are described accurately so that clients understand the nature of the program they are enrolled in and their rights and responsibilities.

Intent of the standard: Information that the organization presents to the public about its services, programs, and activities should be accurate, balanced, and detailed enough so that clients are able to make a fully informed and timely choice as to whether to participate. The key to understanding this standard involves recognizing that clients need to make a series of informed choices prior to participating in the program.

Website content, marketing materials, brochures, and catalogs, are examples of the types of materials that this standard addresses.

It is not uncommon for organizations to state claims in their marketing materials that are not demonstrable. Examples include such language as "best," "safest," "premier," and other similar statements. Such language could put the organization at risk if there were an incident that led to being asked to prove that these statements are in fact true, and just as importantly, why this high standard was not adhered to.

Most common reason(s) for a finding of "unmet": Marketing materials may contain exaggerated claims as to program quality and uniqueness. Participants are not provided with materials describing all program activities prior to beginning the activity. Sometimes, participants or their families are not asked to make a decision until the last minute, placing undue pressure to decide.

Clarification and/or suggestions for documenting compliance: Have marketing materials reviewed by employees intimately familiar with what is offered to ensure accuracy and to avoid claims that cannot be proven. Schedule decision making well ahead of the start of the activity.

Section 4. Program Oversight and Management of Activities

4.10 The program has explicitly designated instructor-to-client ratios for each activity.

Explanation: The ratio of program personnel to clients provides appropriate supervision, group management, emergency response capability, and effective instruction. Considerations for determining ratios also include the type of activity, technical aspects of the activity, whether clients are novices or experienced, instructor training and competency, remoteness of the activity location, environmental factors, client profiles, and appropriate regulatory authority regarding adventure therapy. The program staff are familiar with the ratios commonly used in our field by trained personnel and client populations similar to those served by the program. Only qualified and approved program personnel are included in determining ratios.

Interns, program personnel-in-training, or others who are not fully qualified are not considered in determining ratios. For example, if a program determines that a trip leader and an assistant instructor are necessary, an instructor in-training cannot replace an assistant instructor. The program is expected to justify program personnel-to-client ratios.

[OBH Manual only] Adventure Therapy program considerations include that the program has explicitly designated minimum staff-to-client ratios based on client needs, the severity of mental health problems, type of activity, length of rotation/program, the remoteness of the location, and other critical factors.

It is recognized that land-management agency mandates sometimes affect ratios as well. In the event a program accepts ratios outside of this range, the program must be able to justify how and why activities are appropriately supervised.

Intent of the standard: In order to provide effective instruction and supervision, an organization must designate an appropriate number of adequately trained leaders per group size, and it must abide by those designated ratios. Typically, a leader with a higher level of training can supervise a greater number of students. Similarly, if participants are well behaved or are experienced in an activity, or if the terrain has few objective hazards, it is possible that fewer leaders will be needed per group. If leaders or participants have limited experience, if participants have special needs, or if an activity or venue has significant risks associated with it, it is likely that a greater level of supervision will be necessary.

AEE standards do not specify what staff-to-participant supervisory ratios an organization must use. Instead, it is expected that the organization will examine its

instructors' and participants' skill sets, maturity, and field experience. It also is expected that the organization will evaluate the subjective and objective hazards associated with the people, venues, and activities. In short, in order to meet the standard, an organization will need to present a logical argument to convince the review team that its staff-to-participant supervisory ratios are reasonable for its circumstances.

Most common reason(s) for a finding of "unmet": Some organizations do not meet this standard because the ratios they use differ significantly from the ratios that are common within the field of adventure education (i.e., they provide less supervision), and the organizations are not able to justify why the lower staff-to-participant supervisory ratios are acceptable.

Some organizations do not meet the standard because they use minimally trained leaders as if they were skilled leaders in their staff ratios. For example, parents who enjoy the outdoors are sometimes used as pseudo-leaders on school outings. Given the intent of the standard (that a certain number of qualified leaders be used per group), it is inappropriate to use minimally trained individuals in this manner.

Some organizations meet the intent of the standard in most but not all their programming. Typically, these organizations do not meet the standard because the ratios they use when working with special-needs populations or the ratios they use during higher-risk activities are significantly different from the ratios that are used within our field under similar circumstances.

Finally, some organizations do not meet the standard because they have no clear process in place for determining ratios. These organizations generally are unable to provide any type of justification or rationale to explain how they came up with their supervisory ratios. This is not a common reason for receiving a designation of unmet. However, if a review team is led to believe that an organization has in the past used or would in the future use a staff-to-participant ratio that differs significantly from the ratio commonly accepted in our field, and reasonable rationale is provided, the review team might consider the standard to be unmet.

Clarification and/or suggestions for documenting compliance: It is not necessary for an organization to "prove" that a commonly used ratio is acceptable (i.e., common, as identified in the standards manual). If an organization is using staff-to-participant ratios that are well within commonly accepted practices, and no exceptional variables suggest that different ratios should be used, the organization can demonstrate compliance by documenting that it is familiar with and meets or exceeds the commonly accepted ratio standards (as identified in the standards manual).

On the other hand, if an organization works with special-needs populations, if it works in high-risk environments, or if it uses minimally trained leaders, it needs to provide a clear rationale for its designated ratios.

In order to meet this standard, an organization should familiarize itself with the common ratios used by other similar organizations. If an organization conducts activities that are not listed in the manual or if its activities somehow involve a higher level of risk, the organization needs to provide evidence that it is familiar with the ratios used by peer organizations operating with a similar level of risk, and it also needs to prove that it meets or exceeds those ratios.

Section 5. Human Resources

5.05 Upon hiring, the program has a system for orienting and/or training new program personnel.

Explanation: The organization has a system to help orient new program personnel to the program's mission, activity goals and objectives, and provides any other training one might reasonably expect program personnel to receive given their job duties. Prior to working in the field, program personnel understand how the organization conducts its activities and know what is expected of them.

Certain client or clientele populations may require program personnel to have specific skills and experience with those populations. For example, program personnel who work with high-risk youth groups have received training specific to the population.

Intent of the standard: It is reasonable to assume that new employees need to be oriented to an organization's way of doing things. In addition to receiving an overview of the organization's pay, health benefits, etc., a new employee also should receive an orientation that is specific to their duties.
This briefing might include, but would not be limited to, the following: a review of the organization's mission and clientele; an introduction to the organization's activity-based policies, especially as they apply to field practices and

expectations; a discussion of authorized medical protocols; and an overview of the organization's emergency action plan (EAP).

Additionally, it is expected that new employees will come in with certain skills, but they generally will need to develop in certain areas as well. Skill development and progression are often enhanced through staff training.

Staff training, in particular skill-based training, should include hands-on practice. Examples could include technical skill workshops, rescue-based exercises, and classes that focus on behavioral or emotional needs and emergencies. The training requirements of an organization are not defined by this standard. Instead, training topics will depend on the size and complexity of the organization, and the backgrounds of staff.

Most common reason(s) for a finding of "unmet": Organizations that do not meet this standard typically have systems for orienting and training new employees, but the orientation processes or the training is considered inadequate.

For example, many organizations provide a basic orientation, but the orientations sometimes are found to be insufficient. The orientation might only require that a new employee read a staff manual and emergency action plan. No mentoring or follow-up occurs, and no time is allotted for questions and answers. When this is the only method used to orient a new employee, there is no way to assess a new employee's understanding and key risk management policies and procedures are often not fully understood or are not assimilated. This would not meet the intent of the standard.

Occasionally, an organization receives an unmet designation because its training does not effectively address staff needs. Reviewers sometimes find that training goals and objectives are vague, or curricula are unavailable. At times, the people conducting the training have received limited (or no) training themselves in "methods of instruction" and are found to be ineffective teachers.

Some organizations receive an unmet due to a lack of documentation. Although orientations and training are conducted, the dates, topics covered, and attendance are not recorded.

Clarification and/or suggestions for documenting compliance: In order to demonstrate compliance, an organization seeking accreditation should provide evidence that a new-employee orientation process exists. At a minimum, the organization should show that it takes steps to ensure that new employees are familiar with and understand critical information (such as the organization's mission, its risk management policies, and applicable steps within its Employee Emergency Action Plan.

Similarly, an organization should be able to provide evidence that an applicable staff training system exists. It might provide documentation that helps reviewers understand how training topics are selected, and it should be able to provide evidence that its trainers are qualified to lead the training.

An organization also should be able to provide documentation of all staff training conducted within a given period (e.g., the past year), including dates of the training, an outline of the information covered, and a list of attendees.

Section 10. International Considerations

10.03 The program has conducted an environmental hazard assessment and risk analysis specific to the country being visited.
Explanation: This standard differs from 4.01 and 10.01 in that it addresses specific environmental hazards and related risks that are inherent to the country and the particular activities being conducted. For example, the technical aspects of the activity such as backpacking, canoeing, or sea kayaking may not differ much when conducted in different countries or locations, but new hazards such as specific weather patterns or threats from venomous reptiles or dangerous animals may

present risks requiring new and/or specific management practices. Program personnel are knowledgeable in these practices.
Intent of the standard: It is important to know what unusual risks are present in the country being visited. Examples of environmental hazards include water quality, dangerous animals, and weather.

Most common reason(s) for a finding of "unmet": Lack of authoritative information from a reputable local source is a common reason for not meeting this standard. Although conducting library and Internet research is a good start it is AEE's experience that there is no substitute for the knowledge of a local expert. Another reason for an organization to not meet this standard is the lack of accurate written reference materials for instructional personnel to refer to that describe environmental hazards and strategies that should be used to mitigate those risks.

Clarification and/or suggestions for documenting compliance: In addition to doing library and Internet research consult local experts about the local environmental hazards that are likely to be encountered. Document these possible hazards as well as the strategies used to manage these risks.

10.04 The program has an emergency action plan designed specifically for the country being visited.

Explanation: Managing medical or environmental emergencies in other countries, particularly developing countries, may present significant challenges. Emergency services similar to those used in one's home country may not be available. Air evacuation services may be unavailable, limited in capability, or conducted through the military or other government entities. Emergency action plans for international travel include in-country emergency notification procedures that specify who has authority to request emergency services. For example, for the military to be mobilized the request may need to come from the applicable embassy. Other aspects include, but are not limited to, evacuation procedures, knowledge of additional evacuation services and support, knowledge of medical facilities, and plans for evacuees once out of the field.

Intent of the standard: Emergency action plans need to cover a host of possible scenarios and offer clear advice on the actions that need to be taken in order to respond quickly and effectively. Examples include but are not limited to medical and psychological emergencies, political unrest, and kidnapping.

Most common reason(s) for a finding of "unmet": Incomplete and/or outdated emergency action plans.

Clarification and/or suggestions for documenting compliance: Emergency action plans for an international setting need to be comprehensive and easy to use. How will the organization get an injured or ill participant to the closest medical facility that has the correct level of care required for prompt assessment and care? How will the group leave a country if political unrest requires immediate evacuation? What are the correct actions to take if a participant is kidnapped? The answers to these and other scenarios need to be available to instructors in an easy-to-use

document to support the training they should receive before arriving in the country being visit.