

## **Guidelines to follow during an Event with Youth (17 & Under)**

### **Archdiocese of Keewatin-Le Pas**

1. The Lead Organizer (or a delegate) is responsible for taking attendance counts at all points of departure and at random times during the event.
2. Upon arrival or at the beginning of the event, review with all youth and volunteers: event expectation, facility boundaries and emergency procedures with participants, leaders and volunteers.
3. Each leader/ volunteer should be given a checklist of names for the participants that they are responsible for.
4. The Lead Organizer shall, without delay, advise their Pastor/ Direct Supervisor of any accidents, problems, unusual incidents, close calls, unsafe situations or any other situation of which the Pastor/ Supervisor would reasonably expect to be advised. The Lead Organizer will also inform the parents of participants involved. Pastors should notify an Archdiocesan Designate as soon as reasonably possible of any major incident or accident.
5. After verbally advising the Pastor/ Direct Supervisor the Lead Organizer will provide a written report detailing the situation and the steps taken to resolve the issue within a reasonable time frame.
6. Periodic facility inspections should be conducted and recorded by leaders/ volunteers using Facility Monitoring Checklist.
7. Leaders and volunteers will ensure that participants are supervised on a full-time basis at all times during the event/excursion and will take whatever precautions are necessary to ensure the proper conduct, appropriate behavior and safety of participants.
8. Supervision must be provided in high risk areas such as bathrooms, change rooms etc., respecting privacy.
9. At least two leaders/ volunteers will regularly and randomly monitor overnight activities.

## Risk Reduction Strategies

The following actions must be taken in order to reduce the risk factor:

- 1) Have at least two adults present for a ministry or program. Where possible, the two adults are to be unrelated.
- 2) Notify and ask permission of a parent before any proposed one-to-one meeting with a child/youth, e.g., in a mentoring relationship.
- 3) One-to-one meetings with a child, youth or vulnerable persons must take place in a public area either inside or outside the office, parish or organization's facilities, where both people can be seen by others.
- 4) Install a window in the door of each office, classroom or activity room, or always leave the door open.
- 5) Anyone working with children, youth or vulnerable persons is to wear a name tag.
- 6) Parents/guardians contact information must be carefully maintained by the ministry volunteer leader or designated office, parish, camp, approved organization staff person.
- 7) No child is to be dropped off at a ministry or program location without a volunteer leader or office, parish, camp, approved organization staff present. The child must be picked up by the parent/guardian or their designate. If a child is not picked up within a short or reasonable period after the scheduled end of the activity, the volunteer leader or staff will first contact the parent/guardian, and if no contact can be made, he or she is authorized to contact the appropriate children services agency.
- 8) Parents/guardians are encouraged to participate with their children in a ministry or program. Any other adult wishing to be present needs the permission of the volunteer leader or staff.
- 9) Any changes to a ministry or program should be approved by the pastor, director or volunteer leader.
- 10) Ensure the design of facilities can protect children, youth or vulnerable persons.
- 11) Ensure fire extinguishers and emergency exits are known to volunteer leader or staff.
- 12) Use these minimum ratios (as used by the Catholic Archdiocese of Edmonton):

0-18 months	2 adults to 6 children
19 months – 2 years	2 adults to 10 children
3 – 5 years	2 adults to 12 children
6 – 14 years	2 adults to 15 children/youth
15 – 17 years	2 adults to 15 youth
Vulnerable persons 18+	2 adults to 10 vulnerable persons

- 13) If the risk remains high, modify or forgo the activity/event/program.

# Youth Day and Overnight Activities, Events and Excursions

## **Policy Statement:**

Employees/Volunteer Leaders who organize activities, excursions or events sponsored and/or carried out by an archdiocesan office, parish, camp or institution have a duty to care for participating children, youth or vulnerable persons.

## **Intent of Policy:**

To ensure a safe environment for day and overnight activities, events or excursions, including travel and overnight accommodations.

## **Definition:**

Archdiocesan Facilities/Properties include land, buildings and contents owned by the Archdiocese, such as but not limited to:

- Camps
- Cemeteries
- Parish churches, halls and rectories
- Pastoral and Administration Offices

## **Procedure:**

### **1. General Supervisory Requirements:**

- a) All activities must be documented in writing by employees or volunteers who will ensure there is an employee or volunteer to lead the event.
- b) The appropriate number of employees and/or volunteers will be scheduled to supervise. (See Risk Reduction Strategies).
- c) Before the activity/event/excursion begins, every employee and volunteer 18+ must have completed a screening process which includes a Police Criminal Record Check with Vulnerable Sector.
- d) Parents/guardians will be provided with written information about the activity/event/excursion. They must sign the Participant Agreement and Release of Liability Form (SAFE ENV FORM 4) for their child/youth to participate.
- e) Parents/guardians will provide contact phone numbers. The leader will have access to these phone numbers and will contact parents/guardians in case of emergency.
- f) At least two employees/volunteers will regularly and randomly monitor overnight activities.

- g) One or more employees/volunteers must have First Aid training. Information on allergies and any medical conditions must be provided by parents/guardians. (SAFE ENV FORMS 5, 6 and 7).
- h) The leader must report any incident of injury without assuming liability in any situation to the parents/guardians and to the Archdiocesan Office. The leader will record the incident using the Youth Accident Incident Report Form (SAFE ENV FORM 8). The completed form must be emailed or faxed to the Archdiocesan Office at the earliest opportunity after the incident for possible referral to insurance providers.

## **2. Overnight Activities/Events/Excursions at Archdiocesan Facilities/Properties:**

- a) Physical boundaries of the facilities must be clearly defined and explained to the participants.
- b) Facilities in which the overnight activities/events/excursions are held will be equipped with smoke detectors, fire extinguishers, and inside release doors. All participants will be made aware of fire exits and emergency procedures as required by law.
- c) Periodic facility inspections will be conducted by employees/volunteers. A Youth Facility & Activities Monitoring Checklist (SAFE ENV FORM 9) will be used to ensure all checks are documented.
- d) Employees/volunteers will be assigned to supervise specific groups of children/youth or vulnerable persons. Each supervisor will maintain a checklist of their group.
- e) If the group of children/youth or vulnerable persons consists of both genders, the following apply:
  - Employees/volunteers of both genders must be present;
  - Sleeping arrangements will be made according to gender;
  - If separate rooms are not available, there will be as much space as possible between genders;
  - If employees/volunteers must share rooms with children, youth or vulnerable persons, they must have their own beds and never change clothing in front of the children, youth or vulnerable persons.
- f) Supervision by employees/volunteers will be provided in high risk areas such as bathrooms, change rooms, etc., respecting privacy.
- g) At least two employees/volunteers will regularly and randomly monitor overnight activities.

### **3. Overnight Activities/Events/Excursions at non Archdiocesan Facilities/Properties:**

- a) Section 1 and 2 of this Policy will be followed where applicable when the activity, event or excursion is held at a non-archdiocesan facility/property.

#### **Private Homes:**

- b) Overnight accommodation at private homes is not recommended. In special circumstances when accommodation in private homes is required, prior approval by the Office/Pastor/Director is necessary.

#### **Cabins or Open Room Settings:**

- c) At least two employees/volunteers will regularly and randomly monitor overnight activities.

#### **Hotels, Retreat Centres or Separate Room Settings:**

- d) In a hotel, retreat centre or separate room setting,
  - Youth 14 years and over and vulnerable persons will be assigned to rooms based on gender and age. Employees/volunteers will have their own rooms whenever and wherever possible.
  - Youth 13 years and under must each be accompanied by their own parent/guardian.

Occasionally, we may take photographs of the children during classes or special events/outings. We may use these images in printed publications, or on our various websites and social media sites.

We need your permission before we can photograph your child for the above purposes. Please answer the questions below, then sign and date the form where shown. Please return the completed form as soon as possible.

1. May we use your child’s photograph in printed publications?  
Yes No (Please circle your answer.)
  
2. May we use your child’s photograph on the websites or social media sites?  
Yes No (Please circle your answer.)

Please note that the conditions for the use of these photographs are at the bottom of this form. Please also note that websites can be viewed throughout the world and not just in Canada where our laws apply.

Conditions of Use:

- This form is valid until another form changing your permission is signed, dated and submitted to the Church.
- We will not use the personal details, or full names (which means the first name and surname name) of any child in any photographic image on our website or in any printed publications.
- We will not include personal e-mail addresses, postal addresses, or telephone numbers on pictures, relating to the children on our websites or in printed publications.
- If we use photographs of individual children, we will not use the name of that child in the accompanying text or photo caption.
- If we use a name of a child in an article, we will not use a photograph of that child to accompany the article.
- We may use group photographs with very general labels, such as “group photo” or “Catechetics Class.”
- We will only use images of children who are suitably dressed, to reduce the risk of such images being used inappropriately.

I have read and understood the conditions for use:

Name of Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian’s Name (Please Print): \_\_\_\_\_

Parish Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occasionally, we may take photographs during special events/outings. We may use these images in printed publications, or on our various websites and social media sites.

We need your permission before we can photograph for the above purposes. Please answer the questions below, then sign and date the form where shown. Please return the completed form as soon as possible.

3. May we use your photograph in printed publications?  
Yes No (Please circle your answer.)
  
4. May we use your photograph on the websites or social media sites?  
Yes No (Please circle your answer.)

Please note that the conditions for the use of these photographs are at the bottom of this form. Please also note that websites can be viewed throughout the world and not just in Canada where our laws apply.

Conditions of Use:

- This form is valid until another form changing your permission is signed, dated and submitted to the Archdiocese of Keewatin-Le Pas or any of the churches within the Archdiocese.
- We will not use the personal details, or full names (which means the first name and surname name) of anyone in any photographic image on our website or in any printed publications.
- We will not include personal e-mail addresses, postal addresses, or telephone numbers on pictures, relating to you on our websites or in printed publications.
- If we use photographs of you, we will not use your name on any accompanying text or photo caption.
- If we use your name, we will not use a photograph accompany the article.
- We may use group photographs with very general labels, such as “group photo” or “Catechetics Class.”
- We will only use images of anyone who is suitably dressed, to reduce the risk of such images being used inappropriately.

I have read and understood the conditions for use:

Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Parish Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parish and Location: \_\_\_\_\_

Name/Type of Class: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher/Volunteer (1) Print Name: \_\_\_\_\_

Teacher/Volunteer (2) Print Name: \_\_\_\_\_

Name of Student (Print Name)	Name of Student (Print Name)

Signature of Teacher/Volunteer (1): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Teacher/Volunteer (2): \_\_\_\_\_ Date: \_\_\_\_\_

*(Please fill out one of these sheets for each class taught, one per day, and keep on file in Parish.  
When classes are completed, please send a copy of each attendance sheet to the Diocesan Office).*



I request that my child/youth

\_\_\_\_\_  
Name of child/youth

Be permitted to participate in the  
Catholic Archdiocese of Keewatin-Le Pas

\_\_\_\_\_  
Name of Office/Parish/Camp/Organization

Activity/event/excursion

\_\_\_\_\_  
Name of activity/event/excursion

On

\_\_\_\_\_  
Date(s) of activity/event/excursion

I understand that the event will include the following (list of activities.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a medical emergency involving my child/youth should arise during the activity/event/excursion, I understand that I will be contacted as soon as reasonably possible, and I authorize the archdiocesan office, parish, camp or organization and its staff and volunteers to obtain medical treatment for my child/youth, and to consent to medical treatment on behalf of my child/youth.

I understand that if my child/youth requires medication, the prescription medication will be in original containers and securely stored with the approved group leader. The medication will be self-administered by my child/youth, or by me ó staff and volunteers will not apply or dispense medication.

In consideration of my child/youth being permitted to attend at the activity/event/excursion, I, on behalf of myself, my child/youth, and our respective heirs, executors, administrators, and assigns, do hereby release the archdiocesan office, parish, camp, organization and its staff and volunteers participating at the activity/event/excursion (collectively, the "Releasees"), from any claims, demands, or actions arising out of any loss, injury or damage to my child's/youth's person or property at the activity/event/excursion, notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of the Releasees.

I understand that the archdiocesan office, parish, camp or organization may take photographs, video recordings, and audio recordings of the participants at the activity/event/excursion, including my child/youth, and I authorize the archdiocesan office, parish, camp, organization to do so. I further authorize the archdiocesan office/parish/camp/organization to use or publish any such images or recordings in its sole discretion.

I understand that my child/youth shall be required to abide by all of the rules of the activity/event/excursion, which will be provided to him/her, and that my child's/youth's failure to follow these rules may result in my child's/youth's immediate dismissal from the activity/event/excursion at my expense.

\_\_\_\_\_  
Print Name of Parent / Guardian

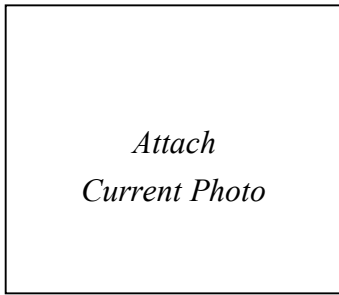
\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date (day/month/year)

**Youth Participant Medical Information Form**  
**Archdiocese of Keewatin-Le Pas**

**SAFE ENV FORM 5**

All the information received is confidential and is being gathered for the purposes of caring for your child.



Name \_\_\_\_\_  
Birthday \_\_\_\_\_ Gender M F  
dd/mmm/yy  
Primary Address \_\_\_\_\_  
City \_\_\_\_\_ PC \_\_\_\_\_

**Parent/Guardian and Emergency Contact Information** (check all that apply)

In Case of Emergency, contact: Mother/Guardian #1      Father/Guardian #2      Alt Contact

**Mother/Guardian #1**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Primary Contact No \_\_\_\_\_ Secondary Contact No \_\_\_\_\_

**Father/Guardian #2**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Primary Contact No \_\_\_\_\_ Secondary Contact No \_\_\_\_\_

**Alternate Contact**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Primary Contact No \_\_\_\_\_ Secondary Contact No \_\_\_\_\_

**Medical Information**

Name of Family Doctor \_\_\_\_\_

Phone Numbers of Doctor \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? Yes No

If yes, please explain \_\_\_\_\_  
Treatment for Condition \_\_\_\_\_

Does your child have any allergies? Yes No

If yes, list allergies \_\_\_\_\_  
Treatment for Allergies \_\_\_\_\_

Please list medication your child is bringing \_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** Written instructions and a current colour picture must be attached and given to the leader by the parent/guardian for EpiPens and asthma puffers as participants may be required to carry these on their person. See additional Release Form for EpiPen

**Medical consent and Permission to Administer EpiPen**

It is the responsibility of the parent/guardian to inform the employee or volunteer leader of the participant's allergy and EpiPen requirement during the registration process. The parent/guardian of the participant or the participant himself or herself must be in possession of the EpiPen when checking-in for the event. The EpiPen must be kept on the participant at all times and whenever possible a second EpiPen will be kept with the employee/volunteer leader. (The extra EpiPen will be returned after the event). If a participant is exhibiting the symptoms of anaphylactic shock and is clearly unable to administer the EpiPen on his or her own, a trained and designated volunteer will administer the EpiPen and contact EMS.

**Disclaimer**

The Catholic Archdiocese of Keewatin-Le Pas (office, parish, camp), its staff and volunteers, are not responsible for any death, injury, loss or damage of any kind suffered by any person who is administered an EpiPen.

**Description of Risks**

Anaphylaxis is a severe allergic response to specific triggers such as food, medication, insect venom, or latex. The most common signs of this life-threatening allergic reaction are swelling of the throat, swelling of the tongue, constricted breathing, and/or sudden outbreak of hives. Anaphylaxis can be fatal within minutes; either through swelling that blocks airways, or through a dramatic drop in blood pressure. An EpiPen is a fast-acting epinephrine injector that could save the life of someone who is experiencing an anaphylactic reaction.

**Release of Liability and Indemnification**

I \_\_\_\_\_ AGREE TO BE SOLELY RESPONSIBLE  
Name of Parent/Guardian

for any death, injury, loss, or damage that my child, \_\_\_\_\_  
Name of Participant

may sustain from the administration of any EpiPen. On behalf of myself, my child/youth, and our respective heirs, executors, administrators, and assigns, do hereby release the archdiocesan office, parish, camp, organization and its staff and volunteers participating at the activity/event/excursion (collectively, the "Releasees"), from any claims, demands, or actions arising out of the administration of an EpiPen to my child, notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of the Releasees.

**In order to participate in the activity/event/excursion, this Release Form must be signed by the parent/guardian.**

**Acknowledgement**

I \_\_\_\_\_ ACKNOWLEDGE THAT I HAVE READ  
Name of Parent/Guardian

the above Disclaimer, Description of Risks and Release of Liability and Indemnification. I also acknowledge that I understand, appreciate, and accept the risks associated with the administration of an EpiPen to my child, \_\_\_\_\_ and that I have executed this permission voluntarily on behalf of my child.  
Name of Participant

**Consent**

I \_\_\_\_\_ GRANT PERMISSION TO ADMINISTER AN EPIPEN  
Name of Parent/Guardian

if my child \_\_\_\_\_ has an anaphylactic reaction.  
Name of Participant

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ at \_\_\_\_\_



**Youth Accident Incident Report**  
**Archdiocese of Keewatin-Le Pas**

**SAFE ENV FORM 8**

The Archdiocese should be informed immediately by telephone and should receive a copy of this form in all cases of major (i.e. serious) accidents or injuries. Moderate and minor injuries should be treated without delay and reported using this form within three days, no matter how minor the injury.

Community: \_\_\_\_\_ Location: \_\_\_\_\_

Name of injured person: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Notified Yes \_\_\_ No \_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date: (MM/DD/YR) \_\_\_\_\_ & Time: \_\_\_\_\_ am / pm of accident.

Where did the accident occur: \_\_\_\_\_

Describe in detail how accident occurred: \_\_\_\_\_

\_\_\_\_\_

Exact nature and location of injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who, if anyone, witnessed the injury: \_\_\_\_\_

Witness Contact Information: \_\_\_\_\_

Classify the accident/injury:

- \_\_\_\_ Minor: Scratch, bruise, scrape, minor cut, minor sprain, etc.
- \_\_\_\_ Moderate: Serious cut more severe sprain, broken finger, etc.
- \_\_\_\_ Severe: Injury to eye, head, face, back, broken limb, etc.

Was injured person sent home? Yes No Taken to hospital/clinic? Yes No

Was injury treated? Yes No By whom? \_\_\_\_\_

Submitted by: \_\_\_\_\_

Leader/Volunteer Signature

Date

**Youth Facility & Activities Monitoring Checklist**  
**Archdiocese of Keewatin-Le Pas**

**SAFE ENV FORM 9**

Date of Program: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Name of Employee/Volunteer Leader: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

**Facility**

Emergency evacuation areas and exit routes identified

Emergency procedures communicated to participants

Smoke detectors located

Fire extinguishers located

Inside release doors tested

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Activities**

Time of monitoring: \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm

Initials: \_\_\_\_\_

Appropriate ratio of employees to children, youth and vulnerable persons for activity. Yes  No

Comments: \_\_\_\_\_

Interactions of employees with children, youth and vulnerable persons are appropriate. Yes  No

Comments: \_\_\_\_\_

Interactions among children, youth and vulnerable persons are appropriate. Yes  No

Comments: \_\_\_\_\_

Monitoring of Facility and Activities completed by: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Employee/Volunteer Leader: \_\_\_\_\_

Date & Time: \_\_\_\_\_

