



Youth Safety And Your Congregation



**Church
Mutual**
INSURANCE COMPANY

The Protection SeriesSM

Minimizing
the risk
of injury
during youth
activities.

*Since we began protecting
religious centers in 1897,*

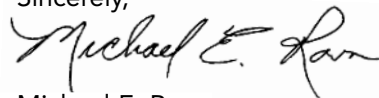
we at Church Mutual have watched ministries play an increasingly vital role in the lives of members. Perhaps in no other area has your influence grown more than in the number and variety of youth activities.

As your youth ministry grows, so does your liability exposure resulting from personal injury. By safeguarding your congregation's youth, you take an important first step in protecting their well-being — and shielding your congregation from the financial and emotional costs that result when injury, damages and lawsuits occur.

This booklet contains practical suggestions on how to handle emergencies involving youth. Most importantly, it provides information to help you prevent injuries by planning for safety — whether on youth group trips, at camp or in school or day care.

Our booklet is not intended to be a complete safety or emergency guide. We suggest that you contact your local public and private agencies for more comprehensive information. You also should consult with an attorney for legal advice regarding youth activities that you sponsor.

Sincerely,



Michael E. Ravn

President and CEO

Church Mutual Insurance Company



Liability and your ministry.

The death or injury of a member or guest, particularly when the loss involves a child, is a tragedy for the entire congregation. It also carries the potential for serious legal and financial consequences.

In most instances, religious organizations no longer are protected by “charitable immunity,” a practice based on the legal premise that because its assets are comparable to a trust fund, they could not be used for purposes other than those intended by donors.

Today, the courts assign the same legal responsibility — and liability — to religious organizations as they do any business. It is your obligation to protect your ministry from the potentially disastrous financial consequences — including awards for damages and legal fees — of a lawsuit. You can do this by transferring much of the financial risk to an insurance company. However, prevention should be your most important goal.

Following are several examples of tragedies — and their financial repercussions — that have struck during youth group outings of congregations across the United States.

- A 7-year-old boy lost his spleen and kidney after slamming into a tree while being towed on a tube behind a snowmobile. Amount of claim: \$323,800.
- The drowning of a 7-year-old girl went undetected for several hours because the religious organization had failed to establish a buddy system or maintain guidelines and boundaries appropriate to swimmers’ ability levels. Amount of claim: \$825,000.
- A 17-year-old girl suffered brain injury and blindness when she landed beyond a homemade mat while high jumping. Amount of claim: \$1.2 million.

- A boy, age nine, was killed during a hayride when he fell from a wagon without side rails — landing under the wheels of a trailing wagon. Amount of claim: \$650,200.
- Because proper tackling techniques had not been taught, a 17-year-old was paralyzed when he made an unsafe tackle during a football game. Amount of claim: \$400,000.
- A boy was left quadriplegic at age 15 from injuries suffered while somersaulting from an underwater ledge. Amount of claim: \$725,000.
- On their way to an amusement park, five youths and a driver were killed when their van crashed into the rear of a slow-moving semi-trailer. The driver had only two hours sleep the night before the trip. Amount of claim: \$500,000.
- A boy, age 16, sustained a fractured tailbone and deep lacerations when he dove under a moving ski boat. Overloading caused the prop of the boat to sink low in the water, which pushed the bow so high that the driver’s vision was obstructed. Amount of claim: \$303,000.
- A 15-year-old baseball catcher sustained brain injury from a collision with a player sliding into home plate. Rules for safe sliding had not been taught. Amount of claim: \$75,000.
- The front person on a toboggan, a 15-year-old boy, fractured his thigh bone when the sled hit a tree during a night run. Amount of claim: \$11,300.



Be prepared.

The best defense is indeed a strong offense. You can greatly reduce the potential for death, injury or damage by planning for safety and preparing to handle inevitable emergencies in a manner that will minimize injury, damage and chaos. Four general rules apply to youth activities:

- Always have enough competent, trained leaders for the number of children to be supervised. As a rule, the number of leaders needed will increase proportionately to specific activities' risk levels and when caring for younger children.
- At least one adult member of your group should be trained in first aid and CPR.
- Make certain that participants and their parents or guardians fully understand the nature of all scheduled activities.
- When supervising youth activities, always provide thorough instruction on safety rules corresponding to the specific activity.

Virtually any activity has the potential to cause an injury. However, certain activities are so inherently dangerous that we discourage religious organizations from sponsoring or participating in them. They include, but are not limited to:

- Bungee jumping
- Rodeos
- Parasailing
- Trampolines
- High diving board
- Scuba diving
- Skydiving
- Spelunking
- Fireworks displays
- Auto, boat, motorcycle or similar racing or speed contests

Safety committee.

Does your congregation have a safety committee? If not, you should consider dedicating such a group for the protection of your facilities, members and guests. Take advantage of the expertise that may already exist in your congregation by seeking the participation of medical professionals, educators, health and safety practitioners and lawyers.

Once established, your safety committee can help assess potential risks, take the proper steps to correct both existing and potential problems,

and monitor property and policy on an ongoing basis. They should examine the following areas from a risk and safety perspective.

- Inspection and maintenance of property and vehicles.
- Establishment of safety guidelines and checklists for activities and trips.
- Establishment of safety, first-aid and CPR training programs for staff members, volunteers, activity supervisors and participants. Local chapters of the American Red Cross® often sponsor free or low-cost training.
- Preparation and maintenance of comprehensive first-aid kits for use at, and away from, your facilities.
- Development of emergency response procedures, including notification of authorities, parents and key officials within your congregation.
- Provision of activity permission/liability release slips, medical history/medical intervention release forms, parent contact sheets and accident reports. Guidelines for the use of these documents also should be provided.
- Development of hiring codes and procedures for screening prospective staff and volunteers.



Motor vehicles.

Driver safety.

Drivers, quite literally, hold the safety of your youth in their hands. Driver selection and education are among the most crucial decisions made on behalf of accident prevention. Spare no effort in checking the references and driving records of all potential drivers. And don't allow teens to drive others during group excursions. The following qualifications are key to selecting or hiring drivers:

- The minimum age for persons used as drivers should be 25. Operators of buses and vans should have experience driving large vehicles.

All drivers should have at least a rudimentary knowledge of mechanics and be able to conduct vehicle safety inspections.

- Review potential drivers' records for accidents and violations.
- A health record will inform you of existing medical conditions and usage of prescription drugs that may interfere with safe driving.
- Select drivers who are committed to and knowledgeable about vehicle safety. Look, too, for those who have experience with the dynamics and special needs of children in a group setting. Face it, not everyone can drive a busload of exuberant children.
- Many states require operators of buses and large vans to have a valid commercial driver's license.
- Have enough eligible drivers available to prevent fatigue. If other drivers are not available, make frequent stops.
- Do not allow volunteers to drive their own or borrowed vehicles unless those vehicles are insured and carry adequate limits of liability, uninsured and underinsured motorist coverage.
- Let others know where you are going, what your route will be and when you intend to depart and return.

Vehicle safety inspections.

There are two standard safety inspections for vehicles you own. The first, a comprehensive vehicle inspection and preventative maintenance session, should be performed on a regular basis by a competent mechanic — one who specializes in the maintenance of that class of vehicle. Second, drivers should check the condition of cars, buses or vans before each trip. Driver inspection should include tire inflation and tread wear, fluids, brakes and lights. It is wise to work from a checklist. Order our Driver's Checklist at www.churchmutual.com.

On the road.

Minimize risk by instructing youthful passengers and enforcing these very basic safety rules.

- Never exceed the maximum passenger capacity for your vehicle.

- Always wear seat belts in vehicles where they are provided.
- Keep head and hands inside the vehicle at all times.
- Do not stand, sit on the floor or leave the seat when the vehicle is in motion.
- Establish a written policy banning the use of cell phones and other mobile devices while operating motor vehicles.
- Keep the center aisle free from clutter.
- Never throw anything out the windows.
- Noise should be kept within reason to avoid distracting the driver.
- Do not board or exit the vehicle until instructed to do so by the driver.
- Always obey the rules and instructions of the driver.

More information on transportation safety is provided in the Church Mutual Protection Series booklet, "The Road To Safer Transportation."

Hayrides.

- The vehicle should be operated by an experienced, qualified driver.
- Only trailers with sides at least four feet high should be used for hayrides.
- Riders should be instructed to keep their arms, heads and legs within the trailer.
- Do not overload the trailer. Overloading can reduce the vehicle's ability to brake on a downhill grade.
- Tow only one trailer per vehicle. This will reduce the risk of overloading and eliminate the danger of a passenger from the first trailer falling under the wheels of the following vehicle.
- Riders should be instructed that they are not to mount or dismount when the trailer is moving.
- Have a "spotter" in or on the vehicle and in the trailer to watch the trailer and to assist and communicate with the driver in event of an emergency.



Summer activities.

Boating.

- Know the waters on which you are boating.
- Provide a Coast Guard-approved life preserver or safety vest for every passenger. Children and non-swimmers should wear life vests at all times. It's a good idea for all passengers to wear them.
- Furnish each boat with the appropriate equipment, including: fire extinguisher, lines and anchor, flashlight, oars and/or paddles, first-aid kit, pump or bailer, horn or whistle, compass, drinking water and a chart of the body of water.
- Know the fuel capacity of your motorboat and don't allow it to run low.
- Boats should be piloted only by qualified, experienced personnel, well versed in watercraft safety.
- Always check the weather report; never boat when weather conditions are hazardous.
- Don't overload. The waterline should be above water.
- If a boat should capsize, occupants should stay together and use the overturned boat for flotation support.
- Whitewater rafting or canoeing should be attempted only when supervised by competent individuals experienced with the river.

Waterskiing.

- Ski boats should be piloted by a qualified operator who has experience towing water-skiers.
- Two people must be in the boat at all times when towing a skier — one to drive and the other to "spot" the skier.
- Each skier should wear a Coast Guard-approved life vest specially designed for water sports.

- Review communication signals to be used between the skier and the boat operator and spotter.
- Never ski in an area where swimmers are present or where boat traffic is congested.
- Completely shut off the motor when a skier or swimmer is either entering the water or boarding from the water.
- No more than two skiers should be towed at one time. When towing two skiers, tow lines should be of equal length.

Swimming.

- Youthful swimmers always should be directly supervised by an adult who has American Red Cross® or Boy Scout lifesaving certification.
- Test swimmers' ability levels and restrict them to areas designated for non-swimming, intermediate and advanced swimmers. Only experienced swimmers should venture beyond the 3 1/2-foot level. Church Mutual offers a free swimmer safety program.
- When supervising a larger group, use a "check-in/check-out" board to monitor swimmer participation.
- Divide groups into "buddies." A pair of buddies should remain together for the duration of the swim.
- Never swim or dive into unknown waters — check the water for depth, swimming conditions and submerged hazards. Limit diving to specially designated areas.
- Have lifesaving equipment — ring, rope and pole — on hand. A boat should be available if swimming in a lake or other natural body of water.
- Wait one hour after eating to swim.
- Exit the water immediately when lightning threatens.
- Don't use electrical appliances, such as radios and tape players, near the water.
- Forbid running and horseplay around pools and diving boards.

Water emergencies.

- Call for help.
- If a swimmer is in trouble, do not jump in the water. Only persons with lifesaving certification should attempt a rescue in the water, unless you are wearing a Coast Guard-approved life vest.
- Extend an object such as a pole or life buoy with an attached rope to the victim and tow him or her in from the side of the pool or beach. If you can't reach the victim, throw a flotation device for support until help arrives.
- If necessary, administer CPR.
- Treat the victim for shock.

Bicycling.

Plan bike trips with safety in mind. Most state's departments of transportation provide maps of recommended bicycle routes and advice on road conditions and hazards in specific areas. Each rider should have a copy of the route map and directions to destinations.

- Groups should be accompanied by a van or other vehicle capable of carrying injured or exhausted cyclists, their bikes and repair equipment.
- Wear bicycle helmets at all times.
- Assess riders' experience and physical condition to ensure that all riders are capable of completing the planned trip.
- Before starting on a trek, perform a maintenance check on each bicycle, including testing brakes and tire condition.
- Wear guard clips on pant legs.
- Encourage optimal visibility by making sure each bike is outfitted with reflectors and lights. Riders should wear highly reflective clothing. Never ride in the dark.
- On the road, a bicycle is subject to the same regulations and traffic signs as a motor vehicle. Ride single file, in small groups of six to eight people, including an adult supervisor.

- Maintain a safe distance between each bike. Stay to the far right of the road.
- Move entirely off the road — not just to the shoulder of the road — when making even brief stops.
- Downhill roads are especially treacherous for bicyclists. Reduce speed, increase the distance between bikes and watch carefully for stops and traffic at the bottom of the hill.
- Never bicycle at night or under poor weather conditions, such as fog, rain, ice or snow.

Games and athletic activities.

- Always provide an adequate number of supervisors.
- Use the proper equipment for the sport.
- Group children according to age, size and playing ability.
- Don't allow any game that carries the risk of head-on collision with another person or object.
- Avoid games where potentially dangerous objects are thrown, particularly if they might strike the face.
- Don't allow games that involve tree climbing.
- When playing games or conducting other activities in the dark, provide a flashlight for each person — and make sure they use it.
- Inspect playgrounds and athletic fields for unsafe objects and general condition. Don't play if the ground is wet.
- Do not use homemade ropes courses or zip line systems. Instead, buy or use commercial products, installed and maintained by trained personnel.
- When riding horseback, make sure riders wear helmets, stay on approved trails and are capable of handling their horses.
- When in-line skating or roller-skating, always wear appropriate safety equipment, including helmet, knee pads and wrist guards.
- Don't allow skaters to indulge in horseplay or form human "whiplash" chains.



Camping.

- Require your staff and campers to have a current tetanus shot.
- Inspect campgrounds for man-made and natural hazards.
- Are buildings safe and sanitary? Make sure that smoke detectors and fire extinguishers are in working condition.
- Check on the accessibility of emergency medical assistance, including medical and lifesaving professionals.
- Review the camp's procedures for staff screening and reference checks.
- Be aware of any special or unusual medical needs, including allergies, of your campers and staff.
- Provide protective railings if bunk beds are used.

Wilderness excursions.

- Take great care in selecting or hiring leaders — choose those experienced with “wilderness” camping, preferably with knowledge of the area in which you'll be camping.
- At least one member of your party should have lifesaving and CPR training. Take a well-stocked first-aid kit suitable for the conditions you may encounter.
- If planning an extended adventure, have a professional outfitter develop your list of equipment and supplies.
- Prepare for emergencies. Carry a two-way radio or cellular phone and emergency contact information. Also take medical history/release forms and family contact numbers for each person in your party. Note: The emergency number for cellular phones differs by area. Dial *611 to learn the number used in specific locales.

- When “roughing it,” take the best equipment available, including sturdy, waterproof tents.
- If camping in the wilderness, take adequate supplies, including food, water, clothing and shelter. Don't forget insect repellent.
- Do not allow anyone with your party to bring firearms.
- When plotting routes, be conservative in judging your group's capabilities. Use detailed, current maps of the area and establish an itinerary. Leave copies of maps and the itinerary with someone who won't be on the trip, but who can monitor your progress and notify authorities if a destination is not reached within the projected time frame.
- Don't pitch tents near trees or tree roots which attract lightning, in tall grass which may catch fire, or near stream beds or gullies which may be subject to flash floods.

Camping attire.

- In addition to athletic or hiking shoes, campers should bring a pair of hard-soled shoes or ideally, boots. Boots are a necessity for hiking and wilderness outings. Never allow campers to go barefoot.
- Clothing should be appropriate for the full range of weather conditions that may exist during the time of year of your outing. Each camper should have long pants, shirts and outerwear.
- The sun and warm temperatures of summer can be as treacherous as they are glorious. Always carry sunscreen, sunglasses and wide-brim or billed hats.

Heatstroke and heat prostration.

Symptoms of heatstroke and heat prostration include: headache, dizziness, nausea or abdominal discomfort, rapid increase or decrease in pulse rate, and fainting or unconsciousness. If you suspect heatstroke or heat prostration, have the person lie face up in a cool place out of the sun, seek medical assistance, offer cool fluids unless he or she is vomiting, and sponge the skin with cool water or rubbing alcohol.

Insects.

One out of every two people who die from poisonous stings die from an allergic reaction to bee, hornet or wasp stings. Seek medical help immediately if a person who has been stung experiences any of the following symptoms: swelling of the throat, difficulty breathing, dizziness, abdominal cramps or collapse. Campers who know they have an allergy to bee stings should carry a prescribed bee sting kit.

When youth activities occur in or near wooded areas which may harbor deer ticks or western black-legged ticks, there is a risk of contracting Lyme disease. If Lyme disease is suspected, seek prompt medical treatment. This disease can cause chronic arthritis, heart conditions, nerve damage and eye disorders when not treated.



Winter activities.

Sledding, tobogganing, tubing.

- Make certain runs are free from trees, rocks, hidden obstructions — and people.
- Position supervisors at the top, middle and bottom of the hill.
- Don't overload toboggans.
- Riders should always slide feet first.
- Don't pull tube riders behind a snowmobile. The tube offers no means of control and may be whipped into trees, stumps or other objects.
- Don't allow sledders or tube riders to form a "human chain" going down the hill.
- Be sure there is adequate area to stop at the bottom of the hill. Riders should not need to roll off their toboggan, tube or sled.

Skiing.

- Make sure participants and their parents or guardians understand that people can be injured skiing and that participation must be at their own risk.
- Take an alternate driver and vehicle in case a member of your party requires transportation for emergency treatment. Inspect all equipment for safety.
- Review the rules of safe skiing with all members of the group.
- Skiers should always wear eye goggles for protection from snow and the sun.
- Encourage your skiers to stay within their limits of skill. Pair "buddies" and small groups by ability level and instruct them to stay together at all times.
- If the weather is extremely cold, assign specific time intervals for "warm-up" breaks in the lodge.
- Skiers should let supervisors know where they will be skiing.

Ice skating.

- Check the ice for obstructions and thickness before skating on a natural body of water. As a guideline, ice should be a minimum of four inches thick — more if a large number of people are skating. Do not skate if there's any doubt about ice thickness.
- Use highly reflective traffic cones, roadblocks or signs to indicate unsafe patches of ice.
- Take a lifeline or pole that can be extended to a person who has fallen through the ice.
- Don't allow rough play on the ice. Falls can easily result in head injuries or broken bones.
- Provide opportunities for skaters to warm themselves in a shelter or near a warming fire.

Emergencies on the ice.

- Should the ice begin to crack, instruct skaters to lie flat on the ice with arms and legs outstretched, then to crawl toward safety.
- If a skater falls through the ice, call for help and immediately begin safe rescue procedures. Time is critical when someone falls through the ice. It takes only minutes for a victim to be overcome by hypothermia.
- Do not approach a person who has fallen through the ice. Instead, extend a lifeline, ladder, pole or tree branch and tow him or her to safety.
- If beyond reach, calmly instruct the person to swim to the edge of the ice and pull or push himself onto the ice. The victim then should lie flat on the ice, with arms and legs outstretched, and crawl to safety.
- Immediately treat for hypothermia. Seek medical assistance.

Hypothermia.

Prolonged exposure to low temperatures can cause hypothermia, a condition characterized by disorientation, lethargy and sleepiness, or loss of consciousness. If any of these symptoms exist, move the person to a warm place and get medical help immediately. Replace wet clothing with dry, warm clothing, cover the victim with blankets and offer sweet, warm liquids. If you are trained, give first-aid treatment. Remember: Although unconscious victims of hypothermia may appear dead, many will revive with CPR. Always continue CPR until emergency medical personnel are present.

Frostbite.

Frostbite may occur when skin is exposed to prolonged or intense cold. Ears, nose, hands and feet are the most common sites of frostbite. People with frostbite may experience stinging and burning of the skin, followed by a “pins and needles” sensation and numbness. Skin color will turn from red to gray, then to white. Treat frostbite by taking the victim to a warm place and placing affected skin in warm, not hot, water or applying warm compresses. Provide warm drinks and elevate frostbitten parts. Do not rub or massage the affected area — tender frostbitten skin actually may be rubbed off. Seek medical assistance.



Weather warning.

The forces of nature are always formidable adversaries, but they can be especially brutal if your youth group is isolated — as they often are on wilderness treks or on boating excursions. Be vigilant in monitoring weather reports issued by the National Weather Service, the Coast Guard, park rangers, your state highway patrol and commercial radio stations.

Consider purchasing a special weather radio or AM/FM radio with a “weather band” to access National Weather Service information. For more information, visit the National Weather Service’s Web site at www.nws.noaa.gov. There’s a tendency to be lax in allowing questionable activities near the end of a trip or activity — particularly if the weather has been bad. Don’t let your good judgment be swayed by pleas such as, “this may be our last chance to sail.” Never embark on any outing if severe weather threatens.



Facility hazards.

- Remove sharp objects such as pegboards or furniture with protrusions or sharp toys.
- Stairs and halls should be well-lit and free from obstructions. Cover stairs with a non-skid safety surface and provide handrails — on both sides if the stairway is more than 44 inches wide. Provide gates at the top and bottom of the stairs to prevent access by children.
- Doors with locks should be openable from both sides.
- Mark large glass doors or windows with tape or safety dots.
- Window screens won't stop falls. Either use stops to prevent windows from being opened more than five inches or install protective metal screens or fences.
- Cover all electrical outlets not in use.
- Poisons and medications must be well-marked and stored far from children's areas. Keep sharp objects, and small objects that could be swallowed, out of children's reach.
- Many cases of accidental poisoning occur when children eat plants common in the house, yard or garden. Identify and remove all hazardous plants from play areas.
- Clear playgrounds of broken glass, sharp rocks and other hazardous objects. Make sure playground equipment is well-anchored and in good working condition.
- Select toys suitable to specific age groups. Regularly inspect toys and play equipment for broken or loose parts.



Food safety.

- Keep cold food cold (less than 40°F) and hot food hot (145°F or hotter).
- Thaw frozen food in the refrigerator or microwave oven.
- Take special care storing and handling foods that are at high risk of developing harmful bacteria, including eggs, meat, poultry, seafood, mayonnaise and dairy products.
- Always wash hands thoroughly with soap and water before and after handling food.
- Don't taste to determine whether food is fresh or spoiled.
- Never eat food that is moldy or has an "off" odor.



Food poisoning.

Nausea, vomiting, diarrhea, prostration, and in severe cases, shock are all symptoms of food poisoning. Food poisoning can be a life-threatening condition. If suspected, seek medical help immediately.



Missing children.

- Provide an adequate number of supervisors for the number of children, their ages and the nature of activity.
- When on outings, never allow a child from your group to wander off or use the restroom unaccompanied.

- Teach all children the “stranger danger” rules. They must not talk to strangers, accept gifts from strangers or go anywhere with a stranger.
- Keep an eye out for strangers lingering around your group. Report unusual behavior to authorities.
- Never allow anyone to take a child from your supervision without written permission from the parent or guardian. Don’t break this rule, even if the child appears to know the person.
- A technique that assists in finding a lost child is to have each child imprint the bottom of their shoes with their name or a special symbol.



Sexual abuse and misconduct.

There is perhaps no greater betrayal of trust — and no act more difficult to understand — than the sexual abuse of a child. Tragically, reports of child sexual assault are increasing. The National Center on Child Abuse discloses that in 89 percent of cases, children are abused by people they know.

The impact of child sexual abuse is staggering. For the child, it can mean emotional trauma. It also is a severe test of a congregation’s faith. And the legal and financial repercussions can destroy your ministry.

Because the potential for damage is so great, it’s imperative that you take a proactive stance in deterring child sexual abuse. This can be achieved through preventative measures, including: selective hiring, supervisory guidelines and educational programs. You should also have written conduct standards/policies that provide parameters for online behavior and contact, including e-mail and social networking sites. Remember, too, it’s not just your moral obligation to report suspected cases of child sexual abuse; in many states it’s a legal obligation as well.

When sexual abuse is discovered, do not attempt to interview the child yourself. It is important, though, to reassure the child or children that:

- They are safe; no harm will come to them or their loved ones because the abuse was revealed.
- They are in no way responsible for the abuse.
- They are not being disloyal to the perpetrator by giving details of the abuse.

Reporting suspected child sexual abuse.

Immediately report any allegation of sexual abuse to your insurance company.

All 50 states have mandatory reporting laws; most require teachers, child care workers and certain counselors to report suspected molestation. Individual state reporting laws differ in such details as the time frame in which the report must be filed, the definition of sexual abuse and the organization to which a report must be made. Failure to report suspected child sexual abuse may be punishable by fines and/or imprisonment. If you are uncertain of the requirements in your state, seek legal advice.

More information on child sexual abuse is provided in the Church Mutual Protection Series booklet, “Safety Tips On A Sensitive Subject: Child Sexual Abuse.”



Emotional and behavioral emergencies.

Alcohol and drug abuse.

Alcohol and drug abuse pose a serious threat to users as well as the other members of the youth group. You should establish a policy covering crisis intervention and disciplinary measures to be taken when children, teens or adult supervisors abuse alcohol or drugs. Be alert for signs of drug and alcohol use among persons in your group.



Children with special needs.

Some children have physical limitations that must be addressed when planning activities. Acknowledging this, with training, extra effort and patience, the inclusion of children with special needs in your youth program can be an enriching experience for all. To learn more about working with youth who have special needs, contact the local or national service organization associated with individual disabilities.



Employment of minors.

Most states have labor laws for the employment of minors. Contact your state's equal rights division for guidelines that apply in your area.

- Review the laws in your state governing the hours a minor may work, the minimum wage you must pay youth employees and the occupations they may hold. For example, in many states, children under age 16 may not use power-driven machinery or serve as lifeguards.
- You might need to provide workers' compensation insurance coverage. Check with your state workers' compensation bureau for requirements in your state.
- Don't hire a minor who doesn't have a valid child labor work permit. This permit gives proof of the minor's age and helps ensure that your organization, the minor's parent or guardian, and the child are in compliance with applicable labor laws.



In a medical emergency...

The following information does not replace certified first-aid training or the services of medical and emergency personnel.

Despite the best planning and training, emergencies do occur. Children are particularly vulnerable. When a medical emergency strikes, the following steps should be taken immediately.

- Do not attempt to move a stricken person unless his or her situation presents an immediate, serious hazard. Make the victim as comfortable as possible. Keep him or her warm and provide protection from the elements. Administer first aid only if you have proper training.
- Remain calm and call 911 or other local emergency assistance. Be ready to clearly state the proper address, location and phone number. You also might be asked to observe the victim and provide specific information about his or her condition. Do not hang up until so instructed by the dispatcher.
- Once the victim is being cared for by medical personnel, prepare to provide any information that may be important in treating the injury or illness, such as details of the emergency and medical history, including pre-existing medical conditions and drug allergies. Get the names and telephone numbers of all witnesses.
- Notify the victim's family. Explain the situation calmly and accurately — do not attempt to offer a diagnosis of the medical emergency. Tell the family which hospital the patient is being taken to and the nature of care being provided.
- Cooperate with police and other investigators. Answer questions about the accident and give them contact information for the witnesses.

- Notify your insurance agent and provide details of the emergency and witness contact information. This will facilitate fast, equitable settlement of claims.
- See to the needs of others in your group. Witnessing a medical emergency or death is traumatic for all involved — especially children. Prepare to arrange support and counseling. Do not forget that you, too, might need support.



For additional safety information, contact:

Church Mutual's Risk Management Department, the National Safety Council, the U.S. Department of Labor, your local chapter of the American Red Cross®, or your local police and fire departments. In most cases, information is free.

Emergency Telephone Numbers:

Police: _____

Fire: _____

Ambulance: _____

Hospital: _____

Cellular Phone Emergency:
(differs by area) _____

Poison Control Center: _____

Suicide Prevention/
Crisis Intervention: _____

Church Mutual Insurance Company: (800) 554-2642

Notes:

Other Protection Series Booklets.

Visit our website at www.churchmutual.com to view, print or download additional copies of this booklet and others in the Church Mutual Protection Series at no cost.

- Crime-Proof Your Worship Center
- Fire Safety At Your Worship Center
- Make Activities Safer For Your Congregation
- Recognizing Your Liability Risks
- The Road To Safer Transportation
- Safety At Your Playground
- Safety Begins With People
- Safety Outside Your Worship Center
- Safety Tips On A Sensitive Subject:
Child Sexual Abuse
- Weather Protection For Your Ministry

Para obtener asistencia inicial en español puede telefonar al (800) 241-9848 o enviar un correo electrónico a la dirección espanol@churchmutual.com.

Listening. Learning. Leading. is a registered trademark of Church Mutual Insurance Company.

FM: S884 (6-2011) © 2011 Church Mutual Insurance Company



Listening. | Learning. | Leading.®

3000 Schuster Lane | P.O. Box 357 | Merrill, WI 54452-0357
(800) 554-2642 | www.churchmutual.com