

Youth Programs

Emergency Management Planning



Contact:
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Youth Program Information

Program Name

Program Director E-mail

Program Director Name

Program Director Emergency Phone

Program Director Work Phone

Program Location

Campus Location:

Sponsoring Department:

Other Location (If Applicable):

Safety and Risk Services

Office: (541)346-8070

Email: uoem@uoregon.edu

Departmental Contact

Name:

Office:

Mobile:

Email:

Police / Emergency Numbers

By Phone:

For emergencies, life-threatening situations, or crimes in progress, **call 9-1-1 on- or off-campus.**

Non-emergency assistance and information is available on campus by calling UOPD at (541)346-2919, and press 0. Off-campus, for non-emergencies, call Eugene Police at (541)682-5111, or Springfield Police at (541)726-3714.

In Person:

You may make a report at the UOPD Station, 2141 E. 15th Ave. in Eugene (at the corner of 15th Avenue and Walnut Street) during business hours, 8:00 a.m.-5:00 p.m., Monday-Friday excluding holidays. After hours, call (541)346-2919 and let the dispatchers know that you would like to come to the station to make a report, so that an officer can be present to let you in.

To report facilities emergencies for non University Housing or Athletics locations:

Campus Planning & Facilities Management - Work Control Center

Phone: (541) 346-2319

Email: workcontrolcenter@uoregon.edu

After Hours (after 4:30 PM) and Weekends (typically Saturday and Sunday), call UO Dispatch at (541)346-2919, and press 0.

Orientation and staff training plans for my program: (Check when completed)

Fire Safety and evacuation plans (stop, drop & roll, evacuation routes)

A communication plan that involves a signal/alarm to notify program staff of an emergency Severe weather plan and communications (Emphasize wildfire smoke and wildfire safety) Knowledge of designated emergency evacuation routes

Knowledge of appropriate shelter-in-place locations

Missing child procedures

Tips for changing location (head counts, take attendance, predictable routes, etc.)

Remind program staff of obligation to report suspected child abuse (and that notifying supervisor is NOT one of the University recommended procedures)

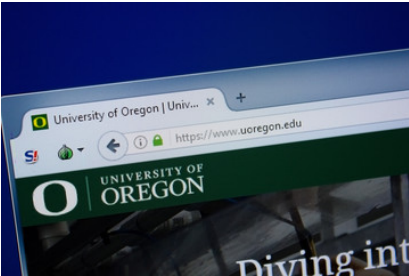
If your youth program is being facilitated by paid employees of the University of Oregon, you are a Campus Security Authority (CSA). A one time training is required for all CSAs. You can access the training here: <https://uomytrack.pageuppeople.com/learning/3230>

Please insert your notes for your Orientation and Training Plan in the box below:



ADDITIONAL RESOURCES

In an emergency, urgent, or crime situation that requires police, firefighter, and/or ambulance assistance, calling 9-1-1 should be your first response.



For further information regarding the University of Oregon's Emergency Management plans and procedures, visit: <https://safety.uoregon.edu/emergency-management-continuity>



For more information on weather related emergencies, visit the University of Oregon's Severe Weather Planning Guide at https://safety.uoregon.edu/sites/safety1.uoregon.edu/files/safety_sheet_-_events_severe_weather_planning_v2.pdf or The Department of Homeland Security's website at <https://www.ready.gov/>

COMMUNICATION PLAN

It is important to make sure that everyone is prepared and informed in the event of an emergency within your youth program. Staff may not always be together when these events take place and plans should be developed to make sure they are able to contact one another. In addition, there may be times when an emergency event will include communicating to individuals outside program operations, including Senior Leadership and Strategic Communications. A communications plan should include contact information for all individuals that may need to be notified in the event of an emergency.

Questions to consider:

- Who is in charge of notifying staff and Program Director in the event of an emergency?

- How do you contact this person? Additional contacts if unavailable?

- Based on the severity of the emergency, at what point should I contact UOPD? Do the youth participants parents need contacted? Who initiates this contact and when (how promptly)?

- Who is responsible for tracking camp roster and taking attendance in the event of and directly following an emergency?

- Who will let the participants know about the emergency and how will it be communicated?

- Develop an agreed upon emergency signal for your program. Who is responsible for activating signal?

- How will you notify program staff and program director of type of emergency (life threatening, non-life threatening, evacuation, shelter-in-place, etc.)?

- In times of transition (travel, lunch break, change of facility, etc.), who is responsible for ensuring a proper head count and/or attendance?

Roles of program staff during the Emergency Management Process:

- Provide predictable routes and routines during programs as much as possible as a form of routine communication, this step can help during an after and emergency.
- Provide emotional support and important emergency information to youth participants.

Emergency Communication Plan for My Program (Add your specific notes and questions in the box below):



MEDICAL EMERGENCY

When using a facility for a program, locate the facility's Emergency Evacuation Plan (typically posted in hallways), Automated External Defibrillator (AED), and Emergency First Aid Kit.

- **Call 911 immediately**
- Provide
 - location
 - nature of injury or illness
 - current condition of the victim and other requested information
- Remain on the phone until directed to hang up.
- **If the medical emergency occurred on the main Eugene Campus, please contact the UO Police Department at (541) 346-2919, and press 0.**
- Stay with the patient
- Contact patient's parent or guardian to inform them of the incident
- Do not move the victim unless he/she is in immediate danger
- If it appears an individual may cause harm to themselves or to others, **call 911 immediately**
- **If patient is taken to the hospital, staff must stay with them until family arrives or is released**
- Be sure to inform the Emergency Medical Team that arrives of any additional medical information the patient needs listed on their medication treatment authorization form. The form should be taken with to any medical treatment facility they are going to.
- If a camper is injured, and it is related to camp activities please complete the insurance claim form and provide a copy to the parents/guardian. Scan a copy to: riskmanagement@uoregon.edu
- If any staff are certified in any procedures (CPR, certified nurse etc), please list in the information below

Specific Information for My Program (consider after emergency care for responders such as the Employee Assistance Program or resources for students at the University of Oregon):



WILDFIRE SMOKE

Wildfire smoke collects in the Southern Willamette Valley due to a combination of factors, including the geography of the valley, the location of wildfires, and weather patterns during nearby active fires. Wildfire smoke can cause negative health effects to employees who are exposed while working.

When conducting youth programs, the UO follows the actions items outlined below which are more stringent than the Oregon OSHA requirements for exposure to wildfire smoke. Oregon OSHA implemented rules to limit employee exposure to wildfire smoke. The rules communicate certain actions that should be taken, by outdoor workers, when the Air Quality Index (AQI) reaches specific thresholds. The university has developed a Wildfire Smoke Exposure Control Plan to outline the roles and responsibilities of all employees to help reduce exposure.

AQI ACTION LEVELS FOR YOUTH PROGRAMS – FROM WILDFIRE SMOKE

AQI Levels	UO Action
AQI>100	Recommend that outdoor youth programs be suspended or moved indoors.
AQI>150	Members of the campus community are expected to use their best judgement in assessing the risk of smoke exposure related to coming and going to campus and participation in outdoor activities on campus, based on individual circumstances. When the AQI in Eugene reaches this level, a message will be posted to the UO Alerts blog.
AQI>200	Recommend that departments and units suspend or move outdoor events and activities indoors. ¹
AQI>250	UO hosted outdoor activities shall be suspended or moved indoors. If suspension or relocation is not possible, physically strenuous outdoor activity shall either be limited to 15 minutes per hour and 1 hour per day or shall provide participants a N95 respirator and recommend its use.

¹ Taking the following into account: Events and activities that involve prolonged or heavy exertion are higher risk. The following populations are at higher risk during these periods: people with heart and lung disease, children, pregnant women and older adults. If the event or activity continues, consider the impact for these groups.

WHAT TO DO:

- Supervisors of outdoor workers may reassign employees to indoor work where possible
- Take the Wildfire Smoke Safety Training on [MyTrack](#).
- Visit safety.uoregon.edu to read the Wildfire Smoke Exposure Control Plan.
- Download the free AirNow app or visit [AirNow.gov](https://airnow.gov) to monitor the Air Quality Index (AQI).
- Decide if you want to voluntarily wear an N95.
- Report smoke effects injuries and illnesses to your program manager. (Burning and tearing of eyes, sore throat, coughing, difficulty breathing, wheezing, fatigue, headache, irregular heartbeat, chest pain.)
- Call 911 and UOPD (541-346-2919, and press 0) for an emergency.
- **If your program would like to be notified via text when the Air Quality Index reaches the OSHA limits, please email riskmanagement@uoregon.edu.**

For the complete memorandum on Campus Wildfire Smoke Air Quality Guidelines, please go to: https://safety.uoregon.edu/sites/safety1.uoregon.edu/files/aqi_memo_120822.pdf

HEAT ILLNESS PREVENTION

Exposure to extreme heat caused by weather can increase the likelihood of a person suffering from a heat related illness such as heat exhaustion or heat stroke.

HEAT EXHAUSTION – Symptoms: headaches, dizziness, light-headedness, weakness, personality changes, irritability or confusion, stomach upset, vomiting, fainting, pale clammy skin. Actions: move person to cool, shaded area, lay on their back, loosen/remove heavy clothing, have them drink cool water, cool them by fanning. If condition worsens, call 911 for emergency help.

HEAT STROKE – Symptoms: Dry, pale skin (no sweating), hot red skin (looks like a sunburn), personality changes such as irritability, confusion, not making sense, seizures, collapse. **THIS IS A MEDICAL EMERGENCY!** Actions: call 911 for medical help. Move person to shaded area, loosen/remove heavy clothing, have them drink cool water, cool them by fanning, mist with cool water, apply wet cloth or ice to armpits and groin area.

Oregon OSHA has regulations in place to prevent heat related illnesses to employees. These regulations do not apply employees with incident exposures (less than 15 min per hour), to those who work in buildings with temperature controls, or to people conducting emergency work. The requirements are listed below although employees whose work is defined as 'rest' or 'light' work are subject only to the high heat practices.

Temperature	
>80° F	Routine Practices: <ul style="list-style-type: none"> • Access to shade (close to work area, large enough to accommodate everyone) • Access to water (cool or cold – below 77° F, enough for 32 oz/person/hour) • Ample opportunity to drink water
>90° F	High Heat Practices: <ul style="list-style-type: none"> • Effective communications for all affected employees • Ability to access emergency medical services • Determine heat index in buildings without temperature control • Implement Work Rest Schedule (See below)
Work Rest Schedule – Required after Heat Index of 90° or greater	
Heat Index	Rest Break Duration and Intervals
90° or greater	10 minutes, every 2 hours
100° or greater	15 minutes, every hour

What To Do:

- Download the NIOSH heat app to have real time heat index for your work area on your phone.
- Take the Heat Illness Prevention training, available online on MyTrack.
- Print, hand out, and review, [the Heat Stress Card](#) with employees so they can monitor signs and symptoms of heat illness amongst employees and program participants and take actions to provide aid to those who exhibit any heat illness symptoms.
- Be familiar with the [UO Heat Illness Prevention Plan](#).
- If you do not feel better in one hour, seek emergency care.
- **In an emergency, call 911 and UOPD (541-346-2919, and press 0), for immediate assistance!**

Specific Information for My Program:



FIRE

The youth program director is expected to review fire safety protocols and procedures with their staff during the youth program training session. These procedures include reviewing exit routes, designating meeting areas, and transporting children during an emergency. Remind youth participants the importance of **STOP, DROP, & ROLL**.

- Yell **FIRE** and **pull the fire alarm**.
- Leave the building with youth participants immediately using the closest emergency exit. Help those that need assistance including young children and people with disabilities.
- **If unable to exit the building, go to the nearest exit stairwell or assisted evacuation staging area and call 911 to report your location.**
- **Do not use elevators.**
- If trained, use a fire extinguisher if the fire is small and contained and room is not filled with smoke.
- Close doors behind you (**DO NOT LOCK**).
- Move to a safe location away from buildings or to your program's Designated Meeting Site.
 - Once here, take attendance of youth participants and program staff.
- **Call 911 when safe to do so.** Provide information on location and if anyone is still inside the building.
- Call the University of Oregon Police Department at (541) 346-2919, and press 0. Be prepared to provide your current location.
- Call Program Director to inform them of the incident.
- Re-enter the building only when instructed by Designated Public Safety Official(s).

Specific Information for My Program/Facility (including meeting sites and exits, and how fire/evacuation drills will be practiced during youth program orientation?)



FLOODING AND WATER LINE BREAKS

Flooding is a temporary overflow of water onto land that is normally dry. Floods are the most common natural disaster in the US. Floods may:

- Result from rain, snow, severe storms, and overflow of various water systems (inside and outside buildings)
- Accumulate slowly or rapidly.
- Lead to power outages, slow or even stop transportation, damage buildings, and contribute to landslides.

In the event that flooding occurs:

- Seek high ground and try to remain out of any standing or moving water. **Turn Around, Don't Drown. SIX INCHES** of moving water can knock a person down, **ONE FOOT** of moving water can sweep away vehicles.
- Regroup with the rest of program staff and participants at a safe, predetermined meeting location.
- **If flooding happens inside a building**, please quickly exit the building with your belongings and do not re-enter until you have been given the "all clear" sign by an electrician.

Notify UOPD at (541)346-2919, and press 0.

Specific Information for My Program



EARTHQUAKE

The following are some helpful tips that should be practiced routinely to help prepare for an earthquake:

- Drop to the ground, take cover under a sturdy object, and hold on until shaking stops.
 - If a sturdy object is not available, move to an inside corner of the room, crouch down, and cover face and head with arms.
 - Stay away from glass, outside walls or anything else that could fall.
 - Once the ground stops shaking, evacuate the building.
 - **If outdoors**, stay outdoors
 - Move to an open area away from trees, buildings, utility poles and lines, and large signs
 - If you are near a tall building, get inside the lobby to protect from possible falling debris
 - **After** an Earthquake
 - Be prepared for aftershocks
 - Check self and youth for injuries
 - Provide First Aid if needed
 - Do not move seriously injured people, unless they are in imminent danger
 - Check the immediate area for dangerous conditions that include fires, downed powerlines, and structural damages
 - Evaluate if evacuation is necessary
 - Call UOPD at (541) 346-2929, and press 0.
 - **Do not re-enter the building until a damage assessment is complete.**
-

Specific Information for My Program:



EVACUATION AND SHELTERING

In advance of an emergency, determine the nearest exits from your location and the best route to follow. Refer to building emergency evacuation plans and corresponding maps for further information (these are posted on posters throughout the University of Oregon facilities). Be sure to take attendance each time you arrive at a new location.

Assigned Emergency Evacuation Plan For Program/Facility:

Where is the evacuation plan of the facility being used for the Youth Program (if applicable)?

- Walk, do not run.
- Do not use elevators. Assist people with special needs.
- Determine and assemble at the designated meeting site.
- Do not re-enter spaces to retrieve personal items.
- Wait for instructions from the Designated Public Safety Official(s).

Designated Shelter in Place During Youth Program:

What facility is the designated Shelter in Place location during the Youth Program (if applicable)?

Safe areas include:

- Enclosed buildings
- Fully enclosed metal vehicles with a hard metal roof and windows up
- Low ground areas as a last resort (ditches, bottom of hill) – assume a crouched position – minimize your body area – do not lie flat

Safe locations may be situationally dependent. Youth Programs should consider each type of incident to determine the safest locations given the situation.

Unsafe areas include:

- Open fields
- Golf carts or gators
- Metal bleachers (on or under)
- Fences
- Umbrellas, flag poles, light poles
- Tall trees
- Pools of standing water

Fire or Smoke and You Cannot Evacuate:

- **Call 911** and tell them your name, your location, that you are unable to evacuate, and why you are unable to evacuate the building.
- If safe to do so, go to the nearest stairwell and tell someone who is evacuating to notify emergency personnel of your location and that you are unable to evacuate the building.

Specific Information for My Program (including meeting sites and exits, the types of situations we may need to consider, and how communication would happen between the program and parents/guardians)



MISSING OR KIDNAPPED CHILD

-
- Stay Calm
 - Stop the current activity and ask assigned buddy or group where they last saw the child and if they know where they went
 - Begin to call for assistance so proper youth program ratios are upheld, this will allow for an immediate search of the area to begin
 - **Contact University Police at (541) 346-2919, and press 0, to assist in search.**
 - If you are not at the main Eugene campus location, call 911 and report to the UOPD non-emergency line.
 - Provide the following information to emergency officials:
 - Name
 - Hair Color
 - Age
 - Size/Height
 - Weight
 - Unique characteristics
 - Clothes they were last seen wearing
 - When and where they were last seen
 - Call the Program Director to notify them of the start of search, provide them with child's information replayed to the police.
 - Continue search of the surrounding area/facility (check cupboards, closets, other rooms, etc.)
 - Notify parent/guardian of search for their child
 - If the child is found, follow-up with all contacts to call off the search.
- In order to prevent a youth participant from becoming missing or kidnapped. Program staff should:
- Routinely count the number of participants they are responsible for
 - Communicate to the participants that they are to notify program staff if they cannot find their assigned "buddy"

Specific Information for My Program (Consider who you would need to contact if your program is not located on the main Eugene campus, how you can utilize the forms listed in the appendix):

REUNIFICATION PLAN

In the event of an emergency, evacuation, or unforeseen disaster, it is important to have a reunification plan that guides us in reconnecting youth participants with their parents/guardians when needed.

Steps of Reunification plan:

- Prior to the start of your program, consider: your alternate location to reconnect families with youth program participants, how you would communicate to program participants and families, how staff would gain access to emergency contact information, and how you would ensure the identity of those authorized to pick up a program participant.
 - Consider using the planning resources listed in the appendix.
- Once an event has occurred:
 - Notify Program Director and UOPD of utilization of Emergency Management Plan
 - Program Director assesses situation and determines that additional steps need to be taken (severity of the current situation prompts the need for the reunification process)
 - Communication (calls, texts, emails) to youth participants parents/guardians/emergency contact
 - Selection, gathering, and advertising of a meeting place where participants will wait until picked up by a parent, guardian, and/or emergency contact
 - Confirmation of the adult via Photo ID and registration form to pick up their child
 - Collaborate with local emergency personnel if additional steps are required

Specific Information for My Program (Consider contacting UOPD to review your reunification plans prior to the start of your program):



FIELD TRIPS OR TRAVEL

- Prior to departure, program staff needs:
 - Child list by assigned vehicle
 - Counselor/supervisor list by assigned vehicle
 - Map of intended route
 - Participants emergency and medical information/supplies
 - Name and contact information
 - First aid kit
 - To be seated throughout the vehicle, this is to ensure proper supervision in case of injury due to an emergency
 - Call 911 if emergency medical treatment or the police are required
 - Attend to any immediate medical needs if there are any injuries
 - Contact campus and provide updates and actions being taken on-scene
 - Program Director will contact parents/guardians and provide updates and future meeting or pick-up locations
-

Specific Information for My Program (Consider pick-up location and child care times):



SUSPICIOUS PACKAGE

Mail and packages can be used to deliver suspicious and potentially hazardous materials. Before opening, take care to examine the item for anything unusual. Examples of issues that might raise concern:

- Oily or stained
- Excessive tape or string
- Strange odor
- Misspelled words or names
- Lopsided or uneven package
- Excess postage, no postage, or uncanceled postage.
- No return address or nonsensical return address.
- Handwritten or restrictive notes such as “To be opened in the privacy of”, “Confidential”, “Your Lucky Day is Here”, or “Prize enclosed”
- Objects or packages arriving before or after suspicious calls.

If a package is unusual or as stated above:

- Do not open, smell, touch, or taste any contents of the package.
- Leave the area, isolate it by shutting doors behind you, as you leave.
- Do not use your cell phone within 300 feet.
- Treat it as dangerous.
- Call UOPD at (541)356-2919, and press 0. (Or 911 if your program is not occurring on the main Eugene campus.)

After:

- Instruct those who have had contact with the suspicious object to wash their hands with soap and water.
- Make a list of everyone who has had contact with the package, including their contact information.

Specific Information for My Program (including what type of identifying marker will program staff use on bags used by the program?):



BOMB THREAT

Stay calm and obtain as much information as possible from the caller and report the threat immediately to 911. **DO NOT HANG UP.**

Be sure to note:

- Precise time of the call.
- Caller's exact words.
- Noticeable characteristics of the caller (gender, age, calm/angry, excited/slow, etc.).
- Information regarding the device and possible location.
- Background sounds (machine, voices, street noises, music, etc.).
- Threat language (well spoken, taped, irrational, foul, incoherent, etc.).

Ask the person questions, such as:

Where is the bomb located?

When will the bomb explode?

What does the bomb look like?

What kind of bomb is it?

What will cause the bomb to explode?

Specific Information for My Program

ACTIVE THREAT - RUN, HIDE, FIGHT

Call 911

Run, Hide, Fight

The University's Active Threat Response is based upon three action steps: run, hide, and fight. Please note that run, hide, and fight action steps may not always occur in this order, so memorizing them all as possible options regardless of order is a key to quick response.

Run

- Have an escape route and plan in mind.
- Make sure it is safe to leave the area you are in. Use your eyes and ears to determine if it is safe to run.
- Leave your belongings behind.
- Keep your hands visible.
- Once in a safe place, call police and give detailed information about what is happening. Don't assume someone else has already called the police.

Hide

- If unable to run from the danger, your second option should be to hide.
- Find a place that's out of the attacker's sight and remain quiet.
- Do not huddle together, because it makes an easier target.
- Lock and barricade doors with whatever is available.
 - Desks, chairs, door wedges, etc.
- Shut off lights.

Fight

- Fighting is a last resort to be used only when your life is in imminent danger. (However, sometimes fighting may be the first and only option.)
 - Find an object to use as a weapon, such as a fire extinguisher, backpack, book, or chair.
 - Attempt to incapacitate the attacker; commit to your actions; work with other to disable the assailant.
-

Specific Information for My Program (including meeting sites and exits, reunification plans, missing children, and when program staff will need to make a choice for all program participants):



THREATENING PHONE CALLS

-
- Threats made against program staff or participants are usually received by telephone. Most of these threats are made by callers who wish to create an atmosphere of anxiety and panic, **but all such calls must be taken seriously and handled as though the individual intends to harm the individuals whom they are threatening.**
 - **Get another person to call 911 or UOPD while they are on the line.**
 - Keep the caller on the line by asking questions.
 - **Ask a lot of questions-** Permit the caller to say as much as possible without interruption.
 - **Take notes on everything said and on your observations about background noise, voice characteristics, etc.**
 - Make the appropriate notifications to the Youth Program Director **and** to the UO Behavioral Evaluation and Threat Assessment (BETA) Team: <https://betateam.uoregon.edu/report-a-concern>
-

Specific Information for My Program:



POWER OUTAGE AND UTILITY FAILURES

In the event of a power outage or utility failure, many campus facilities are equipped with emergency generators to power critical operations. Most buildings are provided with emergency lighting to aid in the safe evacuation. Report the outage to the appropriate authorities for your location. (This is UOPD if you are at the main Eugene campus.)

Be prepared:

- Keep a flashlight with spare batteries immediately accessible.
- Know how to locate the closest exit

In the event of a large-scale power outage:

- Remain calm.
- Building evacuation may become necessary.
- Do not light candles or any other types of flames for lighting.

Utility failures include power outages, gas leaks/unusual odors, or broken or malfunctioning life-safety equipment. If the utility emergency poses a public safety threat or emergency, contact UOPD at (541) 346-2919, and press 0.

Be prepared to provide failure type, location, and approximate time of the failure. Officials may decide to evacuate a building due to utility failures. If not on University property, be aware of the procedures for that building in case of a utility emergency.

Specific Information for My Program:



ELEVATOR ENTRAPMENT

DO NOT EXIT a stalled elevator until help arrives.

Press the **EMERGENCY PHONE BUTTON** to connect to Police. **If unable to connect, call UOPD at (541)346-2919, and press 0.**

PUSH the ALARM BUTTON.

REMAIN in the Elevator.

WAIT for the Elevator Technician and/or Designated Public Safety Official(s).

This is the only time during a program when a youth participant(s) may truly be by themselves. Please educate your youth participants on the steps and procedures when stuck in an elevator. Remind youth participants that **NO JUMPING** is tolerated while riding in an elevator.

Specific Information for My Program:



HAZARDOUS MATERIALS SPILL

- Do not attempt to clean unless properly trained in managing chemical spills.
- **Secure the area, call 911** and provide information on location and type of release or spill.
 - If safe, shut doors to help contain the spill in the room it occurred.
- Report the incident to the University of Oregon Police Department by calling (541) 346-2919, and press 0.
 - Additionally, make a report to the Risk Management and Insurance Office by calling (541) 346-8316
- Evacuate all personnel from the immediate work and/or laboratory area; if the release or spill has the potential to impact a larger area, activate the building's fire alarm and follow evacuation procedures.
- Use safety showers and/or eye rinses if you or your participants comes into physical contact with a hazardous materials spill.

For more information about this subject please contact the Hazardous Materials Group at (541) 346-3192.

Specific Information for My Program:



REPORTING SUSPECTED CHILD ABUSE

University of Oregon Employees are required to report child abuse and neglect.

Employees of Oregon higher education institutions are by law subject mandatory reporters of child abuse and neglect. For a current and complete list of public or private officials who are mandatory reports please refer to Oregon Revised Statute 419B.005 (3).

The university recognizes both its institutional and legal obligations to ensure the safety and wellbeing of minor children that are on campus, in university facilities, participating in university-sponsored events, or involved with university affiliated individuals. Visit the Youth Programs webpage for required actions, tools, and resources for comply with the university's Protection of Minors Policy.

Pursuant to the Oregon Child Abuse Reporting Statutes and university Protection of Minors policy, all university employees have a duty to make a report to the Oregon Department of Human Services or a law enforcement agency when there is reasonable cause to believe any child with whom the employee comes in contact has suffered abuse or that any person with whom the employee comes in contact has abused a child. **For instances that related to UO authorized activities, UO employees are expected to make the report immediately to the University of Oregon Police Department. (541) 346-2919, and press 0.**

The university will conduct criminal background checks for any university employee or volunteer working in youth programs consistent with university policy on background checks and applicable Collective Bargaining Agreements. If a criminal background check reveals information that could affect the individual's suitability for their role in the youth program, the university will follow its usual policies and procedures regarding confidentiality, assessing the results, informing the youth program and the individual, and any other processes. Background checks are required every two years.

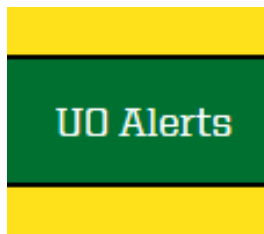
Make a Report:

- Follow the instructions provided on the Department of Human Services website.
- Submit reports to the Oregon Department of Human Services at **1-855-503-SAFE (7233)**.
- If the individual is also an UO student, you may also need to file a report with the Office of Investigations and Civil Rights Compliance and to meet your Clery Act obligations.

For more information on your reporting obligations, the Office of Investigations and Civil Rights Compliance website and the Clery website have further information on meeting your reporting obligations.

For questions about UO Mandatory Reporting of Child Abuse and Neglect, please contact Jen Mirabile, at mirabile@uoregon.edu or (541) 346-2195.

Specific Considerations for My Program:



UO ALERT

The program director of the youth program staff should always be monitoring the UO Alert system for any immediate or impending emergencies and campus security threats.

The University of Oregon employs a comprehensive, coordinated, and collaborative crisis and emergency management system to protect lives (human and animal), the environment, and property, and to continue necessary critical functions by building, sustaining, and improving the capability to mitigate against, prepare for, respond to, continue operations during, and recover from natural disasters, acts of terrorism, or other human-caused crises or disasters.

The ALERTS page is part of the University of Oregon's Crisis and Emergency Notification System.

The ALERTS page is used to provide emergency related information to the campus community, when and if it becomes available. The main webpage can be altered to provide incident specific information or simple alerts.

The ALERTS page allows the university to disseminate information beyond those directly associated with the university.

The UO ALERTS page can be found at: <https://alerts.uoregon.edu/>

Specific Information for My Program (Consider who will monitor the UO alerts page in the absence of the program director, the circumstances you will adapt your program based on alerts received, and how you will communicate those changes to families of program participants):



HEALTH SAFETY PLAN

The Youth Program health safety plan is designed to provide information on how to assist with different programming aspects such as design, training, and response to promote the positive health of our staff and participants. This health safety plan may include CPR and First Aid Training.

First aid refers to a wide range of initial treatment given to an injured individual at the site of the incident. This can cover minor cuts and abrasions to larger responses such as CPR. In-depth training and knowledge is not required to give first aid. However, First aid training is important to give you the tools to best help the injured party and protect yourself from contact with potential bloodborne pathogens in the process. Training is required for certain positions at the University and encouraged for all others.

CPR stands for cardiopulmonary resuscitation and is a form of first aid. It is a emergency procedure combining chest compressions and often rescue breaths for individuals in cardiac arrest. If done correctly, CPR can help to preserve brain function until normal heart rhythm can be re-established through the use of an AED (automated external defibrillator). Prior training is important to understand the mechanics of giving effective, life saving CPR in an emergency.

You can sign up for CPR and First Aid training through Physical Education and Recreation at: <https://rec.uoregon.edu/firstaid>. Additionally, your health plan should include the location of the first aid kit and the closest AED to your program area.

If there is a child attending a youth program who carries an anaphylaxis and epinephrine auto-injector, there must be a trained program staff member in the immediate vicinity (an area in which an individual is physically present and can see, hear, direct, and assess the activities of the child) of the youth participants at all times. [This American Red Cross training](#) will teach you the signs and symptoms of anaphylaxis and how to care for a person having a severe allergic reaction, including how to administer epinephrine using an auto-injector device. The course, which includes video, activities that reinforce key information and a learning assessment, will take approximately 30 minutes to complete. The cost of this course is \$35.00.

Specific Information for My Program:

Appendix of Helpful Documents

Emergency Contact Information Form

Child's Name	Date of Birth M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary <input type="checkbox"/>	
Parent's/Guardian's Name	Parent's/Guardian's Name	
Cell Phone Work Phone	Cell Phone Work Phone	
Address:	Address:	
City, ST ZIP Code	City, ST ZIP Code	
Email Address	Email Address	
Is there a legal document affecting child custody rights? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Emergency Contacts		
In the case of an emergency, we always try to contact parent/guardian first. However, we are required to have an emergency contact other than the parent(s).		
Primary Emergency Contact	Secondary Emergency Contact	
Cell Phone Work Phone	Cell Phone Work Phone	
Address	Address	
City, ST ZIP Code	City, ST ZIP Code	
Additional Pick-up Authorization		
These people are authorized to pick up your child and must show photo ID.		
Name:	Phone number:	Relationship:
Name:	Phone number:	Relationship:
Name:	Phone number:	Relationship:
Stay Connected with Campus		
The University of Oregon places the security and safety of its students, employees and visitors as its highest priority. Parents and Guardians can stay informed by bookmarking the UO alerts page. https://alerts.uoregon.edu/		

Health Permissions and Medical Information Form	
Child's Name: _____	Date: _____
Allergies	
** Allergies may require an allergy plan on file prior to program participation**	
Does your child have any food allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered yes, please provide details below:	
Please check mark the following places your child can be around the allergen?	Does your child have any non-food allergies? Please list below:
Table <input type="checkbox"/>	
Room <input type="checkbox"/>	
Building <input type="checkbox"/>	
Is medication needed? If so, explain:	
University of Oregon does not have Epi Pens on site for general emergency use. An allergy plan should be on file prior to program participation.	
Medications	
Is your child currently taking any medications? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please list if applicable:	
Special health considerations we should be aware of:	
My child may be given prescribed medication with written parent consent Yes <input type="checkbox"/> No <input type="checkbox"/>	
My child may be given non-prescribed medication with written parent consent Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent's/Guardian's Signature _____	Date _____
Medical Information	
In the event of an emergency, staff members will call 911. The parent or guardian of the child is notified as soon as possible.	
Hospital/Clinic Preference _____	
Physician's Name _____	Physicians Phone # _____
Insurance Company _____	Insurance Phone # _____
Policy Number _____	
Sick child policy	
I understand that if my child becomes ill, I will find alternative care until my child is symptom-free (of fever, diarrhea, vomiting, communicable disease as defined by Lane County Health department) for 24 hours.	
Parent's/Guardian's Signature _____	Date _____

Assumption of Risk / Release & Indemnification of All Claims / Covenant Not to Sue

PLEASE PRINT

Activity Information	
Group:	Date(s):
Activity:	
Activity Description:	
Activity Leader (name, title and phone number):	
Department:	

Participant Information	
Name:	Date:
Email address:	Phone number:
Emergency Contact (name and phone number):	

In consideration of being permitted to participate in any way in the above-described activity (hereinafter called the "Activity"), I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge, and covenant not to sue the State of Oregon, the Board of Trustees of the University of Oregon, and the University of Oregon (collectively, hereafter called the "University"), their officers, employees, and agents from liability from any and all claims including the negligence of the University, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), property loss, economic loss, emotional distress, psychic injury, pain or suffering of any kind, and damages arising from, but not limited to, participation in the Activity.

Name of Participant (please print legibly): _____

Signature of Participant: _____ Date: _____

Assumption of Risks: Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Authorization to participate should not be construed as a requirement to participate. The specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to (3) insect bites, parasites, and other diseases, to (4) catastrophic injuries including paralysis and death. In-person activity during the COVID-19 pandemic carries enhanced risks that cannot be eliminated regardless of the care taken to avoid illness or injuries. The University cannot guarantee safety or immunity from the coronavirus. Given the extraordinary coronavirus pandemic, in addition to the above, there is the risks of:

- Contracting, exposure to, and infection resulting from the coronavirus, other viruses or bacteria;
- Quarantine or other inability to travel.

I acknowledge that the above list is not inclusive of all possible risks of participating in the Activity, and I am aware of the risks involved whether described or not. I am aware of how to access information from the Center for Disease Control, the Oregon Health Authority, Lane County Public Health, and similar government agencies to understand updated risks related to the coronavirus pandemic. I agree to make sure that I know how to safely participate in the Activity, and I agree to observe any rules and practices that may be employed to minimize the risk of injury. I have read the previous paragraphs and I know, understand, and appreciate

Assumption of Risk / Release & Indemnification of All Claims / Covenant Not to Sue

these and other risks that are inherent in the Activity. I hereby assert that my participation in the Activity is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY, DEFEND, AND HOLD the University and its officers, employees, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Medical Treatment Authorization: I understand that an emergency may develop which necessitates the administration of medical care. In the event of injury or illness, I authorize the University to secure appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment for me.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

PLEASE READ THE ENTIRE AGREEMENT BEFORE SIGNING.

Name of Participant (please print legibly): _____

Signature of Participant: _____ Date: _____

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST AGREE TO AND SIGN BELOW.

NAME OF PARENT OR LEGAL GUARDIAN (please print legibly): _____

PARENT OR LEGAL GUARDIAN SIGNATURE: _____ DATE: _____



Model Release

I, the undersigned, irrevocably grant the University of Oregon permission to publish, republish, adapt, exhibit, reproduce, modify, make derivative works, distribute, or display my name, image, voice, written testimony, and biographical information in connection with any university product or service. This permission applies to all markets and in any media or technology now known or hereafter developed. The university may exercise any of these rights itself or through any commercial or nonprofit successors, transferees, or licensees.

I waive any right to inspect or approve any work that bears my name, image, voice, written testimony, and biographical information.

Please indicate agreement by signing below. Any releasee under age eighteen must have parent or guardian cosignature.

Name (please print) _____

Phone _____

E-mail address _____

Signature _____

Parent or guardian cosignature (if releasee is under age eighteen)

Notes

Office use

Date _____

Artist _____

Project _____

Model Release

I, the undersigned, irrevocably grant the University of Oregon permission to publish, republish, adapt, exhibit, reproduce, modify, make derivative works, distribute, or display my name, image, voice, written testimony, and biographical information in connection with any university product or service. This permission applies to all markets and in any media or technology now known or hereafter developed. The university may exercise any of these rights itself or through any commercial or nonprofit successors, transferees, or licensees.

I waive any right to inspect or approve any work that bears my name, image, voice, written testimony, and biographical information.

Please indicate agreement by signing below. Any releasee under age eighteen must have parent or guardian cosignature.

Name (please print) _____

Phone _____

E-mail address _____

Signature _____

Parent or guardian cosignature (if releasee is under age eighteen)

Notes

Office use

Date _____

Artist _____

Project _____



Youth Program Child Self-Check in/Out Permission Slip

I give my permission for _____

To _____

On (date) _____

Comments / notes _____

Signed _____
(Parent / Guardian)

Date ____/____/____

Parent / Guardian's phone number (home) _____

Parent / Guardian's phone number (cell phone) _____



University of Oregon Camps Accident Insurance Program

2023-2024

Welcome to the University of Oregon Camp Accident/Injury Medical Expense plan administered by A-G Administrators on behalf of QBE Insurance. This policy is designed to provide primary accident medical benefits. Please see the following schedule of benefits, frequently asked questions and instructions for submitting a claim. Additional terms, conditions and limitations may apply.

Schedule of Benefits

Accident Medical Expense Benefits	\$25,000
Benefit Period	26 weeks from the date of the covered accident
Deductible applies to each covered accident	\$0
Covered Expense	Benefit Amount, Percentage, Other Limits
In-Patient Hospital Services	
Daily ICU or CCU Benefit	100%, up to two times the average semi-private room rate
Daily In-Hospital Benefit	100% of the average semi-private room rate
Miscellaneous Services	100%
Ambulatory Medical Center	
Emergency Room Treatment	100%
Physician Services	
Surgery Benefit	100%
Assistant Surgeon	100%
Physician's Surgical Facilities	100%
Second Opinion or Consultation	100%
Physician's Assistant	100%
Anesthesia Benefit	100%
Inpatient Visits	100%
Office Visits	100%
Outpatient X-Ray, CT Scan, MRI and Laboratory Tests	
MRI and Laboratory Tests	100%
Outpatient Physiotherapy	100%
Outpatient Nursing Services	100%
Ambulance Services	100%
Medical Equipment Rental	100%
Medical Services and Supplies	100%
Covered Services include:	
(a) initial artificial limbs, eyes and larynx, including fitting, and	
(b) replacement or repair of damaged eyeglasses, contact lenses or hearing aids.	
Dental Services	100%
Prescription Drug Benefit	100%
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS	
Principal Sum	\$10,000
Loss must occur within	365 days of the Covered Accident
Schedule of Covered Losses	
Covered Loss	Benefit
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	100% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing in Both Ears	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
SHORT-TERM EMERGENCY SICKNESS BENEFIT	
Short-Term Covered Activity	Overnight Sport and Non Sport Camps
Period of Covered Activity	Duration of any overnight Camps
Benefit Period	180 days
Emergency Sickness Benefit Limit	\$1,000
Deductible	\$250
Benefit Percentage	100%
Scope of Coverage	Primary

Frequently Asked Questions:

“What do I do if I am injured during a UO Camp or Clinic?”

Seek appropriate medical care and notify the UO camp or clinic representative of the incident.

“Who is covered?”

All Campers registered for sports camp activities and activities other than sports

“What is Covered?”

Covered Accident means a sudden, unforeseeable event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions: occurs while the Covered Person is insured under this Policy; and is not otherwise excluded under the terms of the Policy.

“What are the benefits of this plan”

If you suffer a covered accident injury, the insurance plan will pay up to \$25,000 per covered injury.

“How do I file a claim?”

A-G Administrators (A-G) is the plan administrator for the University of Oregon Camps injury medical expense program. All charges must be submitted to A-G on behalf of the camper. To be considered a valid claim and in order to make payment for a charge on a camper’s claim, A-G must receive the following three pieces of information:

1. Completed and signed claim form;
2. HCFA/UB Forms- submitted from the camper, primary insurance carrier or medical Provider; and,
3. Explanation of Benefits – submitted from the camper’s primary medical insurance plan or their insurance company.

In order to receive reimbursement for expenses incurred related to a valid claim you will need to submit the following information to A-G:

- An itemized bill
- Copy of payment receipt
- Copy of canceled check or credit card transaction (please note credit card #'s should be redacted)
- The name and address of the person to whom reimbursement should be issued

“Where do I get a claim form?”

Contact the camp or clinic organizer to obtain a copy of the claim form.

University of Oregon Camps Accident Insurance Program 2023-2024

Frequently Asked Questions Cont.:

“What is A-G Administrators LLC contact information?”



A-G Administrators Claims Department PO
Box 21013
Eagan, MN 55121
Phone: 610.933.0800 Fax: 610.933.4122
Email: claims@agadm.com
Web: agadministrators.com

Important Definitions & Key Terms:

Medical Bills (industry standard forms HCFA1500 or UB04)

- Attach itemized copies of all applicable bills, including those bills under any deductible your plan may have. Also, include those bills paid partially or in full by other insurance. Bills showing only "Balance forward" or "Balance due" are not sufficient.
- An itemized bill indicates the provider of service's full name and mailing address, type of service, date of service, fee charged and diagnosis. Missing information will be requested from the medical service provider.
- To assure quick processing, please be sure that the bill and the insurance statements submitted are for the same item.
- Copies of any correspondence can/will be sent to those you identify as responsible.
- If any or all benefits are denied by other insurance, please provide a copy of the denial showing the reason charges were denied (include front and back of explanation of benefits when necessary).

Explanation of Benefits (EOB from the camper's primary insurance if applicable):

What is an EOB? EOB stands for Explanation of Benefits. This is a document produced by your medical insurance carrier that explains their response and action (whether it be payment, denial, or pending) to a medical claim processed on your behalf. Often, this item is requested if we are processing a claim for you and you have any other insurance. EOBs are necessary to properly adjudicate excess insurance benefits.

What is a HCFA, UB04? A HCFA is a specific medical billing form that is utilized by physician and outpatient offices to bill medical charges to insurance carriers or Third-Party Claim Administrators. A UB04 is also a specific billing form; however, it is utilized exclusively by hospitals and outpatient surgical facilities.

Insurance Carrier Information:

University of Oregon Camp accident & injury plan is administered by
A-G Administrators and Underwritten by QBE Insurance Corporation.

POLICY # IHH000285-944 EFFECTIVE DATES: 1/1/2023 – 1/1/2024



How to File a Claim

To process your claim please submit the following three pieces of information:

1. Completed and Signed Claim Form
2. Itemized Bills
3. Explanation of Benefits from student's Primary Insurance Carrier

These documents should be sent through our secure portal:

upload.agadministrators.com

Alternatively they can be mailed, emailed or faxed to:

A-G Administrators LLC
 Claims Department
 P.O. Box 21013
 Eagan, MN 55121

Claims@agadm.com
 (610) 933-4122 Fax

Contact us with questions at (610) 933-0800 or customerservice@agadm.com

1. **The Claim Form** enables us to open a claim for the treatment of your injury. To avoid delays in claim processing please be sure the "other insurance" portion of the claim form is completed in full. The claim form must be signed by a school official.
2. **Itemized Bills:** Please ensure parents are instructed to send us copies of all medical bills, showing the name and address of the provider of service, date of service, type of service and the charges. Account statements or "balance due" statements are helpful, but do not usually contain all the information needed to process the charges.
3. **Explanation of Benefits:** If the student has other medical insurance, all medical bills must be first submitted to the student's primary health insurance for their determination of eligibility. If the charges are not paid in full by the other medical insurance carrier we will need to see a copy of the "Explanation of Benefits" from that carrier prior to issuing benefits from this office. Please ensure parents are instructed to also send us these documents, if applicable.



ACCIDENT CLAIM FORM

Please complete and submit to A-G Administrators with itemized medical bills AND primary insurance explanation of benefits.

Send all claim forms and documents using our secure upload portal: upload.agadministrators.com Alternatively, submit documents to claims@agadm.com.

For questions, however, please contact A-G Administrators: customerservice@agadm.com.

YOUR INFORMATION

First Name: Last Name: Title: School/Organization Name: Email Address: Phone Number:

POLICYHOLDER INFORMATION

Policyholder (School): University of Oregon - Camps. Policy # IHH000285-944 School Address: STREET CITY STATE, ZIP

PARTICIPANT INFORMATION

Participant's Name: FIRST NAME MIDDLE INITIAL LAST NAME Date of Birth: Sex: M F Social Security #: Participant's Phone Number: Participant's EMAIL: Participant's Home Address: STREET CITY STATE, ZIP

ACCIDENT INFORMATION

Circumstance: Game Practice Conditioning Other Activity/Sport: Accident Date: Body Part Injured: Place of Accident: Nature of Injury:

INSURANCE INFORMATION

Does the claimant have primary insurance? Yes No Insurance Company Name: Insurance Company Address: STREET CITY STATE, ZIP Policy Number: ID#:

AUTHORIZATION

AFFIDAVIT: I verify the statement regarding other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse A-G Administrators to the extent for which A-G Administrators would not have been liable.

AUTHORIZATION TO RELEASE INFORMATION: I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization, or any family member to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to A-G Administrators and its designees. I also authorize A-G Administrators to release medical and billing information to any family member or health care provider if necessary to facilitate any potential payments.

PAYMENT AUTHORIZATION: authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

PARTICIPANT APPROVAL: I certify that approval has been granted from the participant or participant's parent or legal guardian (if minor) to submit this claim.

PARTICIPANT SIGNATURE

DATE

SPECIAL RISK ORGANIZATION SIGNATURE

DATE

Notice to CALIFORNIA RESIDENTS: The California Consumer Privacy Act (CCPA) is a comprehensive privacy law that went into effect on January 1, 2020. The CCPA provides enhanced rights to California residents, including a right to access information, a right to delete information (in certain circumstances), and a right to opt out of the sale of information. Please direct any inquiries regarding the CCPA to your third party administrator claim representative.

FRAUD WARNING: Any person who, knowingly and with intent to defraud, or helps commit a fraud against, any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

WARNING TO THE RESIDENTS OF:

Alabama: presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona, Arkansas and Rhode Island: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR and RI: or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Florida: and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky: and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

New York: and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania: and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Louisiana: knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico: presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Texas: presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

West Virginia: presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maryland: or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Puerto Rico: and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

WARNING:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.