RISK ASSESSMENT MANAGEMENT PLAN

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| **GENERAL** |
| **Pathfinder Club:** |  |
| **Name of appointed leader for event:** |  |
| **Name of person completing this form and****contact details:** |  |
| **Date(s) of event:** |  |
| **Type of event:** |  |
| **Location(s) of event:** |  |
| **Brief outline of event:** |  |
| **Possible weather conditions expected during event:** |  |
| **PATHFINDER PARTICIPANTS** |
| **How many pathfinders will be in attendance? (gender specific)** | **Males:** | **Females:** | **Total:** |
| **Number of pathfinders in each age group:** | **6-12 years:** | **13-17 years:** |  |
| **PERMISSIONS** |
| **Will parents been briefed on the event, its requirements and what to bring?** | Yes |
| **Will parental consent specific to the activity been completed?** | Yes |
| **Has the Church Board approved the event?** | Yes |
| **Is a permit required for this activity? If yes, provide details:** | No |
| **EMERGENCY** |
| **Who is the emergency contact?** | **Name: Phone:** |
| **Is this emergency contact aware of the agreed upon day and time they need to notify police, SES or VicYouth if they have****not heard from the pathfinder club?** | Yes |
| **Will your emergency contact be provided with a full list of participants including:** | No |

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| **pathfinders, staff, underage children and vehicle registrations?** |  |
| **Will your emergency contact have a description of your planned activities as****well as the location of the activities?** | Yes |
| **Nearest emergency services (incl. 24 hour) and phone number:** | **Police**: |  |  |
| **Address:** |  |  |
| **Phone:** |  |  |
| **Hospital 1** (may/may not include 24/7 emergency department):**Address:****Phone:****Hospital 2** (must have 24/7 emergency department):**Address Phone:** |
| **Fire Brigade:** |  |  |
| **Address:** |  |  |
| **Phone:** |  |  |
| **STAFF** |
| **What skill and experience is required by****leaders and staff?** |  |
| **Do all attending adults have WWCC? If not, advise how many do not have WWCC****and the reasoning.** | Yes |
| **Have all attending adults completed Safe Church Awareness Training? If not, advise how many have not completed this****training and the reasoning.** | Yes |
| **How many adults are trained in:*** **First aid (min Level 2)**
* **Food handling / safety**
* **Avondale trained (or equivalent) base camping**
* **Avondale trained (or equivalent) bushwalking**
* **Other, please specify**
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| **What Adult : Pathfinder ratios are required for the event (noting ratios can vary for****activities). Will these be adhered to?** | Yes |
| **EQUIPMENT** |
| **Is there a fully equipped first aid kit on site suitable for activity?** | Yes |
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| **Is a mobile first aid kit taken with each group when away from main site?** | Yes |
| **Have the first aid kits been checked prior to the event to ensure they are fully****equipped and items are ‘in date’?** | Yes |
| **When were the first aid kits last checked?** |  |
| **What communication systems will staff use (telephone lines at location, UHF radios, mobile phone, satellite phone,****SPOT messenger etc.)** |  |
| **What electrical equipment or specific event equipment will be used / provided by the****club?** |  |
| **Has all equipment been checked prior to the event to ensure that it isn’t faulty?** | Yes |
| **Is electrical equipment tested & tagged?** | Yes |
| **How will electrical equipment be protected from water?** |  |
| **ALLERGIES / ASTHMA & OTHER MEDICAL CONDITIONS** |
| **Do you have completed up to date medical information for all attending, including all****attending adults?** | Yes |
| **Who will have access to the medical information of each participant and how****can it be accessed during the event?** |  |
| **Are medical records kept safe, private and only shared with key leaders of your club?****Explain.** | Yes  |
| **What known medical conditions can be adversely affected by the event, what are the known triggers and how will these be****managed?** |  |
| **Do staff have knowledge and training to****identify and treat these specific conditions?** | Yes |
| **Is the first aid kit accessible and equipped for these known conditions?** | Yes |

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| **BITES & STINGS** |
| **Identify likely creatures that can bite or sting, which may be in the area where the****event is taking place:** |  |
| **How will the event be managed to reduce the risk of bites and stings?** |  |
| **WATER INJURY INCLUDING DROWNING** |
| **Will you be camping near water (eg river, lake, ocean etc.)? If so, provide details of the location and advise how the risk of****injury or drowning will be managed?** | Yes  |
| **Will activities be run in / on the water? If so, provide details and advise how the risk of injury or drowning will be****managed?** | Yes  |
| **Will powerboats be utilised during the event? If so, provide details and advise how the risk of injury or drowning will be****managed?** | Yes  |
| **How many staff have current bronze medallion or lifesaving qualifications?** |  |
| **What boundaries will apply around water?** |  |
| **What specific hazards apply to this location & event (eg. submerged hazards / rips etc). How will these be managed to****prevent injury or drowning?** |  |
| **What, if any, lifesaving equipment will be****on hand?** | n/a  |
| **Are there any participants with no or low****swimming ability? If so, how will this be managed?** | Yes  |

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| **EXHAUSTION / DEHYDRATION / HEAT STROKE** |
| **What elements of the event can contribute to exhaustion / dehydration / heat stroke?****How will this be managed?** |  |
| **How vigorous are the activities?** |  |
| **Is drinking water readily available for****participants? If not, explain how the lack of water will be managed:** | Yes  |
| **HYPOTHERMIA** |
| **Are cold weather conditions expected or a possibility?** | Yes |
| **What elements of the event can contribute****to hypothermia? How will this be managed?** | n/a  |
| **INFECTION / DISEASE / VIRUS** |
| **Are hand washing facilities readily****available and regularly cleaned?** | Yes |
| **Is hand sanitiser readily available?** | Yes |
| **Are participants allowed to share food and eating utensils? If so, how will spread of****diseases be prevented?** | Yes  |
| **If a participant has an infection / disease / virus at the event, how will this be****managed?** |  |
| **Is there a risk of inadequate food storage that could lead to food poisoning? How****will this be managed?** | Very High  |
| **Are there any specific risks related to the event that can contribute to spread of infection / disease / virus? How will this****be managed?** | Yes  |
| **FRACTURES / SPRAINS / CUTS / ABRASIONS** |
| **Is there an active housekeeping policy in place?** | Yes |
| **Will the site have adequate lighting at****night? Provide details:** | Yes  |
| **What elements of the activity can****contribute to fractures / sprains / cuts? How will these be managed?** |  |
| **What is the process in place to identify and manage hazards that can result in****fractures / sprains / cuts?** |  |
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| **BURNS (OTHER THAN SUNBURN)** |
| **Will there be a campfire at the event? How will the risk of burns be managed?** | Yes  |
| **What is the risk of bushfire? How will this be managed?** | High  |
| **Will children be cooking? If so, how will the risk of burns while cooking be****managed?** | Yes  |
| **Will staff be cooking? If so, how will the****risk of burns to staff and those near the kitchen area be managed?** | Yes  |
| **What type of cooking equipment will be used?** |  |
| **Has cooking equipment been checked to ensure it is safe for use and not faulty?** | Yes |
| **Is there a fire extinguisher and fire blanket in the cooking area?** | Yes |
| **SUNBURN** |
| **Will sunscreen be supplied?** | Yes |
| **Will shade be available at all times? Provide details:** | Yes  |
| **How will risk of sunburn be managed?** |  |
| **MOTOR VEHICLES** |
| **Are all vehicles roadworthy?** | Yes |
| **Are all vehicles registered?** | Yes |
| **Will P plate / inexperienced drivers ferry underage participants? If so, how will the risk of accident due to inexperience be****managed?** | Yes  |
| **Will vehicles be moved / used regularly? If so, how will the risk of accident with a****vehicle be managed?** | Yes  |
| **Are there any specific elements of the event that can increase risk of accident in / with a vehicle? If so, provide details and****advise how this will be managed?** | Yes  |
| **LOST** |
| **What elements of the event could allow****participants to become lost or unaware of their location? How will this be managed?** |  |
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| **Does the event have a day walk activity? If so, what is the experience and qualifications of staff leading the day****walk activity?** | Yes  |
| **Does the event have an overnight hiking activity? If so, what is the experience and qualifications of staff leading the****overnight hiking activity?** | Yes  |
| **How remote is the location where the event is being held? Include details:** | Not Remote (mobile coverage) |
| **If a group became lost, what weather****conditions are expected?** |  |
| **If a group became lost, what is the level of difficulty for search and rescue? How will****this be managed?** | Easy  |
| **PERSON SAFETY / PSYCHOLOGICAL TRAUMA** |
| **Is there an active no bullying /****discrimination policy in place? If not, provide reasoning:** | Yes  |
| **Is the event in a public area?** | Yes |
| **Is a high volume of public expected to be in / near the event area? If so, how will****risk be managed?** | High  |
| **What is the process for managing safety around toileting?** |  |
| **What process is in place to manage a trauma incident?** |  |
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**Risk matrices**





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| **Score** | **Action** |
| **Extreme (EXT)***Stop and Act* | Immediate action required. The proposed task or activity must not proceed until steps are taken to lower the risk level to as low as reasonably practicable using the hierarchy of risk controls. |
| **High (H)***Act Today* | Activity can only proceed if action is taken today to:* reduce risk level as low as reasonably practicable
* risk controls must include those identified in legislation, Australian standards, Codes of Practice etc
* the risk assessment has been reviewed and approved by the supervisor
* a safe working procedure and method has been prepared and communicated to all parties involved in the activity
* the supervisor reviews and documents the effectiveness of the implemented risk controls
 |
| **Tolerable (TOL)***Proceed with Caution* | You may decide to proceed with caution provided that:* risk level is as low as reasonably practicable and tolerable.
* risk assessment has been reviewed and approved by the supervisor
 |
| **Low (L)***Proceed and file* | Activity may proceed and documentation of controls kept on file. |
| **Very Low (VL)***Proceed and file* | Activity may proceed and documentation of controls kept on file. |