

## Benefit Risk Excursion and Hazard Management Audit

You must complete this form in conjunction with Kat's Care Services Excursions Procedure

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|  |  |  |  |
| Provider: Katrina Thompson & Dane<br>Kremers (in emergency or where required).   | Date of Benefit risk assessment visit:<br>1:1:2024 and ongoing | Date of excursion: Current to 31/12/2024 or in an EMERGENCY        |  |
| Destination:<br>Lavington Doctors: Lavington Square, 70/351 Griffith Rd, Lavington NSW 2641<br>Wodonga Medical Centre: 79 High St, Wodonga VIC 3690  |  | Routine: <input checked="" type="checkbox"/>                       | Non-Routine: <input checked="" type="checkbox"/> |
| Route to Location:<br>Wodonga Medical Centre: 79 High St, Wodonga VIC 3690 <a href="https://goo.gl/maps/dJUKtuRZ8prhKERz9">https://goo.gl/maps/dJUKtuRZ8prhKERz9</a><br>Lavington Doctors: Lavington Square, 70/351 Griffith Rd, Lavington NSW 2641<br><a href="https://goo.gl/maps/67mfhHyYjbn">https://goo.gl/maps/67mfhHyYjbn</a> |  | Proposed time of excursion: EMERGENCY / VISIT.                     |  |
| Responsible Parent/Guardian Authorisations:<br>I agree to the participant attending excursion as documented and approved by Service.   | Anticipated Number of Participants: 4-7                        | Approximate Duration: 1 HOUR                                       |  |
| Participant Name:  | Parent/Guardian Signature:                                     | Method of Transport: (PROVIDERS) VEHICLE CGI31Y OR (DAKODA) CG21YB |  |
| Participant Name:  | Parent/Guardian Signature:                                     | Anticipated Number of Providers: 1                                 |  |
| Participant Name:  | Parent/Guardian Signature:                                     | Other Adults Listed:   |  |
| Participant Name:  | Parent/Guardian Signature:                                     | 1. Dane Kremers  |  |
| Participant Name:  | Parent/Guardian Signature:                                     | 2. Dakota Thompson or Tanika Thompson                              |  |
| Participant Name:  | Parent/Guardian Signature:                                     | Service Approval Signed:   |  |
| Participant Name:  | Parent/Guardian Signature:                                     | Service Approval Date: 01:01:2024                                  |  |
| Participant Name:  | Parent/Guardian Signature:                                     | <b>Benefits of proposed excursions/outing and activities:</b>      |  |
| Participant Name:  | Parent/Guardian Signature:                                     | Routine drop off/pick up   | <input type="checkbox"/>                         |

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|                   |                            |  |                                     |
|-------------------|----------------------------|--|-------------------------------------|
| Participant Name: | Parent/Guardian Signature: | Educational Outing                             | <input checked="" type="checkbox"/> |
| Participant Name: | Parent/Guardian Signature: | Nature experience                              | <input type="checkbox"/>            |
| Participant Name: | Parent/Guardian Signature: | Developing communication skills                | <input checked="" type="checkbox"/> |
| Participant Name: | Parent/Guardian Signature: | Extension of gross motor skills                | <input checked="" type="checkbox"/> |
| Participant Name: | Parent/Guardian Signature: | Meeting new people or developing relationships | <input checked="" type="checkbox"/> |
| Participant Name: | Parent/Guardian Signature: | Learning about the community                   | <input checked="" type="checkbox"/> |
| Participant Name: | Parent/Guardian Signature: | New Opportunities to learn                     | <input checked="" type="checkbox"/> |
| Participant Name: | Parent/Guardian Signature: | (provide rationale below)                      |                                     |

### Benefits of the Activity:

Through experiences in real life, such as a visit to the Doctor the provider can encourage positive relationships between play; and social; emotional; physical and cognitive development; play and learning and play and academic achievement. Rein-acting/discussing visits to the Doctors also has therapeutic powers; helping participants to adjust to unique circumstances (caring for others); and to heal from trauma (as being unwell can be concerning). Perhaps the most compelling; is the connection between play; learning; and development; neurons in the participants brain are present for physical; cognitive; social; emotional and language development. Further; role play does not steal from learning and academic success; rather early play provides the framework; the early experiences; concepts; essential for later development and success in school: by observing play I can reflect on areas of programmed 'Our Body' and scaffold learning for younger participants.

The importance of play for younger participants health and development includes; healthy brain development (understanding of the world around us); creativity (am I a throat Doctor or Nurse today); exploration (examining the patient); practicing adult roles (engaging in group play as either patient or Doctor); developing multiple competencies (using what was learnt in our Doctor visit); handling challenges (taking turns); working in groups (sharing and taking turns); decision making (whose turn next); developing leadership skills (sharing known information-demonstrating same); developing physical skills (hand-eye); and engaging fully and joyfully in imagination and passion.

Older participants gain insight into careers, medicine, health, communication, dialogue, research and can extend on what was seen, and heard after returning home.

| Hazard's Identified                             | Comment if hazard identified                 | Precaution/Control Measures   | Managed by who and when? |
|---|--|---|--------------------------|
| Are there water hazards (including water play)? | <input type="checkbox"/> List: NO            |   | PROVIDER                 |
| Are there traffic hazards?                      | <input checked="" type="checkbox"/> List:    | YOUNGER PARTICIPANTS TO HOLD HANDS WITH PROVIDER / REMAIN IN PRAM / STROLLER. | PROVIDER                 |
| Are there human hazards?                        | <input checked="" type="checkbox"/> Comment: | PARTICIPANTS TO REMAIN WITH PROVIDER.   | PROVIDER                 |
| Are there chemical hazards?                     | <input checked="" type="checkbox"/> Comment: | PARTICIPANTS TO REMAIN WITH PROVIDER.   | PROVIDER                 |

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|--|--|---|----------|
| Are there poisonous or dangerous plants?   | <input type="checkbox"/> Comment: NO         | N/A   | PROVIDER |
| Are there fall, trip or slip hazards?  | <input checked="" type="checkbox"/> Comment: | PROVIDER  | PROVIDER |
| Weather considerations? UV rating, gumboots, coat, hats, sun protection.   | <input checked="" type="checkbox"/> Comment: | INDOORS CONSIDER WEATHER TO / FROM VEHICLE OR IF WALKING.   | PROVIDER |
| Are there toilets/hand washing and water accessible?   | <input checked="" type="checkbox"/> Comment: | PARTICIPANTS TO BE FULLY SUPERVISED WHILST TOILETING.   | PROVIDER |
| Is play equipment safe?  | <input type="checkbox"/> Comment:            | N/A   | PROVIDER |
| Is the environment clean and safe?   | <input checked="" type="checkbox"/> Comment: | GENERAL RISK PARTICIPANTS TO REMAIN WITH PROVIDER.  | PROVIDER |
| Is the environment smoke free?   | <input checked="" type="checkbox"/> Comment: | YES.  | PROVIDER |
| Is there mobile phone coverage?  | <input checked="" type="checkbox"/> Comment: | PROVIDER TO CARRY MOBILE AT ALL TIMES - 0409 274 790  | PROVIDER |
| Are there any other hazards not listed?  | <input checked="" type="checkbox"/> List:    | DOCTORS ROOMS, PARTICIPANTS TO KEEP HANDS / FEET TO THEMSELVES.   | PROVIDER |
| Individual participant medication or other car needs? (Consideration of participants with special needs e.g. asthma or anaphylaxis): | <input checked="" type="checkbox"/> List:    | ALL PARTICIPANTS MEDICATION TO BE CARRIED AT ALL TIMES.   | PROVIDER |
| Emergency contact numbers available:   | <input checked="" type="checkbox"/> List:    | PARTICIPANTS FILES ABLE TO BE UPLOADED FROM DROP BOX ON PHONE, KEPT IN EMERGENCY FOLDER, HARDCOPY ON PROVIDER ON ALL OUTINGS. | PROVIDER |
| First Aid kit available:   | <input checked="" type="checkbox"/> List:    | IN CAR AND ON SITE.   | PROVIDER |

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