

Benefit Risk Excursion and Hazard Management Audit

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

Provider: Katrina Thompson	Date of Benefit risk assessment visit: 01:01:2024 and ongoing	Date of excursion: Current to 31:12:2024	
Destination: HOME- SWIMMING POOL		Routine: <input checked="" type="checkbox"/>	Non-Routine: <input type="checkbox"/>
Route to Location: HOME – MEDIUM RISK WITH INTERVENTIONS IN PLACE. 8 Stafford Road West Albury NSW 2640 1 Chelsea Court West Albury 2640 NSW will be temporarily used NDIS only.		Proposed time of excursion: AS NUMBERS ALLOW	
Responsible Parent/Guardian Authorisations: I agree to the participant attending an excursion as documented and approved by Service.	Anticipated Number of Participants: 4-7	Approximate Duration: 1-2 HOURS	
Participant Name:	Parent/Guardian Signature:	Method of Transport: WALK	
Participant Name:	Parent/Guardian Signature:	Anticipated Number of Providers: 1	
Participant Name:	Parent/Guardian Signature:	Other Adults Listed: 1. DANE KREMERS TANIKA THOMPSON 2. DAKODA & TANIKA THOMPSON D & P CAMPBELL	
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:	Service Approval Signed:	
Participant Name:	Parent/Guardian Signature:	Service Approval Date: 01:01:2024	
Participant Name:	Parent/Guardian Signature:	Benefits of proposed excursions/outing and activities:	
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 checked="" 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 type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	New opportunities to learn	<input checked="" type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	(provide rationale below)	
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:		

Benefits of the Activity:

When the participant can move better; breathe better; health also improves. When the participant can communicate better with mother and father; they are happier. It is easy to see that these are all valuable “side-effects” of swimming. Exert from “How to Teach your Baby to Swim-From Birth to Age Six” by Douglas Doman (p.2). As a participant develops these mobility functions; breathing will become deeper; more regular and more mature. This enhanced respiration helps the participant to be able to make sounds; which improves communication and overall language development. Learning begins at birth; this can be seen in the process of teaching a baby to swim. Swimming also aids in the improvement of speech; brain development and works multiple areas of the brain through combined movement such as the kicking of arms and legs together. Swimming also reduces stress; increases mood-boosting chemicals in the brain and allows for muscles to contract and relax which increases blood flow to the brain providing nourishment.

As scientist’s further study how, exercise improves cognition they are finding that the brain is not only stimulated therefore enhancing mental development but that regular exercise can cause injured neurons in the brain to regenerate. With studies showing that consistent exercise (swimming included) helps to improve a “typical” participants intelligence; how much more can swimming benefit a participant with autism or other special needs? It is through understanding that we can grow and with the knowledge of how swimming and other forms of exercise can benefit the body we are certain to be more eager to enrich participants lives through fitness. Swimming also encourages positive behaviour as same is used as a reward for 'listening and respecting house rules'.

NOTE:

House rule is **2 adults by the pool always**; to ensure no accident with Provider (capable adult to offer support and safety if needed).

Participant over 13 (competent swimmers) not in ratio: but must follow rules of pool always or be asked to leave pool area (no grey areas) for safety and enjoyment of all.

Provider to supply standard safety vests.

NOTE:

Participants (1 child - 1 adult) ratio, if not competent around water.

Participants under 3 (1-1) ratio.

Participants over 3 years (2-1) ratio.

Participants (5 -1) ratio; if they are assessed as being competent swimmers/school age or above.

Participants are required to wear safety vests or arm floatation bands if unable to swim.

ALL PARENTS/GUARDIANS ARE ENCOURAGED TO ENROL PARTICIPANTS IN AN ACCREDITED SWIM CLASS.

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HAVE FUN!

Hazard's Identified	Comment if hazard identified	Precaution/Control Measures	Managed by who and when?
Are there water hazards (including water play)?	<input checked="" type="checkbox"/> List:	PARTICIPANTS TO WEAR SAFETY VESTS, FOLLOW RATIO IN POOL AREA, OTHERS REMAIN ON DECK SIDE WITH PROVIDER / ADULT. PARENT/GUARDIAN RESPONSIBILITY TO ACCESS AND INFORM SWIMMING ABILITY-PROVIDER TO HAVE FINAL SAY WITH VEST REGARDING ABILITY.	PROVIDER
Are there traffic hazards?	<input type="checkbox"/> List:	NO.	PROVIDER
Are there human hazards?	<input checked="" type="checkbox"/> Comment:	ELEMENT OF RISK PARENTS/GUARDIANS NEED TO BE AWARE OF – CARE TO BE TAKEN TO FOLLOW POOL RULES OR PARTICIPANTS WILL BE ASKED TO LEAVE THE AREA – NO GREY AREAS.	PROVIDER
Are there chemical hazards?	<input checked="" type="checkbox"/> Comment:	POOL IS SALT WATER CHLORINATED – PARTICIPANTS ARE ADVISED TO WEAR GOGGLES IF UNDERWATER FOR LENGTH OF TIME – AS THE SAME CAN MAKE EYES SORE.	PROVIDER
Are there poisonous or dangerous plants?	<input checked="" type="checkbox"/> Comment:	YAKKAS ON RIGHT WALL, TRIMMED BELOW TO ENSURE NO RISK, PARTICIPANTS TO STAY AWAY FROM SAME.	PROVIDER
Are there fall, trip or slip hazards?	<input checked="" type="checkbox"/> Comment:	STEPS TO POOL AREA, PARTICIPANT TO HOLD ADULT / PROVIDER HAND ENTERING OR WALK CAREFULLY IF OLDER/CAPABLE.	PROVIDER
Weather considerations? UV rating, gumboots, coat, hats, sun protection.	<input checked="" type="checkbox"/> Comment:	SUNBLOCK AND RASH VEST TO BE WORN WHERE SUPPLIED, TO REDUCE UV RISK.	PROVIDER
Are there toilets/hand washing and water accessible?	<input checked="" type="checkbox"/> Comment:	WITHIN POOL YARD – SHOWER OUTDOOR ALSO AVAILABLE.	PROVIDER
Is play equipment safe?	<input checked="" type="checkbox"/> Comment:	CARE WILL BE TAKEN TO SUPPLY SAFE TOYS FOR POOL AREA – RESPECT SAME.	PROVIDER
Is the environment clean and safe?	<input checked="" type="checkbox"/> Comment:	POOL CHECKED MONTHLY AND BALANCED IF NEEDED, POOL IS COVERED WHEN NOT IN USE, SALT WATER CHLORINATOR FOR BETTER HEALTH & HEATED.	PROVIDER
Is the environment smoke free?	<input checked="" type="checkbox"/> Comment:	YES.	PROVIDER
Is there mobile phone coverage?	<input checked="" type="checkbox"/> Comment:	PROVIDER & PARTICIPANTS DO SAFETY CHECK BEFORE SWIMMING - CHECK PHONE AND MOBILE IN POOL AREA. 0409 274 790 OR 02 6045 8797.	PROVIDER
Are there any other hazards not listed?	<input checked="" type="checkbox"/> List:	PARTICIPANTS AWARE POOL SAFETY AT ALL TIMES. BE AWARE POLLEN COUNT & UV RATE BEFORE ENTERING. BE AWARE SNAKES AND CHECK FULL AREA INCLUDING TOILET BEFORE ENTERING AREA. LEAVE IF RISK APPEARS AND ENSURE ALL PARTICIPANTS ARE REMOVED FROM THE AREA. NO OPEN WOUNDS TO BE ALLOWED IN POOL AREA.	PROVIDER

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		PROVIDER TO ASSESS PARTICIPANTS SWIMMING ABILITY & WHETHER CONDITIONS APPLY OR SAFETY DEVICES ARE USED – OR RATIO CHANGES – NO ARGUMENT TO BE ENTERED INTO AS THE SAFETY OF PARTICIPANTS IS FOREMOST WHEN SWIMMING AT THE PARTICIPANTS HOME.	
Individual participants medication or other car needs? (Consideration of participants with special needs e.g. asthma or anaphylaxis):	<input checked="" type="checkbox"/> List:	ALL PARTICIPANTS MEDICATIONS WITHIN REACH AT ALL TIMES.	PROVIDER
Emergency contact numbers available:	<input checked="" type="checkbox"/> List:	ALL PARTICIPANT/PARENT/GUARDIAN INFORMATION WITHIN HOME AND ACCESSABLE VIA DROP-BOX ON PHONE & HARD COPY EMERGENCY FOLDER.	PROVIDER
First Aid kit available:	<input checked="" type="checkbox"/> List:	ON WALL IN OUTDOOR AREA.	PROVIDER

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