

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	Date of excursion: Current to 31/12/24	
Destination: Farm Burrumbuttock – owned by MURRAY FAMILY.		Routine: <input checked="" type="checkbox"/>	Non-Routine: <input type="checkbox"/>
Route to Location: 129-131 Mirimar Road Burrumbuttock NSW 2642 https://goo.gl/maps/FkPqTnWZhRk5af3s8 623 Burrumbuttock Brocklesby Road Burrumbuttock 2642 https://goo.gl/maps/gqM77QzquJb4Q3dG9		Proposed time of excursion: As guided by Participants.	
Responsible Parent/Guardian Authorisations: I agree to the participant attending excursion as documented and approved by Service.	Anticipated Number of Participants: 4-7	Approximate Duration: 3-6 hours.	
Participant name:	Parent/Guardian Signature:	Method of Transport: (PROVIDER) 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. Tanika & Dakoda 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:	Benefits of proposed excursions/outing and activities:	
Participant name:	Parent/Guardian Signature:	Routine drop off/pick up	<input type="checkbox"/>
Participant name:	Parent/Guardian Signature:	Educational Outing	<input checked="" type="checkbox"/>
Participant name:	Parent/Guardian Signature:	Nature experience	<input checked="" type="checkbox"/>

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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:

Learning Vocabulary: participants can learn vocabulary from a second language by observing / mirroring peers or use vocabulary to seek help to understand skills of pushbike riding including all aspects of SAFETY.

Learning Pro-social Behaviours: participants can learn pro-social skills like sharing; turn taking, problem-solving and sensitivity to others by watching, cheering, praising peers through each inclusive activity developing leadership skills to progress to the next challenge once outcomes are achieved. Participants will reflect on behaviours both positive and negative after discussion- once the activity has completed, tools to assist behaviour challenges will be offered to assist a positive outcome for future occasions to assist inclusion.

Activity is a current currency used to reward positive behaviours and extend learning new skills.

For participants verbally impaired, excitement can develop with discussion explaining where we are going and what we are seeing; show pictures; make effort to include all participants and model excitement for a wonderful and rewarding outing.

Fine and Gross Motor Skills are used and developed via bike riding (with full safety gear – helmet and closed footwear preferred) with support from Provider, Outside Services Providers, and the Marshall & Thompson family.

Praise positive behaviours in social setting upon return; discuss activity with others including participants verbally impaired (by name) and observe visual cues to use to extend conversation; ensure inclusion NOT exclusion.

Follow rules per insurance guidelines.

PARENTS ARE TO ACKNOWLEDGE HIGH RISK TO ACTIVITY – PARTICIPANTS ARE TO RESPECT HOMEOWNERS (FARM) RULES – OTHERWISE THE ACTIVITY WILL BE TERMINATED. I am sure this will not be the case but needs to be noted.

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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:	Dam further up property – cray fishing/fishing.	PROVIDER
Are there traffic hazards?	<input checked="" type="checkbox"/> List:	Roads, participants to stay close aware farm equipment may be moving through property. If younger participants – must hold providers hand or pram.	PROVIDER
Are there human hazards?	<input checked="" type="checkbox"/> Comment:	Be aware working farm where campfires, BBQ, farm machinery including learning experiences are available when offered – such as ride in truck or Ute to see a working farm.	PROVIDER
Are there chemical hazards?	<input checked="" type="checkbox"/> Comment:	Chemicals locked away – visits will not have if spraying harvest. Participants to stay out of shed storing chemicals for use on the farm.	PROVIDER
Are there poisonous or dangerous plants?	<input checked="" type="checkbox"/> Comment: N/A	N/A	PROVIDER
Are there fall, trip or slip hazards?	<input checked="" type="checkbox"/> Comment:	Yes, paths, gutters, steps, same to be monitored, participants warned of risk and taking precautions.	PROVIDER
Weather considerations? UV rating, gumboots, coat, hats, sun protection.	<input checked="" type="checkbox"/> Comment:	Hat, sunscreen excepting June/July, older to apply by self. Take back up clothes, jacket for colder weather.	PROVIDER
Are there toilets/hand washing and water accessible?	<input checked="" type="checkbox"/> Comment:	Toilets on property.	PROVIDER
Is play equipment safe?	<input checked="" type="checkbox"/> Comment: N/A	Trampoline 1 person at a time. Push bikes – helmet and closed shoes to be worn.	PROVIDER
Is the environment clean and safe?	<input checked="" type="checkbox"/> Comment:	Human hazards, be aware of same – farm environment – skills learnt to be aware of farm safety – listen and learn.	PROVIDER
Is the environment smoke free?	<input checked="" type="checkbox"/> Comment: N/A	N/A	PROVIDER
Is there mobile phone coverage?	<input checked="" type="checkbox"/> Comment:	Provider to carry mobile – 0409 274 790	PROVIDER
Are there any other hazards not listed?	<input checked="" type="checkbox"/> List:	Tractors, boom sprayers, BBQ, fire pit at night if deemed safe to do so – this includes participant listening to being fire safe. Participants and parents/guardians need to be aware this is a working farm on thousands of acres – participants are to stay in eyesight but enjoy different skills not normally seen in town. Be aware farm so snake safety is a must.	PROVIDER
Individual participants medication or other car needs? (Consideration	<input checked="" type="checkbox"/> List:	Medications to be carried with Provider including personal/medical information – same also available via drop box.	PROVIDER

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of participants with special needs e.g. asthma or anaphylaxis):			
Emergency contact numbers available:	<input checked="" type="checkbox"/> List:	To be carried with Provider including personal/medical information – same also available via drop box.	PROVIDER
First Aid kit available:	<input checked="" type="checkbox"/> List:	Same kept in vehicle for outings.	PROVIDER

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