

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: Ten Pin Bowling 2 Sanyo Drive Wodonga VICTORIA 3690 (02) 6024 7022		Routine: <input checked="" type="checkbox"/>	Non-Routine: <input type="checkbox"/>
Route to Location: https://goo.gl/maps/sQ31yXXoW473RFot8 Medium Risk due to activity – same controlled with staff to reduce injury.		Proposed time of excursion: AS NOTIFIED	
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: 2-3 HOURS	
Participant Name:	Parent/Guardian Signature:	Method of Transport: (PROVIDER) VEHICLE CGI31Y OR (DAKODA) CG21YB	
Participant Name:	Parent/Guardian Signature:	Anticipated Number of Providers: 2	
Participant Name:	Parent/Guardian Signature:	Other Adults Listed: 1. DANE KREMERS 2. DAKODA & TANIKA THOMPSON HAYDEN JOHNSON	
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:	Service Approval Signed:	
Participant Name:	Parent/Guardian Signature:	Service Approval Date: 30:06:2024	
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 type="checkbox"/>

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KCS Benefit Risk Excursion and Hazard Management Audit	1.0.0	30:06:2023	01:01:2025

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)	
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:		
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Participant Name:	Parent/Guardian Signature:		

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 game.

Learning Pro-social Behaviours: participants can learn pro-social skills like sharing; problem-solving and sensitivity to different cultures by watching and playing games / activities; reflecting on behaviours expressed after discussion; once the game / activity has completed.

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 dress up; model excitement for a wonderful and rewarding outing.

Fine and Gross Motor Skills are used and developed via grasping bowling ball, aiming same toward pins, hand-eye - with support from provider, Outside Services Providers and staff where needed.

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.

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:	Carpark, participants to stay close to provider. Car seats and seat belts to be used as per Australian Standards and regulations.	PROVIDER
Are there human hazards?	<input checked="" type="checkbox"/> Comment:	Stranger Danger' 'Hands and Feet to Self.' Risk due to injury with activity – parent/guardian to be aware of same.	PROVIDER

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Are there chemical hazards?	<input checked="" type="checkbox"/> Comment:	Not observed.	PROVIDER
Are there poisonous or dangerous plants?	<input type="checkbox"/> Comment:	Not observed.	PROVIDER
Are there fall, trip or slip hazards?	<input checked="" type="checkbox"/> Comment:	Within games area, rules in place for safety - for participants, well-staffed.	PROVIDER
Weather considerations? UV rating, gumboots, coat, hats, sun protection.	<input checked="" type="checkbox"/> Comment:	Indoors, dress for weather to / from vehicle or building.	PROVIDER
Are there toilets/hand washing and water accessible?	<input checked="" type="checkbox"/> Comment:	Disabled, parent and other – very clean.	PROVIDER
Is equipment safe?	<input checked="" type="checkbox"/> Comment:	Element of risk – participants to take own risk with supervision staff and provider.	PROVIDER
Is the environment clean and safe?	<input checked="" type="checkbox"/> Comment:	Yes, participants to acknowledge not to touch any food / drinks not theirs.	PROVIDER
Is the environment smoke free?	<input checked="" type="checkbox"/> Comment:	Yes.	PROVIDER
Is there mobile phone coverage?	<input type="checkbox"/> Comment:	Provider to have mobile always - 0409 274 790.	PROVIDER
Are there any other hazards not listed?	<input type="checkbox"/> List:	Doorways to carpark will not open for younger children/participants, same to be monitored for older, participants need to be responsible and stay with provider, within buildings.	PROVIDER
Individual participants medication or other car needs? (Consideration of participants with special needs e.g. asthma or anaphylaxis):	<input type="checkbox"/> List:	Participants medications always carried with provider - participants information able to be accessed via drop-box.	PROVIDER
Emergency contact numbers available:	<input type="checkbox"/> List:	Participants/parent/guardian information able to be accessed via drop-box, and on provider.	PROVIDER
First Aid kit available:	<input type="checkbox"/> List:	In car always. Carry epi-pen for those participants that are anaphylaxis to foods – inform staff of same when purchasing food.	PROVIDER

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