|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Completed By:** | |  | | | **Activity Date:** | | |  | | |
| **Designated First Aider:** | |  | | | **Sign:** | | |  | | |
| **Activity** | **Initiatives** | | | | | | | | | |
| **Activity Description** | Team building activities each based around a scenario using specific apparatus. | | | | | | | | | |
| **Activity Site** | Camp Adair Grove | | **Water**: | Camp Adair | | **Toilets**: | Camp Adair | | | |
| **Instructor Requirements** | * Can manage entire group effectively * Ensure a first aid kit, radio and rescue kit is readily accessible in your area * Conduct pre use checks on the equipment, element, environment * Continually identify, manage and disclose hazards and risks * Clearly brief the group and ensure they understand their roles and can confidently perform them * Ensure correct clothing is worn | | | | | | | | Instructor Level: | **1** |
| **Participant Competencies** | * Identify their own challenge * Communicate with the team * Can understand and follow activity safety rules | | | | | | | | Ratio: | **1:12** |
| **Equipment** | 1. Covered footwear 2. Water 3. Clothes appropriate for the weather 4. First aid kit for the area | | | | | | | | Weight: | **N/A** |
| **Policies** | Standard operating procedures, SMS, Calling a halt to an activity | | | | | | | | | |
| **Weather Factors** | Check Weather Forecast  This activity can be run in most weather conditions | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site Specific Hazard** | | **Severity** | **Potential** | **Management of Hazard** | | | | **Result** |
| Falling branches from overhead trees | | **H** | **H** | Site check before activity commences especially after windy or bad weather. | | | | **M** |
| Slippery apparatus and ground | | **M** | **M** | Ensure that clients are aware of the footing and proceed with caution. | | | | **M** |
| **Activity Specific Hazard** | | **Severity** | **Potential** | **Management of Hazard** | | | | **Result** |
| Client falling off apparatus | | **L** | **M** | Ensure correct spotting technique is carried out. | | | | **M** |
| Abrasions and cuts from apparatus or ground. | | **L** | **M** | Ensure whole group has appropriate closed toe footwear and clothing on before commencing. Monitor apparatus for signs of wear. | | | | **M** |
| ***Severity & Potential:*** | *L = Low, M = Medium, H = High* | | | |  | ***Result****:* | *I = Isolates Hazard, M = Minimizes Hazard, E = Eliminates Hazard* | |

**Minor Impact**

**Medium Impact**

**Major Impact**

ASSESS severity of Incident

E.g. Splinters, minor cuts, bruises

E.g. Minor fractures,

mild hypo/hyperthermia

E.g. Hospital stay, loss of consciousness

Provide First Aid

Decide on alternative activity for remainder of group and plan necessary arrangements with Manager

E.g. Spinal damage, death

Complete ALL forms (eg. incident form, hazard analyses form) in a timely manner

Provide First Aid

**INCIDENT OCCURS**

**Incident Response Plan**

Camp Manager to inform COO

**SECURE the scene**

Your safety, group safety, patient safety scene safety

**Life Changing**

Contact Office or Duty Manager – Manager to take over control and asses if emergency services are required.

If Manager is not contactable, person in charge calls emergency services if needed then advises Manager ASAP

Stabilize and transport affective party

Implement Critical Incident Plan (if required)

If COO was contacted advise them of any investigation outcomes / corrective actions carried out