



**This document must be read.
Please sign and return the last page of this document**

THE BURNS SUPPORT FOUNDATION LTD

**Registered Charity No. CC28296
P.O. BOX 476
PADDINGTON NSW 2021**

RISK MANAGEMENT PLAN

BURNS FAMILY CAMP 2017

CAMP CORROBOREE

Cheri Templeton
President

Sandra Spalding
Support Co-ordinator

Revised February 2015

THE BURNS SUPPORT FOUNDATION

RISK MANAGEMENT PLAN

“CAMP CORROBOREE 2017”

STATEMENT OF ACCOUNTABILITY & RESPONSIBILITY

“Camp Corroboree” operates from Friday evening to Sunday after lunch. The BSF have in place a Risk Management Plan and all who attend the camps need to be familiar with it. A copy of the RMP is available at the camp for people to read. It is important that at least one member of each family read this document thoroughly during the camp. Once the document has been read you MUST sign the appropriate form & return it to the Camp Co-ordinator.

All BSF staff involved in organising the camp must sign and return the attached acknowledgement form to the Camp Co-ordinator after careful reading of the R.M.P., prior to the commencement of each camp.

BSF staff include: Camp Co-ordinator, Assistant Camp Co-ordinator, Mentors, Committee members, Emotional Support Co-ordinator and President.

STAFFING - MINIMUM REQUIREMENTS

Staffing requirements: Camp co-ordinator, Assistant camp co-ordinator/s, Emotional Support co-ordinator, President, Mentors and Committee members.

** B.S.F. Camp Co-ordinators : Margaret Jackson /Barry Lowe*

**Asst Camp Co-ordinator : Sarah Dubois*

:

- *Emotional Support co-ordinator _:_ Sandra Spalding 0422 119 765*
- *First Aid co-ordinator Margaret Jackson*
- *President : Cheri Templeton 0488 154 029*

STAFF ALLOCATION

| Staff Name | Phone number |
|-------------------|---------------------|
| Cheri Templeton | 0488 154 029 |
| Margaret Jackson | 0409 122 801 |
| Erin Fountain | 0488 771 069 |
| Barry Lowe | 0421 582 787 |
| Sarah Dubois | 0435 820 232 |
| Wathik Almoaiel | 0428 027 891 |
| Sandra Pittaro | 0433 423 776 |
| | |
| | |
| | |

REGISTRATION FORMS

REGISTRATION FORMS FOR ALL CAMP PARTICIPANTS

B.S.F. FORMS SENT TO FAMILIES - TO BE COMPLETED, SIGNED AND RETURNED TO THE CAMP CO-ORDINATOR

1. Camp Corroboree Invitation
2. Camp Corroboree Application form
3. Family Rules Form – (to be signed & returned)
 - a) Family Rules - (to be kept by family)
4. Payment form
5. Camp Corroboree Rules – (to be signed)
 - b. Camp Corroboree Rules – (to be kept by family)
6. Supervision during Parents Group form – (to be signed)
 - b. Supervision during Parents Group form – (to be kept by family)
7. Photography and Video form
8. What to Bring form – (kept by family)
9. Map/directions to campsite (kept by family)

INFORMATION PROVIDED BY B.S.F. STAFF (IN ADDITION TO ABOVE)

1. Camp Activity Programme
2. Accident / Incident Report Form
3. Room Allocation List
4. Group Allocation List
5. B.S.F. Certificate of Currency

FORMS PROVIDED BY VENUE MANAGER / CONTRACTOR

1. Risk Management of Venue/ Contractor
2. Certificate of Currency of Site

FORMS TO BE COMPLETED BY ALL B.S.F. COMMITTEE MEMBERS

1. Venue Medical forms:

Form 6

Risk Assessment & Control Summary –B.S.F. FAMILY Camp

| Risk Element | Risk Exposure (Potential risks & consequences) | Risk Rating | Control Measures | Responsibility |
|---|--|-------------------|--|---|
| Registration All participants | <ul style="list-style-type: none"> Registration Forms incomplete when returned prior to the camp. | H (B4) High | <ul style="list-style-type: none"> Check all Registration Forms as returned. Contact participant / family regarding the relevant incomplete form /s & ask them to complete the relevant form/s and return to BSF prior to commencement of the camp. The incomplete forms maybe posted, emailed or faxed to the participant/family | Designated BSF committee member Participant & family |
| | <ul style="list-style-type: none"> Registration Forms incomplete on arrival at the Camp site. | H (B4) High | <ul style="list-style-type: none"> Have extra full sets of "Registration Forms" available @ camp Request family to complete the relevant Registration Forms immediately on arrival @ the camp. | Designated BSF committee member Participant & family |
| BSF committee | <ul style="list-style-type: none"> Staff Registration Forms incomplete | E (D4) Extreme | <ul style="list-style-type: none"> Check all Registration Forms as returned. Contact committee member if all Registration Forms are not complete Request committee member complete relevant forms on arrival | Camp co-ordinator Staff |

Form 6

| Risk Element | Risk Exposure (Potential risks & consequences) | Risk Rating | Control Measures | Responsibility |
|------------------|--|----------------|---|--|
| Transport | <ul style="list-style-type: none"> Transport to and from camp site | | <ul style="list-style-type: none"> Family and /or individual responsibility. No transport provided by B.S.F.to attend or return from the camp Private individual transport arrangements to & from the Camp Site are not the responsibility of the B.S.F & CANNOT be arranged by the B.S.F. In the event of an accident families / staff involved should contact their Insurer, the police and seek legal & medical advice as required. Contact Camp Co-ordinator to inform them of the accident & whether you & your family will be attending the camp. | All participants- participants & all committee members |
| | <ul style="list-style-type: none"> Transport to and from activities on or off site | | <ul style="list-style-type: none"> Venue bus operated by contractor Bus hired & driven by BSF Private vehicle | Contractor BSF Registered vehicle owner |
| | <ul style="list-style-type: none"> Failure of registered participant/s to arrive on Friday night | | <ul style="list-style-type: none"> Committee to call family directly If no answer call other designated contact person Act on information received | Camp co-ordinator Participant to inform |
| | <ul style="list-style-type: none"> Participants arriving and departing by public transport | | <ul style="list-style-type: none"> Need to be contactable by mobile Notify Camp Co-ordinator of arrival time @ the rail / bus station well in advance of Camp dates. Notify Camp Co-ordinator of any changes to the above information Camp Co-ordinators will try to arrange transport for collection from and return to rail /bus station. This needs to be organized well in advance & NOT in the last week prior to camp. | All participants Camp co-ordinator |
| | <ul style="list-style-type: none"> Child/adult moving between activities on or off site in other than own family vehicle. | H (D4) High | BSF staff members & Venue staff are NOT RESPONSIBLE for arrangements made between families | Camp participants |

Form 6

| Risk Element | Risk Exposure (Potential risks & consequences) | Risk Rating | Control Measures | Responsibility |
|----------------------------------|--|--------------------|--|---|
| Transport (Continued) | <ul style="list-style-type: none">Child moving between activities on or off site in venue provided transport | H (D4) High | <ul style="list-style-type: none">NO CHILD is permitted to travel on venue transport unaccompanied by his / her own parent/carer. | Camp Co-ordinator All B.S.F. staff Parent / Carer |

Form 6

| Risk Element | Risk Exposure (Potential risks & consequences) | Risk Rating | Control Measures | Responsibility |
|---------------------------------------|---|--------------------|---|---|
| Environment/ Accommodation | Fire | E (C5) Extreme | <ul style="list-style-type: none"> • Knowledge by all B.S.F. committee members of venue Fire Safety Procedures (e.g. exits, evacuation meeting places, fire extinguishers, fire alarms, fire blankets and other fire fighting equipment.) • On arrival at campsite all camp participants will have an explanation of fire drill procedures by camp co-ordinator / venue manager or designated B.S.F. staff. | Camp co-ordinator Venue manager BSF committee members Participants |
| | Accommodation /common areas are unsafe. Eg. Building, heaters, fittings furnishings etc. | E (B4) Extreme | <ul style="list-style-type: none"> • Inspections carried out by designated BSF Committee prior to arrival of camp participants. • Any defects will be noted & the list given to the Venue Manager to have fixed ASAP & before accommodation is occupied. • If room cannot be repaired & is classified unsuitable other arrangements for accommodation must be made. | 2 nominated B.S.F. Committee members Camp co-ordinator Venue Manager |
| | Sleeping arrangements (camp site). | M (D3) Moderate | <ul style="list-style-type: none"> • Names of all camp participants & B.S.F. Committee are attached to the allocated bedroom door. • All participants are responsible for care & tidiness of their individual rooms. • Bedding etc MUST not be removed from the room | Camp co-ordinator Nominated B.S.F. Committee member All Participants |
| | Camp grounds | H (C3) High | <ul style="list-style-type: none"> • Risk transferred to Camp venue Manager and Sub-Contractors. • Camp Co-ordinator to liaise with Venue manager if any dangerous defects are noted in the campgrounds / surrounding areas. | Camp venue manager Sub contractor Camp co-ordinator All BSF staff |

Form 6

| Risk Element | Risk Exposure (Potential risks & consequences) | Risk Rating | Control Measures | Responsibility |
|-----------------|---|-------------------|--|---|
| Staffing | <ul style="list-style-type: none"> Inadequate numbers B.S.F committee member's prior to start of camp. | E (C4) Extreme | <ul style="list-style-type: none"> Liaison with President & Emotional Support Co-ordinator Enlist assistance from camp participants Cancel camp due to lack of volunteers | Camp co-ordinators B.S.F Staff |
| | <ul style="list-style-type: none"> B.S.F. Committee Member removed due to injury, illness or personal reasons etc. | H (C4) High | <ul style="list-style-type: none"> Provide immediate first aid. Contact next of kin Transfer to suitable medical facility. Liaise with B.S.F. President and/or Emotional Support Co-ordinator for replacement staff. If no volunteers are available a decision is to be made re continuation of camp dependent on staff levels. | Camp co-ordinator All B.S.F. committee members B.S.F. President Emotional Support Co-ordinator |
| | <ul style="list-style-type: none"> B.S.F. committee member recalled due to family emergency | H (C4) High | <ul style="list-style-type: none"> Notify the Committee Member. Relieve the Committee Member of duty. Provide assistance as required. Liaise with B.S.F. president and/or Emotional Support Co-ordinator for a replacement. | Camp co-ordinator B.S.F President Emotional Support Co-ordinator |
| | <ul style="list-style-type: none"> Insurance Cover | H (C3) High | <ul style="list-style-type: none"> BE 118A450470BPK | BSF President Camp Coordinator |
| | <ul style="list-style-type: none"> MANDATORY REQUIREMENT | | <ul style="list-style-type: none"> All BSF Committee Members are required to apply for a 'Working with Children Check' & provide evidence of clearance The BSF will retain a record of each Committee Members reference number These reference numbers are valid for 5 years & prior to each Camp the Committee will review the status of each Member | All Committee Members President |

Form 6

| Risk Element | Risk Exposure (potential risks & consequences) | Risk Rating | Control Measures | Responsibility |
|----------------------|--|--------------------|---|--|
| Communication | <ul style="list-style-type: none"> • Communication links. | H (C3) High | <ul style="list-style-type: none"> • Check Land Line at camp venue is working. • Check if mobile phone contact is available when activities are held offsite. • Check if Sub contractors/ instructors for all groups have phone/radio contact. | Venue Manager Subcontractors/instructors Camp co-ordinator |
| | <ul style="list-style-type: none"> • Emergency contact numbers. | E (C4) Extreme | <ul style="list-style-type: none"> • Each group's contractors/instructors has a list of all emergency contact phone numbers. • These emergency phone numbers include <ul style="list-style-type: none"> - Nearest Medical Centre/Hospital - All B.S.F. committee members - Camp co-ordinators - BSF President - Emotional support co-ordinator • A copy of the above are carried by the B.S.F. Group Leader at all times during activities.-NB please ensure Mobile is turned on • The participants Camp Forms remain the property of the B.S.F. for a minimum of 7 years after which they will be shredded. • Venue Medical forms need to be completed for all camp participants including BSF committee members | Camp co-ordinator B.S.F. staff Venue contractors /instructors Participants to provide |

Form 6

| Risk Element | Risk Exposure (Potential risks & consequences) | Risk Rating | Control Measures | Responsibility |
|--------------------------|--|-------------------|--|--|
| Camp Participants | <ul style="list-style-type: none"> A Participant leaving an activity or the Camp Site | | <ul style="list-style-type: none"> Participant's /family's responsibility TO INFORM Camp Co-ordinator when leaving campsite and the expected time of their return. ALL participants & family must leave & return together. Participant's & family's responsibility TO INFORM sub-contractor or instructor if leaving an activity and whether they intend to return to that activity. | All participants |
| | <ul style="list-style-type: none"> A Participant/s suffer illness or injury | H (B3) High | <ul style="list-style-type: none"> Consult with parents/carers & other family members or designated contact person. Transport to suitable Medical Facility. Injured participant must be accompanied by a family member/s. A B.S.F. committee member could accompany participant if it was impossible or inappropriate for a family member to do so. A decision will be made after consultation with all parties. Contact Emergency Services if required. | Camp co-ordinator Designated B.S.F. committee member Participant's family |
| | <ul style="list-style-type: none"> A Participant unaccounted for during activities | E (C5) Extreme | <ul style="list-style-type: none"> Team Leader to consult with participant's carer /parent or child Contact Camp Co-ordinator who alerts all B.S.F. committee members. Attempt mobile phone contact Liaise with Sub-Contractor/Instructor and the Venue Manager. A search may be organised. Contact the participant's emergency contact person after 1 hour if not found. Contact Emergency Services as appropriate | Camp co-ordinator All B.S.F. committee members Sub-contractors & instructors Venue managers Participant's family |
| | <ul style="list-style-type: none"> Participant requires special medication | H (B2) High | <ul style="list-style-type: none"> Participants are responsible for ADMINISTRATION & SUPPLY of medication to self and family. | All participants. Camp sub-contractor/instructors. |

Form 6

| Risk Element | Risk Exposure (Potential risks & consequences) | Risk Rating | Control Measures | Responsibility |
|---|---|--------------------|--|---|
| Camp Participants (continued...) | <ul style="list-style-type: none"> Participant recalled due to family emergency | M (C2) Moderate | <ul style="list-style-type: none"> Emotional Support Co-ordinator to inform participant & /or family Provide practical and emotional support as appropriate to the whole family Under age children CAN NOT remain at the camp without an adult /carer. | Emotional Support Coordinator or if not available a camp coordinator. Participant's family |
| | <ul style="list-style-type: none"> Participant demonstrates inappropriate behaviour and refuses to follow directions/instructions. | H (C3) High | <ul style="list-style-type: none"> Any decision to remove a participant/s will be made by Camp Co-ordinator in consultation with B.S.F. President and Emotional Support Co-ordinator. After camp, Emotional Support Co-ordinator will liaise with participant/ participants as required. Further camp invitations maybe subject to review by the B.S.F. committee following consultation with Emotional Support Co-ordinator. | Emotional Support Co-ordinator Camp Co-ordinator President Participant's family |

Form 6

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|---------------------|---|--------------------|---|---|
| Children | <ul style="list-style-type: none"> Children unsupervised by parents during free time | E (C4) Extreme | Parent are provided with ' Supervision of Children ' Forms (1 form to be signed and returned to BSF & the other kept by family) <ul style="list-style-type: none"> Group Leaders need to reinforce the expectation & the importance of PARENTAL SUPERVISION at ALL times. The BSF provides supervision for children whilst parents attend parents' group facilitated by Emotional Support Coordinator (approx 2hrs duration) on the Saturday morning. At ALL other times children remain the responsibility of their parents | Camp Co-ordinator Group Leaders All BSF committee members |

Form 6

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|--------------------------------|--|------------------------------|--|--|
| Incident Reports | <ul style="list-style-type: none"> Future medical claims | H (C4) High | <ul style="list-style-type: none"> Incident reports to be completed following all accidents/ incidents which occur during supervised activities as well as all free time for the duration of the B.S.F. Camp. This only applies whilst on venue property If a form is NOT available a 'detailed written 'report of the incident or accident must be completed & signed by all witnesses. This report will include statements from witnesses, injured participant & B.S.F. staff. | Sub-contractor B.S.F. group leaders Camp Co-ordinator All committee members Participant's family |
| Media & Photography | <ul style="list-style-type: none"> Invading the privacy of all Participants | | <ul style="list-style-type: none"> No individual can arrange any Media coverage Any decision to involve any form of Media MUST be discussed & agreed upon by the whole Committee All Photography forms must be carefully checked to identify family's expressed wishes | All Committee Members |
| Visitors | <ul style="list-style-type: none"> All invited Visitors are at risk | | <ul style="list-style-type: none"> All Visitors engaging in any activity MUST complete all required CAMP & Venue documents prior to arrival if possible | Camp Co-ordinators |

Form 6

| Risk Element | Risk Exposure (Potential risks & consequences) | Risk Rating | Control Measures | Responsibility |
|---------------------|--|--------------------|---|--|
| Activities | <ul style="list-style-type: none"> Physical injury during organised activities. | H (C3) High | <ul style="list-style-type: none"> Risk management is transferred to sub-contractor. Consult Registration Forms for Medical history & emergency phone numbers of 'next of kin'. Act accordingly BSF Team Leaders to check that an Incident report is completed by sub-contractor as well BSF staff. Obtain a photocopy of the completed venue incident report B.S.F. Team Leader to inform Camp Co-ordinator, President & Emotional Support Co-ordinator | Sub-contractor B.S.F. group leaders Camp Co-ordinator Participant & family |
| | <ul style="list-style-type: none"> Physical injury outside of organised activities. | H (C3) High | <ul style="list-style-type: none"> Risk management is the joint responsibility of B.S.F. Committee Members, the Venue Manager & participant's family. Consult Registration Forms for Medical history & Emergency phone numbers of 'next of kin'. Act accordingly A thoroughly detailed Incident Report to be completed by a B.S.F committee member /s & any other witnesses. | Camp Co-ordinator B.S.F. committee members Venue manager Participant & family |
| | <ul style="list-style-type: none"> Participant challenged to do an activity beyond their capabilities either physically or emotionally. | M (C2) Moderate | <ul style="list-style-type: none"> Participation is to be encouraged not forced. Participants' reluctance to participate to be respected. Emotional Support Co-ordinator maybe consulted. | All B.S.F. committee members Emotional support co-ordinator Participant's family |

Form 6

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|---------------------|---|--------------------|---|--|
| | <ul style="list-style-type: none"> • Sun Burn | H (C3) High | <ul style="list-style-type: none"> • Participants asked to supply suitable clothes, hats and sunscreen during outdoor activities for themselves & their family, • B.S.F. committee members will provide some sunscreen if required. | All B.S.F. committee members Participant & family |
| | <ul style="list-style-type: none"> • Unnecessary foot laceration | H (C3) High | <ul style="list-style-type: none"> • Participants & BSF Committee are required to wear shoes at all times--this is a Venue requirement • Participants asked to supply suitable footwear for all the family as per clothing form. • B.S.F. committee members to remind all to wear appropriate shoes. (enclosed footwear) | All BSF committee members Participant & family |

Form 6

| Risk Element | Risk Exposure (Potential risks & consequences) | Risk Rating | Control Measures | Responsibility |
|------------------------------------|---|-------------|---|---|
| Sexual Assault / Harassment | <ul style="list-style-type: none"> Assault or harassment experienced by participant or perpetrated by a participant. | E (C5) | <ul style="list-style-type: none"> Each family must sleep in accommodation as designated. No participants to enter rooms of other participants unless by invitation. BSF committee members entering participants' accommodation must be accompanied by another BSF committee member. Your children are vulnerable and exposure to danger of any kind can only be prevented by your vigilance and care at all times. All incidents or concerns of assault or harassment must be clearly documented and signed by BSF committee members & all involved participants. Camp co-ordinator, BSF president and Emotional Support Co-ordinator to manage follow up as appropriate as soon as possible. Any concerns by BSF committee members should be directed to BSF president and Emotional Support Co-ordinator. Expressed concerns/comments by participants must be directed immediately to Camp Co-ordinator, BSF president and Emotional Support Co-ordinator Any inappropriate interaction between BSF committee members, sub-contractor, venue staff and participants must be directed to Camp Co-ordinator, BSF president and Emotional Support Co-ordinator. | <ul style="list-style-type: none"> Emotional support coordinator Camp co-ordinator All BSF committee members Participant & family |

BURNS SUPPORT FOUNDATION INC

RISK MANAGEMENT PLAN (RMP)

“CAMP CORROBOREE –NOVEMBER 2017”

I have received a copy of the Risk Management Plan for the Burns Support Foundation “Camp Corroboree, November 2017”. I have read and understand the Plan. For the duration of the camp myself, and my family, will comply with all responsibilities as described in the Risk Management Plan. I take responsibility for ensuring that I, and my family will comply with all instructions from the BSF committee and the Venue staff for the duration of the camp.

NAME:

Parent / Carer / BSF committee:

SIGNATURE:

DATE:

NEXT of KIN

Name **Relationship**..... **Phone no**.....

Name **Relationship**..... **Phone no**.....

Form 6

This page is for your suggestions for improvement and/or additions to the Risk Management Policy. Please feel free to make any comments or ideas and return to the camp co-ordinator. You may sign your name if you wish or you can remain anonymous.

| Risk Element | Risk Exposure (Potential risks & consequences) | Rating | Control Measures | Responsibility |
|---------------------|--|---------------|-------------------------|-----------------------|
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