



THIS DOCUMENT MUST BE READ

THE BURNS SUPPORT FOUNDATION LTD

Registered Charity No. CC28296

P.O BOX 476

PADDINGTON NSW 2021

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RISK MANAGEMENT PLAN BURNS FAMILY CAMP 2024

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CAMP CORROBOREE

Erin Fountain

President

Sandra Spalding

Support Coordinator

STATEMENT OF ACCOUNTABILITY & RESPONSIBILITY

"Camp Corroboree" operates from Friday evening to Sunday after lunch.

The Burns Support Foundation has 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 Coordinator.

All Burns Support Foundation staff involved in organizing the camp must sign and return the attached acknowledgement form to the Camp Coordinator after careful reading of the RMP prior to the commencement of each camp.

The Burns Support Foundation staff include: President, Vice-President, Secretary, Camp Coordinator, Assistant Camp Coordinator, Media Coordinator, Support Coordinator and Committee members

RISK ANALYSIS MATRIX

Level of Risk

Extreme Risk - Immediate Action Required
High Risk - Senior Management Attention Needed
Moderate Risk - Management Responsibility must be Specified
Low Risk - Manage by Routine Procedures

CONTEXT

The Burns Support Foundation Family Camp is aimed at children and adults who have suffered burns injuries and their family members/ friends. The camp is convened by the Burns Support Foundation committee and utilizes the services of sub contractors for venue and activities. The Burns Support Foundation committee members coordinate the planning of the camp in consultation with the camp contractors. The emotional support coordinator provides emotional support to camp participants, mentors, the Burns Support Foundation committee during the camp as well as any follow-up deemed necessary.

The period of the camp is Friday night till Sunday after lunch on the 3rd - 5th May 2024

This risk management plan has been compiled to address organizational and operational risks associated with the Burns Support Foundation's role and responsibilities. Areas of risk have been broken into the following categories:

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|-----------------------------|--------------------------------|---------------------------|------------------------------|
| • Registration | Closest Medical Centre | Rosemeadow Medical Centre | Phone: (02) 4621 3999 |
| • Transport | | | |
| • Environment | Closest Public Hospital | Campbelltown Hospital | Phone: (02) 4634 3000 |
| • Staffing | | | |
| • Communication | Venue Manager | Reception | Phone: (02) 4634 1265 |
| • Activities | After Hours Emergency | Margaret Jackson | Phone: 0409 122 801 |
| • Sexual Harassment/Assault | | | |

The plan shall be subject to regular review and update to ensure all identified risks are addressed and existing control measures continue to be appropriate

STAFFING - MINIMUM REQUIREMENTS

Staffing Requirements: President, Vice-President, Secretary, Camp Coordinator, Assistant Camp Coordinator, Media Coordinator, Support Coordinator and Committee members

Committee Member Details

| COMMITTEE POSITION | NAME | CONTACT DETAILS |
|-----------------------------|-----------------------------------|------------------------------|
| President | Erin Fountain | 0488 771 069 |
| Vice President | Cheri Templeton | 0488 154 029 |
| Secretary | Melissa Fountain | 0431 652 857 |
| Camp Coordinator | Margaret Jackson | 0409 122 801 |
| Assistant Camp Coordinators | Ashleigh Fountain Sarah Dubois | 0488 545 876 0435 820 232 |
| Support Coordinator | Sandra Spalding | 0422 119 765 |
| First Aid Coordinator | Margaret Jackson | 0409 122 801 |
| Media Coordinator | Ashleigh Fountain | 0488 545 876 |

Staffing Allocation

| STAFF NAME | CONTACT DETAILS | STAFF NAME | CONTACT DETAILS |
|-------------------|------------------------|-------------------|------------------------|
| Erin Fountain | 0488 771 069 | Ashleigh Fountain | 0488 545 876 |
| Cheri Templeton | 0488 154 029 | Barry Lowe | 0421 582 787 |
| Melissa Fountain | 0431 652 857 | Sarah Dubois | 0435 820 232 |
| Margaret Jackson | 0409 122 801 | Karen Doyle | 0438 859 876 |

REGISTRATION FORMS

REGISTRATION FORMS FOR ALL CAMP PARTICIPANTS

BSF FORMS SENT TO FAMILIES - TO BE COMPLETED, SIGNED AND RETURNED TO THE CAMP COORDINATOR

1. Camp Corroboree Invitation
2. Camp Corroboree Attendee Application form
3. Camp Corroboree Rules (to be signed)
4. Family & Children Supervision Rules Form (to be signed)
5. Photography & Media Consent Form (to be signed)
6. Dietary Requirements (to be signed)
7. Payment Form
8. Risk Management Form - Back Page Only (to be signed)
9. Suggestions What to Bring
10. Camp Form Checklist
11. Map/directions to campsite (kept by family)

INFORMATION PROVIDED BY BSF. STAFF (IN ADDITION TO ABOVE)

1. Camp Activity Agenda
2. Accident/Incident Report Form
3. Room Allocation List
4. Group Allocation List
5. BSF 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 BSF. COMMITTEE MEMBERS

1. Venue Medical forms

RISK ASSESSMENT & CONTROL SUMMARY

| RISK ELEMENT | RISK EXPOSURE (POTENTIAL RISK & CONSEQUENCES) | RISK RATING | CONTROL MEASURES | RESPONSIBILITY |
|---|--|--------------------|--|---|
| Registration All Participants | Registration forms incomplete when returned prior to camp | H (B4) | Check all registration forms are returned - Contact participant/family regarding relevant incomplete form/s & ask them to return to BSF prior to commencement of the camp | Camp Coordinator / Assistant Camp Coordinator Participant / Family |
| | Registration forms incomplete on arrival at the campsite | H (B4) | - Check if the incomplete forms have been posted, emailed or faxed to the participant/family | |
| BSF Committee | Staff Registration forms incomplete | E (D4) | Check all registration forms are returned - Contact committee member if all registration forms are incomplete - Request committee member complete relevant forms on arrival | Camp Coordinator / Assistant Camp Coordinator Committee Member/Staff |
| Transport | Transport to and from campsite | H (D4) | Family and/or individual responsibility - No transport provided by BSF to attend or return from the camp - Private individual transport arrangements to & from the campsite are not the responsibility of the BSF & cannot be arranged by the BSF - In the event of an accident, families/staff involved should contact their insurer, the | Participants Committee Members |

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| | | | <p>police and see legal & medical advice as required</p> <ul style="list-style-type: none"> - <p>Contact the camp coordinator to inform them of the accident & whether you & your family will be attending the camp</p> | |
| | Transport to and from activities on or off site | | <p>Venue bus operation by contractor</p> <ul style="list-style-type: none"> - Bus hired & driven by BSF - Private Vehicle | <p>Contractor</p> <p>BSF</p> <p>Registered Vehicle Owner</p> |
| | Failure of registered participant/s to arrive on Friday night | | <p>Committee to call family directly</p> <ul style="list-style-type: none"> - If no answer other designated contact person - Act on information provided | <p>Participants</p> <p>Camp Coordinator</p> |
| | Anticipate arriving and departing by public transport | | <p>Need to be contactable by mobile</p> <ul style="list-style-type: none"> - Notify Camp Coordinator of arrival time at the rail/bus station well in advance of camp dates - Notify Camp Coordinator of any changes to the above information - Camp Coordinators will try to arrange transport for collection from and return to the rail/bus station. This needs to be organized well in advance & not in the last week prior to the camp | <p>Participants</p> <p>Camp Coordinator</p> |

| RISK ELEMENT | RISK EXPOSURE (POTENTIAL RISK & CONSEQUENCES) | RISK RATING | CONTROL MEASURES | RESPONSIBILITY |
|--|---|--------------------|--|---|
| Transport (cont.) | Child/Adult moving between activities on or offsite in other than own family vehicle | | BSF committee members & venue staff are not responsible for arrangements made between families | Participants |
| | Child moving between activities on or offsite in venue provided transport | | No child is permitted to travel on venue transport unaccompanied by his/her own parent/guardian | Committee Members Parent/Guardian |
| Environment & Accommodation | Fire | E (C5) | Knowledge by all BSF committee members of venue fire safety procedures (eg. exits, evacuation meeting places, fire extinguishers, fire alarms, fire blankets and other fire fighting equipment) - On arrival at campsite all participants will have an explanation of fire drill procedures by Camp Coordinator/Venue Manager or designated BSF committee member | Camp Coordinator BSF Committee Members Participants |
| | Accommodation/Common Areas are unsafe eg. building heaters, fittings, furnishings etc | E (B4) | Inspections carried out by designated BSF committee prior to arrival of 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 and is classified unsuitable other arrangements for accommodation must be made | BSF Committee Members (2 Nominated) Camp Coordinator Participants |
| | Sleeping Arrangements | M (D3) | Names of all camp participants & BSF Committee are attached to the allocated bedroom door - Participants are responsible for care & tidiness of their individual rooms | Camp Coordinator BSF Committee Member (Nominated) Participants |

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| | | | - Bedding etc must not be removed from the room | |
| | Camp Grounds | H (C3) | Risk transferred to Venue Manager & Sub-Contractors - Camp Coordinator to liaise with the Venue Manager if any dangerous defects are noted in the campgrounds/surrounding areas | Venue Manager Sub-Contractor Camp Coordinator BSF Committee Members |
| Staffing | Adequate numbers BSF committee members prior to start of camp | E (C4) | Liaise with President & Support Coordinator - Enlist assistance from participants - Cancel camp due to lack of volunteers | Camp Coordinator BSF Committee Members |
| | BSF Committee Member removed due to injury, illness or personal reasons etc. | H (C4) | Provide immediate first aid - Contact next of kin - Transfer to suitable medical facility - Liaise with BSF president and/or support coordinator for replacement staff. If no volunteers are available a decision is to be made on re-continuation of camp dependant on staff levels | Camp Coordinator BSF Committee Members President Support Coordinator |
| | BSF committee member recalled due to family emergency | H (C4) | Notify the committee member Relieve the committee member of duty Liaise with president or support coordinator for a replacement | Camp Coordinator President Support Coordinator |

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| | Insurance Cover | H (C3) | QBE 118A450470BPK | President Camp Coordinator |
| | Mandatory Requirement | | BSF Committee Members are required to apply for a "Working with Childrens Check" and provide evidence of clearance - The BSF will retain a record of each of the committee members reference number - These reference numbers are valid for 5 years and prior to each camp the committee will review the status of each member | Secretary President Committee Members |
| RISK ELEMENT | RISK EXPOSURE (POTENTIAL RISK & CONSEQUENCES) | RISK RATING | CONTROL MEASURES | RESPONSIBILITY |
| Communication | Communication Links | H (C4) | Check landline at camp venue is working - Check if mobile phone contact is available when activities are held offsite - Check if subcontractors/instructors for all groups have phone/radio contact | Venue Manager Sub-Contractors Camp Coordinator |
| | Emergency Contact Numbers | E (C4) | Each group's contractors/instructors has a list of all emergency contact phone numbers. - These emergency phone numbers include: - Nearest Medical Centre/Hospital - All BSF Committee Members - Camp Coordinators - BSF President Support Coordinator - A copy of the above is carried by the BSF Group Leader at all times during activities - NB please ensure Mobile is turned on | Camp Coordinator BSF Committee Members Venue Contractors/Instructors Participants |

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| | | | <ul style="list-style-type: none"> - The participants' camp forms remain the property of the BSF 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 Participants | Participant leaving an activity or the Camp Site | | <p>Participant's /family's responsibility to inform the Camp Coordinator when leaving the campsite and the expected time of their return, all participant/s & family must leave and return together</p> <ul style="list-style-type: none"> - Participant's & family's responsibility to sub-contractor or instructor if leaving an activity and whether they intend to return to that activity. | Participants |
| | Participant/s suffer illness or injury | H (C3) | <ul style="list-style-type: none"> Consult with parents/carers & other family members or designated contact persons - Transport to a suitable medical facility - Injured participants must be accompanied by a family member/s. A BSF committee member could accompany participants 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 | <p>Camp Coordinator</p> <ul style="list-style-type: none"> - Designated BSF Committee Member - Participant's Family |
| | Participant unaccounted for during activities | | <ul style="list-style-type: none"> Team Leader to consult with participant's parent/guardian or child - Contact Camp Coordinator who alerts all BSF Committee Members - | <p>Camp Coordinator</p> <p>BSF Committee Members</p> <p>Sub-Contractors & instructors</p> |

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| | | E (C5) | <p>Attempt mobile phone contact</p> <ul style="list-style-type: none"> - Liaise with Sub-Contractor/Instructor and the Venue Manager - A search may be organized - Contact the participant's emergency contact person after 1 hour if not found - Contact Emergency Services as appropriate | <p>Venue Managers</p> <p>Participant's Family</p> |
| | Participant requires special medication | H (B2) | <p>Participants are responsible for the ADMINISTRATION & SUPPLY of medication to self and family</p> | <p>Participants</p> <p>Camp Sub-Contractor/Instructors.</p> |
| | Participant recalled due to family emergency | M (C2) | <p>Support Coordinator to inform participants and/or family</p> <ul style="list-style-type: none"> - Provide practical and emotional support as appropriate to the whole family - Under age children cannot remain at the camp without an adult /carer | <p>Support Coordinator</p> <p>Camp Coordinator</p> <p>Participant's family</p> |
| | Participant demonstrates inappropriate behavior and refuses to follow directions/instructions. | H (C3) | <p>Any decision to remove a participant/s will be made by Camp Coordinator in consultation with BSF President and Support Coordinator</p> <ul style="list-style-type: none"> - After camp, Emotional Support Co-ordinator will liaise with participant/s as required - Further camp invitations may be subject to review by the BSF Committee following consultation with the Support Coordinator. | <p>Support Coordinator</p> <p>Camp Coordinator</p> <p>President</p> <p>Participant's family</p> |

| RISK ELEMENT | RISK EXPOSURE (POTENTIAL RISK & CONSEQUENCES) | RISK RATING | CONTROL MEASURES | RESPONSIBILITY |
|--------------------------------|---|--------------------|---|---|
| Children | Children unsupervised by parents during free time | E (C4) | <p>Parent are provided with 'Family Rules and Children Supervision Forms (form to be signed and returned to BSF and kept a copy for themselves</p> <ul style="list-style-type: none"> - - Group Leaders need to reinforce the expectation & the importance of PARENTAL SUPERVISION at ALL times - - BSF provides supervision for children whilst parents attend parents' groups facilitated by the Support Coordinator (approx 2 hrs duration) on the Saturday morning - - At ALL other times children remain the responsibility of their parents | <p>Camp Coordinator</p> <p>Group Leaders</p> <p>BSF Committee Members</p> |
| Incident Reports | Future medical claims | H (C4) | <p>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 BSF Camp, this only applies whilst on venue property</p> <p>=</p> <p>If a form is NOT available then a 'detailed written 'report of the incident or accident must be completed & signed by all witnesses. This report will include statements from witnesses, injured participants and BSF committee member</p> | <p>Sub-contractor</p> <p>BSF Group Leaders</p> <p>Camp Coordinator</p> <p>Committee members</p> <p>Participant's family</p> |
| Media & Photography | Invading the privacy of all Participants | | <p>No individual can arrange any Media coverage</p> <ul style="list-style-type: none"> - - Any decision to involve any form of Media MUST be discussed & agreed upon by the whole Committee | <p>Media Coordinator</p> <p>Secretary</p> |

| | | | - All Photography & Media forms must be carefully checked to identify family's expressed wishes | Camp Coordinator Committee Members |
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| Visitors | All invited Visitors are at risk | | All Visitors engaging in any activity MUST complete all required CAMP & Venue documents prior to arrival if possible | Camp Coordinator |
| RISK ELEMENT | RISK EXPOSURE (POTENTIAL RISK & CONSEQUENCES) | RISK RATING | CONTROL MEASURES | RESPONSIBILITY |
| Activities | Physical injury during organized activities | H (C3) | Risk management is transferred to sub-contractor - Consult registration forms for medical history & emergency phone numbers of 'next of kin' - Act accordingly - BSF Committee Members to check that an Incident report is completed by sub-contractor as well as BSF staff, obtain a photocopy of the completed venue incident report - BSF Committee Member to inform Camp Coordinator, President & Support Coordinator | Sub-Contractor BSF Committee Members Camp Coordinator Participants & Family |
| | Physical injury outside of organized activities | H (C3) | Risk management is the joint responsibility of BSF Committee Members, the Venue Manager & participant's family - Consult registration forms for medical history & Emergency phone numbers of 'next of kin' - Act accordingly | BSF Committee Members Camp Coordinator Venue Manager Participants & Family |

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| | | | <ul style="list-style-type: none"> - A thoroughly detailed Incident Report to be completed by a BSF Committee Member/s & any other witnesses. | |
| | Participant challenged to do an activity beyond their capabilities either physically or emotionally | M (C2) | <ul style="list-style-type: none"> - Participation is to be encouraged not forced - Participants' reluctance to participate to be respected - Support Coordinator maybe consulted | <p>BSF Committee Members</p> <p>Support Coordinator</p> <p>Participant's Family</p> |
| | SunBurn | H (C3) | <p>Participants asked to supply suitable clothes, hats and sunscreen during outdoor activities for themselves & their family</p> <p>BSF Committee Members will provide some sunscreen if required</p> | <p>BSF Committee Members</p> <p>Participant & Family</p> |
| | Unnecessary foot laceration | H (C3) | <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 - BSF Committee Members to remind all to wear appropriate shoes (enclosed footwear) | <p>BSF Committee Members</p> <p>Participant & Family</p> |
| Sexual Assault / Harassment | Assault or harassment experienced by participant or perpetrated by a participant | | <ul style="list-style-type: none"> - Each family must sleep in accommodation as designated - No participants are to enter rooms of other participants unless by invitation - BSF committee members entering participants' accommodation must be accompanied by another BSF committee member - | |

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| | | <p>E (C5)</p> | <p>Your children are vulnerable and exposure to danger of any kind can only be prevented by your vigilance and care at all times</p> <ul style="list-style-type: none"> - All incidents or concerns of assault or harassment must be clearly documented and signed by BSF committee members & all involved participants - Camp Coordinator, President and Support Coordinator to manage follow up as appropriate as soon as possible - Any concerns by BSF committee members should be directed to the President and Support Coordinator - Expressed concerns/comments by participants must be directed immediately to Camp Coordinator, President and Support Coordinator - Any inappropriate interaction between BSF Committee members, Sub-Contractor, Venue Staff and Participants must be directed to Camp Coordinator, President and Support Coordinator. | |
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This table below 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 Coordinator. You may sign your name if you wish or you can remain anonymous

| RISK ELEMENT | RISK EXPOSURE (POTENTIAL RISK & CONSEQUENCES) | RISK RATING | CONTROL MEASURES | RESPONSIBILITY |
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