

## 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: 01/01/24 and ongoing.	Date excursion: EMERGENCY/VISIT current to 31:12:24	
Destination: Albury Base Hospital: Borella Road: East Albury <a href="https://goo.gl/maps/YECbcAV5EgC2">https://goo.gl/maps/YECbcAV5EgC2</a> Albury Wodonga Health: 53-81 Vermont St, Wodonga VIC 3690 <a href="https://goo.gl/maps/1RYoZUoT5cP2">https://goo.gl/maps/1RYoZUoT5cP2</a> Albury Private: 1125 Pemberton Street, West Albury 2640 <a href="https://goo.gl/maps/w5Sy5npxuNE2">https://goo.gl/maps/w5Sy5npxuNE2</a> Murray Valley Private Hospital: <a href="https://goo.gl/maps/sGifvniewBHPCsM8">https://goo.gl/maps/sGifvniewBHPCsM8</a>		Routine: <input checked="" type="checkbox"/> Non-Routine: <input type="checkbox"/>	
Route to Location: See map links above. <b>RISK LOW</b> WITH INTERVENTIONS IN PLACE.		Proposed time of excursion: EMERGENCY / VISIT	
Responsible Parent/Guardian Authorisations: I agree to participant attending excursion as documented and approved by Service.	Anticipated Number of Participants: 4-7	Approximate Duration: AS NEEDED	
Participant Name:	Parent/Guardian Signature:	Method of Transport: (PROVIDER) VEHICLE CGI31Y OR (DAKODA) CG21YB OR EMERGENCY - AMBULANCE	
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. DAKODA & TANIKA THOMPSON	
Participant Name:	Parent/Guardian Signature:	Service Approval Signed:	
Participant Name:	Parent/Guardian Signature:	Service Approval Date: 01:01:24	
Participant Name:	Parent/Guardian Signature:	<b>Benefits of proposed excursions/outing and activities:</b>	
Participant Name:	Parent/Guardian Signature:	<b>Routine drop off/pick up</b>	<input type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	<b>Educational Outing</b>	<input checked="" type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	Nature experience	<input type="checkbox"/>

Document Name	Version Number	Date of Issue	Review Date
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Participant Name:	Parent/Guardian Signature:	Developing communication skills	<input checked="" type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	New Opportunities to learn	<input checked="" type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	Extension of gross motor skills	<input 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:		
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:	(provide rationale below)	

**Benefits of the Activity:**

Benefits: Through experience in real life such as a visit with a Doctor encourages positive relationships between the General Practitioner, Specialist and the participant, addressing all key areas of social; emotional; physical and cognitive development; including learning and academic achievement. Visits to the Doctor have therapeutic powers; helping participants to adjust to unique circumstances (caring for themselves or others); and to heal from trauma associated with having a disability.

Perhaps the most compelling; is the connection for younger participants, between play; learning; and development; neurons in the participants brain are present, for, the purpose of, physical; cognitive; social; emotional and language development.

The importance of the participant's health and development includes; healthy brain development; handling challenges; working in groups; decision making; developing leadership skills; developing physical skills; and engaging fully with professionals for positive outcomes.

PARTICIPANTS MAY ALSO REQUEST TO BE TAKEN TO THE HOSPITAL TO ENGAGE IN COMMUNITY WORK/ OR VISIT FRIEND/FAMILY.

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: N/A	N/A	Provider
Are there traffic hazards?	<input checked="" type="checkbox"/> List: CARPARK	Participant to walk to / from car holding providers hand or remain within pram / stroller if under 5, safety issues to be considered based on participants needs.	Provider

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Are there human hazards?	<input checked="" type="checkbox"/> Comment: STRANGER DANGER	Hospital: participant asked to sit quietly while attending Doctor / Nurse is examining participant or during demonstration; participant encouraged to ask questions.	Provider
Are there chemical hazards?	<input checked="" type="checkbox"/> Comment: HOSPITAL	Ensure participants are supervised always.	Provider
Are there poisonous or dangerous plants?	<input type="checkbox"/> Comment:	N/A	Provider
Are there fall, trip or slip hazards?	<input checked="" type="checkbox"/> Comment: CARPARK	Participant to walk to / from car holding providers hand or remain within pram / stroller if under 5, safety issues to be considered based on participants needs.	Provider
Weather considerations? UV rating, gumboots, coat, hats, sun protection.	<input type="checkbox"/> Comment:	Dress to weather – be mindful outdoors only on entry / exit.	Provider
Are there toilets/hand washing and water accessible?	<input checked="" type="checkbox"/> Comment: YES	Participant remain with Provider; toileted before leaving; toilet is available on premises; wipes/continence aids taken where required.	Provider
Is play equipment safe?	<input type="checkbox"/> Comment: N/A	N/A	Provider
Is the environment clean and safe?	<input checked="" type="checkbox"/> Comment: YES	Aware this is a hospital.	Provider
Is the environment smoke free?	<input checked="" type="checkbox"/> Comment: ENTRANCE?	Be aware patients / visitor smoking areas – avoid same going in/out facility.	Provider
Is there mobile phone coverage?	<input checked="" type="checkbox"/> Comment: YES	Ensure mobile with Provider on visit - 0409 274 790.	Provider
Are there any other hazards not listed?	<input checked="" type="checkbox"/> List: AWARE HOSPITAL	Risk during visit of participant being exposed to differing members of our community-a good learning and discussion point if / when this happens. Be aware Infection Control and follow any hospital regulations in place.	Provider
Individual participants medication or other car needs? (Consideration of participants with special needs e.g. asthma or anaphylaxis):	<input checked="" type="checkbox"/> List: AS NEEDED	All medications required taken with Provider/Participant visiting.	Provider
Emergency contact numbers available:	<input checked="" type="checkbox"/> List: PHONE / EMERGENCY FOLDER	Emergency folder / or participant info sheets with Provider, including Dropbox on phone.	Provider
First Aid kit available:	<input checked="" type="checkbox"/> List: YES CAR	First Aid box within car - always.	Provider

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