**Venue** –

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| **Brief Description –**The primary goal of this document is to keep the participant(s), carers and public safe and to minimise the risk of Incidents whilst maximising the participant’s opportunity to access the community, physical exercise, ………………………….Participants may be a risk to themselves and others.Carers need to implement strategies from their relevant BSP’s and risk mitigation controls as Tabled below.  | Photo |
| **Participant** –  |  |
| **Date of Completion** –  |  |
| **By Whom** –  |  |

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| **1. Severity** | **2. Likelihood** |
| How severely could it hurt someone or how ill could it make someone? | How likely is it to be that bad? |
| **Very Likely** | **Likely** | **Unlikely** | **Very Unlikely** |
| Could happen any time | Could happen some time | Could happen but very rarely | Could happen but probably never will |
| Kill or cause permanent disability or ill health | **1** | **1** | **2** | **3** |
| Long term illness or serious injury | **1** | **2** | **3** | **4** |
| Medical attention and several days off work or school | **2** | **3** | **4** | **5** |
| First aid needed | **3** | **4** | **5** | **6** |
| **The numbers show you how important it is to implement risk controls** |
| **1** - Top Priority:  | Do Something Immediately |
| **6** - Low Priority:  | Do Something When Possible |

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| **Risk/Hazard** | **Additional Controls/Strategies to Minimise Risk/Hazard** | **Risk Rating** |
| Example - Dysregulation in vehicle during drive | * Ensure participant is wearing seat belt & isolated from others in vehicle
* Play radio
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| **Crisis Prevention Plan** | If participant is involved in an incident* Duty of care is to the participant. Protect him / others from harm.
* Contact someone for assistance if necessary to look after participant if the carer needs to attend to other issues
 | **IMPORTANT PHONE NUMBERS:****House Manager:** **WHS Officer:** **Life Threatening Emergency: - 000** **Police Assistance: 131 444**  |

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| **Other Relevant Documents** | * Participant’s BSP
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| * Vehicle Policy / Procedures
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| * Incident Reporting Policy / Procedures
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| **Signature of** **House Manager** |  | **Date** |  |
| **Signature of** **Parent / Guardian** |  | **Date** |  |
| **Signature of** **WHS Manager** |  | **Date** |  |

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| **Carer Sign On** |
| **Name (Print)** | **Signature** | **Date** | **Name (Print)** | **Signature** | **Date** |
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| **Improvement Suggestions / Comments** |
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