**Garstang and District Probus Club** 

# RISK MANAGEMENT POLICY

# Forms

Registration Form for Outings and Tours Registration Form for Activities Incident / Accident / Injury Report – Parts 1 and 2 Risk Management Policy Guidelines Risk Assessment Form

### Garstang and District Probus Club Registration Form for Outings and/or Tours

Outing/Tour Destination			
Date: From	То		
Outing/Tour Leader(s)			

#### **PARTICIPANTS DECLARATION:**

I hereby apply to participate in the above Outing/Tour and in so doing agree that while participating on the above Outing/Tour:

• I understand that I am the person who is fully responsible for the state of my health and I undertake to do all that is necessary so as not to place other participants under stress or duress or to put them in danger because of the state of my health or my behaviour.

• I hereby declare that to the best of my knowledge I am fit enough to undertake this Outing/Tour and agree to advise the Leader immediately should my state of health change.

- I hereby declare that I will only participate in activities where I am physically capable.
- It would be helpful if members who have mobile telephones bring them to facilitate communications, especially in the event of an emergency.
- In the case of any accident, illness or emergency please contact my next of kin:

Name			
Relationship			
Tel:	Mobile		
Address:			

Information provided shall be kept private and confidential within the confines of the Probus club and shall only be used in the event of an emergency.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

# Garstang and District Probus Club REGISTRATION FORM FOR ACTIVITIES

Description of Activity (Including location):

Date of Activity:

Activity Leader/s:

#### PARTICIPANTS DECLARATION

I hereby apply to participate in the above Activity and in so doing agree:

- I understand that I am the person who is fully responsible for the state of my health and I undertake to do all that is necessary so as not to place other participants under stress, duress or in danger because of the state of my health or behaviour.
- I hereby declare that to the best of my knowledge I am fit enough to undertake this Activity and agree to advise the leader immediately should my state of health change.
- I hereby declare that I will only participate in activities where I am physically capable of doing so.
- I am aware that photographs may be taken of me during the activity. It is with my full knowledge and approval should my image be included in any photographs.
- It would be helpful if members who have mobile telephones bring them to facilitate communications, especially in the event of an emergency.

Name	Signature	Name	Signature

# Garstang and District Probus Club Incident / Injury / Accident Report – Part 1

(Report to be completed by member in charge of the Meeting or Activity)

#### **DETAILS OF INJURIES SUSTAINED**

(add additional pages if more than 4 persons are injured)

Name of Injured Person (1)

Details of Injury:

Name of Injured Person (2)

Details of Injury:

Name of Injured Person (3)

Details of Injury:

Name of Injured Person (4)

Details of Injury:

# **Garstang and District Probus Club** Incident / Injury / Accident Report – Part 2 Report to be completed by member in charge of the Meeting or Activity

Please circle one:	Incident	Accident	Injury	
Date of Incident / Accid	dent / Injury:	Tim	e of Incident / Accident / Injury:	
Location of Incident / A	Accident / Injury:			
Number of persons pre-	sent at Meeting /	Activity / Outing /	Tour:	
Describe the activities	of all parties invo	lved at the time of	the Incident / Accident / Injury:	
Cause of the Incident /	Accident / Injury	:		
Number of persons inju	ured (if applicable	e):		
Was the Ambulance Se	rvice called?	Yes / No	Were the Police notified?	Yes / No
If yes, by whom and at	what time?			
Name of Ambulance O	fficer in charge o	f treatment:		
Name of Police Officer	/s in attendance:	Police Station:		
Incident / Accident / In	jury first reported	l to:		
Name Position within C	Club:			
Date / Time Report Ma	de:			
If any significant delay	, please state reas	ons:		
Witnesses to Incident /	Accident / Injury	. (At least two requ	ired, if possible)	
Name:			Name:	
Address:			Address:	
Post Code:			Post Code:	
Email address:		Emai	l address:	
Telephone:			Telephone:	
Mobile:			Mobile:	
Incident / Accident / In	jury referred to: .			
(For investigation into	cause and subseq	uent remedial actio	n)	

### Garstang and District Probus Club RISK MANAGEMENT POLICY GUIDELINES

These guidelines have been prepared to assist Club Officers and Organisers of Outings, Tours and Activities to adhere to the Club's Risk Management Policy that was adopted by the Club

Failure to follow the suggested Guidelines and the Policy may cause concerns in the future in the event of an incident and legal action being taken.

The KISS (Keep It Simple Stupid) rule should apply at all times.

The Club Officers, Organisers of Activities, Club Members and Visitors have a "duty of care" towards each other at all times when they meet. This "duty of Care" principle is paramount in the event of a legal action taken resulting from an incident.

#### 1. Guidelines for: Officers, Organiser of Activities, etc.:

- a) In compliance with the Risk Management Policy ascertain from the Management of the venue of the place of the Meeting the venue's procedure for evacuation in the case of an emergency.
- b) At the start of every meeting, advise all those who are attending as follows:
  - i. Location of emergency exits (pointing to the relevant doors)
  - ii. Venue's procedure for evacuation
  - iii. Location of the meeting place if the evacuation is required

#### 2. Guidelines for: Club Officers

- a) All Meetings, Activities, Outings and Tours that are arranged or operating under the name of the Club MUST be approved by Club Officers. The approval should be noted in the minutes noting as follows:
  - i. The date of the Meeting or Activity
  - ii. A full description of the Meeting or Activity
  - iii. The Club member responsible for the Meeting or Activity
  - iv. Whether Risk Management matters have been noted in regard to the Meeting or Activity
- **b)** The Officers may every 12 months at the AGM (the first meeting with a new President) approve for the following 12 months, passive Activities where there is low Risk Management, and would normally include normal regular monthly meetings and special lunches.
- **C)** If an Incident / Accident / Injury occurs during an activity the leader of the activity is required to submit and Incident / Accident / Injury

#### 3. Guidelines for: Leaders of Activities, Outings, Tours

- a) Risk Management assessments must be considered for all Activities that the Club participates in. Leaders should liaise with the Officers if they have any concerns.
- b) Leaders should ensure that the Club Officers have approved the Activity.
- **C)** Leaders of Activities must have Club members complete the "Registration Form for Activities". The prime purposes of the form are:
  - i. Registration of persons attending the event on that particular day and time.
  - ii. Highlighting the responsibility that each member and visitor has towards their own safety.
  - iii. Identification of risks and hazards from the risk assessment to those taking part in the Activity.
- d) At the completion of the Activity, the "Registration Form for Activities" should be given to the Secretary for safe keeping; the form may be required in the future as evidence.
- e) If an incident, accident or injury occurs an "Incident / Accident / Injury Report" form should be completed and submitted to the Secretary.

# Garstang and District Probus Club RISK ASSESSMENT FORM

Compiled by:		Date:	
Description of Task:			

Is there a hazard associated with this task? YES / NO (If 'no', assessment is complete. If 'yes', please continue).

No	Risk or Hazard	Control Measure

On completion of this form, please pass to the Secretary