



PINEWOOD COMBINED PROBUS CLUB INC.

Inc. No. A0060503F Club No. N9004052

District No. 9810

RISK MANAGEMENT POLICY

ADOPTED BY. by the Club December 12th, 2013

Risk Management Policy

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1.0 GENERAL STATEMENT

This policy was adopted by the members of the Pinewood Combined Probus Club Inc. at a General Meeting held on December 12th, 2013.

The Pinewood Combined Probus Club Inc. recognises the need to ensure the minimisation of the potential risks to members and visitors, which may occur as a result of their participation in the activities of the club.

It is important to the overall enjoyment of the club that potential areas of risk be identified and controls put in place to reduce the possibility of injury.

This policy is also designed to provide for officers, committee and sub-committee members and leaders of activities, outings and tours confidence in their administrative roles within the club.

Nothing in this policy is designed to restrict the enjoyment of member's or visitor's participation in the activities of the club.

The purpose of this policy is twofold:

2. To reduce the risk of injury.
3. To protect the club and its members in the event of action being taken against the club, its officers, committee and sub-committee members, activity leaders or individual members.

2.0 DISCLAIMER

The Pinewood Combined Probus Club Inc. in no way claims this manual to be a comprehensive document covering all aspects of Risk Management which is likely to affect the operations of the club.

The document suggests a number of important areas that should be covered in order that a safer environment may be provided for members and visitors.

Whilst every effort has been made to ensure issues related to Risk Management within the Pinewood Combined Probus Club Inc. the Management Committee and the Risk Management Sub-Committee does not accept any responsibility for any errors, omissions or inaccuracies whatsoever within in the document.

This manual is provided on the basis that the Pinewood Combined Probus Club Inc. shall not be liable for any loss, damage or injury whatsoever arising from any incorrect, incomplete or out of date information contained within the document.

3.0 SAFETY AND PROTOCOL

3.1 THE MEETING VENUE

The Committee shall ensure:

- (1) A First Aid Kit is available for use at all meetings
- (2) A record of all members, guests or visitors attending meetings is maintained
- (3) All power leads, microphone cables and other fittings are properly secured or covered
- (4) All persons present are advised of the location of exits, evacuation assembly point and the procedures to be followed in the case of an emergency
- (5) A list of emergency numbers is kept and maintained at registration desk at all times
- (6) Normal/reasonable duty of care is undertaken and observed

3.2 FOOD SERVICE

The Hospitality Officer shall be responsible for:

- (1) Club managed food and beverage services.
- (2) Rosters for the setting up and the cleanliness of facilities.
- (3) Good hygiene practices undertaken and observed.

4.0 ACTIVITIES, OUTINGS AND TOURS

- (1) The appointed officers shall manage all approved club activities with the assistance of delegated sub-committee members.
- (2) Where possible a record of members, visitors and guests attending is to be maintained.
- (3) Where possible a record of members, visitors and guests leaving early from a meeting or club activity is to be maintained.
- (4) Any incidents/accidents/injuries to be recorded and if necessary for insurance purposes be reported to PSPL.

5.0 HANDLING OF MONEY

The Treasurer shall be responsible for:

- (1) The financial management of club funds under the direction of the Management Committee.
- (2) The Treasurer may delegate the collection of monies being paid by members/guests for club activities to the leaders of such programs.
- (3) The banking of all collected monies within two working days for insurance cover.
- (4) The Committee must approve all financial transactions made by the Club and ensure that all payments are made by cheque or an EFT transaction and are verified or signed by two authorised signatures. (Amended 10 March 2016).
- (5) The Committee shall ensure that no payments are made without evidence of the debt by way of invoice, voucher or receipt.
- (6) A register of the Clubs assets shall be maintained.
Cash based accounting system rather than an accrual system need not allow for depreciation of assets.
- (7) A Budget, setting out the anticipated Income and Expenditure, shall be adopted annually.

6.0 OTHER ISSUES

The Management Committee shall endeavour to address issues related to:

- (1) Risk assessment and management.
- (2) Privacy legislation

7.0 FORMS

- (1) Registration form for outings and/or tours
- (2) Accident/injury/ incident report
- (3) Details of injuries sustained

Registration Form for Outings and/or Tours

Pinewood Combined Probus Club Inc.

Inc. No. A0060503F Club No. N9004052

PARTICIPANTS DECLARATION

I _____ (NAME OF MEMBER OR VISITOR) hereby apply to participate in the activities of the club which may involve outings and tours and in so doing agree that while participating:

- 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 club activities 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.
- I understand that any member or guest with a disability must have a carer/companion and I accept that it is not the role or responsibility of the club or a club member to act as a carer.
- I understand this declaration is effective from the date of signing.
- I understand that the Club publishes photographs of its members on its website and its newsletter to promote the Club and its events.
- I accept that the Club will imply that I have consented to the publication of such photographs unless I personally inform the Secretary in writing that I do not consent to such publication.
- I understand that by completing this declaration that it in no way restricts or limits the insurance cover available to me as a member/visitor through the Probus National Insurance Scheme whilst participating in a '*recognised activity*' of the club.
- In the case of any accident, illness or emergency please contact the person noted below:

Name _____ Relationship _____

Tel: _____ Mobile _____

Address: _____

Privacy Statement:

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.

MEMBER'S SIGNATURE _____ DATE: _____

OR

VISITOR'S SIGNATURE _____ DATE: _____

Accident / Injury / Incident Report

PINEWOOD COMBINED PROBUS CLUB INC.

CLUB NO. N9004052

INC. NO. A0060503F

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|---|
| Tick one Accident.....Injury.....Incident..... |
| Date of Accident / Injury / Incident..... Time of Accident / Injury / Incident..... |
| Location of Accident / Injury / Incident |
| Number of Persons present at Meeting/Activity/Outing/Tour |
| Describe the activities of all parties involved at the time of the Accident/Injury/Incident |
| Cause of Accident/Injury/Incident |
| Number of Persons Injured (if applicable)..... |
| Was the Ambulance Service called? Yes No (please circle) Was the Police notified? Yes No (please circle) If yes by whom ?..... At what time?..... Name of Ambulance Officer in charge of treatment..... |

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| Name of Police Officer in attendance..... Police Station..... |
| Accident/Injury/Incident first reported to: Name..... Position within the Club..... Home Address..... Post Code..... Home Phone ()..... Mobile Date Reported.....Time..... If any significant delay in reporting event please state reasons |
| Witnesses to Accident/Injury/Incident (at least two required) Name..... Address.....Post Code..... Telephone.....Mobile..... Name..... Address.....Post Code..... Telephone.....Mobile..... |
| Accident/Injury/Incident referred to..... for investigation into cause and subsequent remedial action on (date)..... |

Name of injured person(s).....

Details of injury:

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Name of injured person(s)

Details of injury:

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