

Risk Management Policy

	Distric	ct No.	9810	
	Inc. Number			
Ad	opted by the Club			

N9004052

Club No.



Risk Management Policy

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1.0 General Statement

This policy was adopted by the members of the Pinewood Combined Probus Club at a General Meeting held on.....

The Pinewood Combined Probus Club 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 subcommittee 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:

- 1. To reduce the risk of injury.
- 2. 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 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 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Probus Club shall not be liable for any loss, damage or injury whatsoever arising from any incorrect, incomplete or out of date information contained within the document.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 carrying two authorised signatures.
- (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

	Club No.	N9004052	Inc. No.
Outing/Tour De	estination		
•	` '		
Participants De	eclaration:		
	to participate in the		and in so doing agree that
	of my health and place other partic	I undertake to do all th	s fully responsible for the state nat is necessary so as not to duress or to put them in th or my behaviour.
	undertake this Ou	that to the best of my k uting/Tour and agree to ald my state of health o	
	I hereby declare t physically capable		te in activities where I am
	In the case of any next of kin:	/ accident, illness or er	mergency please contact my
Name		Relationship	
Tel:		Mobile	
Address:			
Privacy Statem	nent:		
		pt private and confider in the event of an eme	ntial within the confines of the ergency.
Signed		Dated.	



Accident / Injury / Incident Report

PINEWOOD COMBINED PROBUS CLUB

CLUB NO. N9004052 INC. NO.

Tick one					
AccidentInjuryIncident					
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					
Cause of Acondent Injury/Induction					
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					



Accident/Injury/Incident first reported to: Name
Accident/Injury/Incident first reported to: Name. Position within the Club. Home Address. Post Code. Home Phone (). Mobile Date Reported. If any significant delay in reporting event please state reasons
Name Position within the Club Home Address Post Code Home Phone () Mobile Date Reported
Name Position within the Club Home Address Post Code Home Phone () Mobile Date Reported
Name Position within the Club Home Address Post Code Home Phone () Mobile Date Reported
Position within the Club. Home Address. Post Code. Home Phone (). Mobile. Date Reported. If any significant delay in reporting event please state reasons
Home Address Post Code Home Phone (). Mobile Date Reported If any significant delay in reporting event please state reasons
Post Code. Home Phone (). Mobile. Date Reported
Home Phone (). Mobile Date Reported Time. If any significant delay in reporting event please state reasons
Mobile
Date ReportedTime If any significant delay in reporting event please state reasons
Date ReportedTime If any significant delay in reporting event please state reasons
If any significant delay in reporting event please state reasons
Witnesses to Accident/Injury/Incident (at least two required)
Name
Address
Post Code
TelephoneMobile
Name
Address
Post Code
TelephoneMobile
relephonewiobile
A soident/Injury/Insident referred to
Accident/Injury/Incident referred to
for investigation into cause and subsequent remedial action on (date)



Name of injured person(s)				
Details of injury:				
Name of injured person(s)				
Details of injury:				