|  |  |  |  |
| --- | --- | --- | --- |
| **Program name:** |  | | |
| **Planner:** |  | | |
| **Day activity** | | **Overnight activity** | |
| **Date of plan:** |  | **Date of activity:** |  |

***Purpose of excursions or alternative activities are to broaden individual life experiences through community participation that promotes a sense of belonging and facilitates personal growth.***

**Excursion to:** **Starting time:**

**Departure from:** **Finishing time:**

**Vehicle/s used:**

|  |  |  |  |
| --- | --- | --- | --- |
| None | 12-Seater Bus (BS07-ZS) | Wheelchair Bus (BS07-ZT) | Respite Bus (BS07-ZU) |
| X-Trail (1QF 4NC) | Hyundai IMax (1IP 4QN) | Camry (1OA 6TD) | Mazda (1YS-5WZ) |
| KIA (2AF-4RH) | White Wagon (XDX 883) |  |  |

**Number of staff required:**

**Any special skills required:**

**Name of lead staff:**

**Staff names and times of shift:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Shift Time** | | **Name & Shift Time** | |
| **1.** |  | **2.** |  |
| **3.** |  | **4.** |  |
| **5.** |  | **6.** |  |
| **7.** |  | **8.** |  |

**List of participants and initials of staff working with participants:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | **Arrived** | **Paid** | **Name** | | **Arrived** | **Paid** |
| **1.** |  |  |  | **2.** |  |  |  |
| **3.** |  |  |  | **4.** |  |  |  |
| **5.** |  |  |  | **6.** |  |  |  |
| **7.** |  |  |  | **8.** |  |  |  |
| **9.** |  |  |  | **10.** |  |  |  |
| **11.** |  |  |  | **12.** |  |  |  |
| **13.** |  |  |  | **14.** |  |  |  |
| **15.** |  |  |  | **16.** |  |  |  |

|  |  |
| --- | --- |
| **Detailed description of program activities:**  *(“Session Plan” – this must be in such detail that a casual staff person can follow the program with consistency).*  ***Include required resources:*** |  |
| **Alternative Program**  *(if required in case of weather etc).* |  |
| **Transport**  *(detail any special transportation needs)* |  |

**Risk Assessment**

|  |  |  |
| --- | --- | --- |
| **Risk or Hazard** | | **Management of these risks** |
| **Any issues due to person’s particular disability?** |  |  |
| **Accessibility** |  |  |
| **Other potential hazards** |  |  |

**Procedure in the Event of an Accident / Emergency**

1. The first response is that of first aid: staff are to attend every accident, injury, emergency using first aid procedures. Dangers, Response, Airway, Breathing, Circulation.
2. Ensure other participants/persons are safe.
3. If emergency assistance is required contact 000 (112 if not in service).
4. If unable to notify CEO, Program Manager, Administration at Kyeema of accident / emergency, nominate a person to do so as soon as is safe/practical. 0417 156 239 (On-call mobile) 5523 5999 (Kyeema).
5. Contact the person listed in the emergency file/contact folder.
6. All accidents/incidents are to be recorded on an injury book.
7. Incident forms to be completed.

**All staff attending activity are to read excursion form**