

# Safety Management Plan

## Activity Context

<b>Activity</b>	<b>Location</b>
<b>Date</b>	<b>Anticipated Time</b>
<b>Group/Ages</b>	<b>Experience(of group)</b>
<b>Leader</b>	<b>Training(of leader)</b>
<b>Leader Experience</b>	<b>Notification Form Approved</b>

This document outlines the best practice and anticipated response to any danger, emergency or accident for this activity. This document will be given to every staff member involved and its contents will be shared with the participants involved in the activity. We also acknowledge that if such an anticipated event happens, due to the difference between the real and the anticipated, there may be some other safe and responsible response that may be taken outside of what has been recorded here. This Safety Management Plan reflects the best response based upon the experience that we have had or industry procedure that is currently available. This will be the first procedure method considered in managing the danger.

Risk in the outdoors generally, but not always, come from three main sources. These are problems that PEOPLE bring to the activity, the EQUIPMENT being used in the activity and The ENVIRONMENT where the activity is taking place

<b>Item</b>	<b>Dangers</b> (Risk/Hazard/Peril) List only the major contributing dangers that are specific to this activity	<b>Control Strategies</b> (To reduce or eliminate risk) 1. Eliminate (get rid of) 2. Substitute (put something safer in its place 'change') 3. Engineer Controls (make something new) 4. Administrative Controls (Instructions & signs) 5. Personal protective equipment (PFD, helmet, etc)	<b>Person/s Responsible</b> List the person or people responsible for making sure that the control strategy takes place
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### **Specific Guidelines**

As per the location of the activity (bush, by a river or water, in a public camping site etc)

### **Communications**

As relevant to your activity

## **Medical Procedure.**

Medical person (First Aider, Health Professional) \_\_\_\_\_

Back up person \_\_\_\_\_

## **First Aid Kits**

## **Emergency procedure & evacuation plan**

### **Emergency contacts**

Emergency 000

SES \_\_\_\_\_

Fire Brigade \_\_\_\_\_

Police 000

Other – name \_\_\_\_\_ - number \_\_\_\_\_

National Park contact person: \_\_\_\_\_

Land owner (if not NP) – Name \_\_\_\_\_ Number \_\_\_\_\_

Contact Person – Name \_\_\_\_\_ Number \_\_\_\_\_

Description of location for communicating the emergency:

Who you are

What service you want

What the problem is

Where you are (location)

### CHOICE FOR RUNNING THE ACTIVITY

NAME OF LEADER WHO MAKES THE FINAL CHOICE\_\_\_\_\_

ACCEPT

## WHY –

**REJECT**

## WHY –