**November 2022**

**Risk Management and Incident Management and Response Policy**

1. **Policy Statement**

This ***Risk Management and Incident Management and Response Policy*** is designed to support organisers of overnight NA events to keep attendees safe and address incidents if they occur.

The Regional Service Body of Australia Inc (RSBoA Inc) as the legal name of the Australian Regional Service Committee (ARSC) of Narcotics Anonymous (NA) is committed to:

* A ***robust risk management process*** that provides a consistent, systematic approach to identify and manage risks, and
* The ***elimination of incidents, and the minimisation of harm*** through a consistent and coordinated approach to the identification, reporting, management and investigation of incidents in line with legal requirements and obligations.

1. **Identification, Measurement and Control of Risks**

When organising an event, the organising committee will ensure:

1. A risk assessment is conducted for all proposed overnight events by the organising committee with assistance from members of staff at the hired venue. **ATTACHMENT 1.**
2. Every participant attending the event completes a registration form that provides their full name and emergency contact (next of kin). **ATTACHMENT 2.**
3. All event participants need to be informed of relevant safety information relating to the overnight event. This must be done at the first available opportunity and can be communicated by way of information sheets, or verbally at the opening meeting of the event (or both).
4. All attendees must be made aware of who the organising committee members are and how they can be contacted in the event of an emergency.
5. Emergency procedure guidelines must be made available to refer to when needed at every event and placed in clear view.
6. People who hold first aid qualifications must be in attendance and be made available to attendees.
7. On arrival or at registration members need to be made aware they are responsible for themselves.
8. Any attendee who intends to leave the event prior to the event finishing must inform a committee member.
9. A buddy system is strongly recommended, where members are responsible for ensuring their buddy is accounted for during the event.
10. In the event of someone not being accounted for during the event, who has not made their absence known to a committee member, the organising committee must contact the emergency contact for that person and/or the police where relevant.
11. Where an incident occurs on an overnight event, the event organiser will complete an Incident Report at and forward it to their Area Service Committee and the Regional Service Committee. **ATTACHMENT 3.**
12. **Assessment of Risk**

A risk assessment involves considering what could happen if someone is exposed to a hazard, and the likelihood of it happening. A risk assessment determines:

* how severe a risk is;
* whether any existing [*control measures*](bookmark://control-measures) are effective;
* what action you should take to control the risk, and
* how urgently the action needs to be taken.

A risk assessment will assist to:

* identify which people are at risk of exposure;
* determine what sources and processes are causing the risk;
* identify if and what kind of [*control measures*](bookmark://control-measures) should be implemented, and
* check the effectiveness of existing [*control measures*](bookmark://control-measures).

**The Risk Consequence Rating, Risk Likelihood Rating and Risk Analysis Matrix below are to be used in completing the Risk Assessment Form at ATTACHMENT 1**

**4. Exclusions**

Please note Insurance cover is excluded for the following activities;

* Tug of war
* Swimming
* Open or naked flame, including campfires

**Risk Consequence Rating**

|  |  |  |
| --- | --- | --- |
| **Rating** | | **Possible consequences** |
| **Catastrophic** | **5** | * Death or permanent impairment. * Accidental death / serious injury * Financial loss equal to or in excess of $100,000 * Major civil law suit and/or criminal charges laid against organisation or individual |
| **Major** | **4** | * Extensive injuries, disfigurement, surgical intervention * Serious injury * Dangerous near miss * Financial loss between $50,000 and less than $100,000 * Civil law suit laid against organisation or individual |
| **Moderate** | **3** | * Hospitalisation * Financial loss between $25,000 and less than $50,000 * Significant level of complaints / incidents where this a high threat of legal action, resolved by committee. * Some national press mention |
| **Minor** | **2** | * Minor injury. * Financial loss between $10,000 and less than $25,000 * Isolated complaint / incident where there is a threat of legal action, resolved by committee. * Some local press mention |
| **Insignificant** | **1** | * No injury Includes near miss * Financial loss up to $10,000 * Minor complaint / incident resolved by committee. |

**Risk Likelihood Rating**

|  |  |  |
| --- | --- | --- |
| **Level** | **Descriptor** | **Description** |
| **5** | Almost Certain | It is expected to occur in most circumstances (weekly) |
| **4** | Likely | Will probably occur in most circumstances (monthly) |
| **3** | Possible | Might occur at some stage (annually) |
| **2** | Unlikely | Could occur at some time (two to five years) |
| **1** | Rare | May occur only in exceptional circumstances (every five to 30 years) |

**Risk Analysis Matrix**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | **Consequences** | | | | |
| Insignificant  1 | Minor  2 | Moderate  3 | Major  4 | Catastrophic  5 |
| **Likelihood** | Almost Certain  5 | 6 | 7 | 8 | 9 | 10 |
| Likely  4 | 5 | 6 | 7 | 8 | 9 |
| Possible  3 | 4 | 5 | 6 | 7 | 8 |
| Unlikely  2 | 3 | 4 | 5 | 6 | 7 |
| Rare  1 | 2 | 3 | 4 | 5 | 6 |

1. **Incident Management and Response**

The ARSC follows three steps in managing and responding to incidents:

* Identification and Immediate Response;
* Notification, and
* Follow up and Feedback.

**Identification and Immediate Response**

The organiser of the NA event will:

* secure the safety of everyone involved in an incident;
* take any necessary action to avoid an immediate recurrence of the incident and/or preventing any further damage arising from the incident. Depending on the nature of the particular incident this may require:
  + obtaining emergency assistance from police, fire or ambulance services;
  + ensuring first aid or other medical services are provided, and
  + evacuating members from the venue.

**Notification**

The organiser of the NA event will:

* Complete an Incident Report at Attachment 3 and forward it to their Area Service Committee and the ARSC Administration Committee.

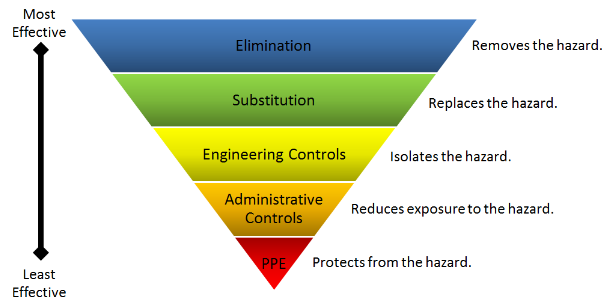
**Follow Up and Feedback**

The Area Committee will review the incident and provide feedback to the Organiser about any changes that might be required to improve safety and minimise harm.

The ARSC Administration Committee will review the incident and share feedback with all Areas where specific strategies to improve safety and to minimise harm have been identified.

**RISK ASSESSMENT FORM** **ATTACHMENT 1**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Hazard** | **Risk assessment** | | | **Control measure in Place** | **Control measures to be put in place** | **Responsibility** |
| **Consequence** | **Likelihood** | **Overall risk** |
| *Example* | *Wet floor due to rain* | *2 – Minor injury from slipping* | *3 – moderate* | *6 – Medium risk* | *\* Isolate the area by placing witches hats around the area* | *\*Admin – put out wet floor sign*  *\* Eliminate – clean up water* | *Billy* |
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**ATTACHMENT 2**

**Suggested Participant Registration Form**

Our duty of care to you as a participant of the event includes our need to collect certain information from you. This information will only be used in the event of an emergency and is only accessible by the organising committee and will remain confidential. This information will be destroyed at the completion of the event unless an incident has occurred that requires the committee to retain records of attendance.

|  |  |
| --- | --- |
| **Event:** |  |
| **Event Dates:** |  |
| **Full Name:** |  |
| **Contact Number:** |  |
| **Emergency Contact Persons Name:** |  |
| **Emergency Contact Persons Contact Number:** |  |
| **Relationship of Emergency Contact Person:** |  |
| **Do you give permission for us to mention NA’s name if we need to contact your Emergency Contact?** |  |
| **Do you have any medical conditions the Committee should be aware of?** |  |

|  |
| --- |
| **All registered members agree they are responsible for their own safety while attending this event, and parents agree that they are also responsible for the safety of their attending children.**  **All participants will be made aware of during registration or on arrival of the organising committee members and how to contact them, the names of first aid providers at this event, and all participants will be made aware of emergency and safety information relating to this event.**  **All participants must check in with an organising committee member if they leave the event early.**  **All participants give the organising committee permission to contact their Emergency Contact Person and or the Police if they become unaccounted for during the event and have not notified a committee member of their absence. All participants give the organising committee permission to arrange suitable medical care including but not limited to calling an Ambulance in the event of an illness or an injury, costs associated with providing such care will be the responsibility of the individual participant.** |

|  |  |
| --- | --- |
| **I have read and agree to the above terms** | |
| **Name:** |  |
| **Signature:** |  |

**INCIDENT FORM** **ATTACHMENT 3**

|  |  |
| --- | --- |
| **Date of Incident:** |  |
| **Where did it occur?** |  |
| **Brief description of incident?** |  |
| **Was anyone hurt? If yes please provide details.** |  |
| **If yes – what first aid or emergency treatment was required?** |  |
| **Where any emergency services involved? If yes please provide details.** |  |
| **What would you recommend to ensure this did not occur again?** |  |
| **Name of Person completing this incident report:** |  |
| **Date:** |  |