

A photograph of a child walking on a grassy area. The child is wearing a red jacket, blue jeans, and blue sneakers with red accents. Water is splashing around the child's feet, creating a misty effect. The background is a blurred green lawn.

CRCST Network Safety and Care Policy

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Network Office Hours:

Tuesday – Friday

9am – 2pm

17 Denison Street, Kingston TAS 7050

PO Box 64, Kingston TAS 7051

office@crckingston.org.au

(03) 6229 2268

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Section 1

Getting Started



Introduction

Our churches are committed to providing a nurturing and caring community where everyone from the youngest to the oldest are valued, respected, and safe. Anyone who participates in church activities does so with the expectation of care in a safe and secure environment. Careful thought needs to be given to providing programs and activities which promote healthy relationships and spiritual growth. Caring is intentional. A well-planned program considers the need to care. Every event and activity needs to reflect that care.

Think for a moment about your relationship with God the Father. The Bible describes this relationship in terms of us being like children. We know He cares for us, but we never feel demeaned or manipulated. The challenge to us is to do the same for those in our care. The fundamental challenge is to be like Jesus, to treat people like He treats us.

This policy aims to provide a framework of safety and care in our church Network. All people working/volunteering within the Network are expected to adhere to the policy.

Acknowledgement

Much of the information in this policy document has been included and adapted from the ChildSafe SP3 Safety Management System © CHILDSAFE LTD. For more information on the ChildSafe program, visit www.childsafe.org.au. To obtain a copy of the ChildSafe books, contact the Network Office (contact details on the back of this booklet).



ChildSafe SP3 provides policies that Ministries within the Network must adhere to. These are available online through the CRCA ChildSafe website (<https://crca.smo.org.au/>) or upon request from the Network Office.

Legal Requirement for Working with Children

Government regulations in Tasmania require all those who work or volunteer with children across various industries to have a Working with Children Registration. For our Network, we will need to have all our leaders and carers (16 years +) for crèche, Sunday school & Youth Ministries to obtain one of these registrations. These registrations have a 3-year validity. For more information, or to apply for a working with children card visit: www.justice.tas.gov.au/working_with_children. The Network will cover the cost for your Volunteer Working with Children application, if needed.

Making a Complaint

Every complaint will be taken seriously and should be reported to a suitably qualified person. In our congregations, the people to whom you can bring a complaint are the churches' ChildSafe Coordinators (see 'Rep Contact Details' under 'Emergency Contacts' on page 3).

Policy Definitions

The Network – The churches who form part of the Christian Reformed Churches of Southern Tasmania Inc., as defined within the Constitution of that Incorporated Association. As of December 2018, those churches are: Bay Christian Church, Christian Reformed Church of Kingston, One Way Christian Church, Redeemer Christian Church, and Summerleas Christian Church.

Duty of Care – Every ministry worker has what is termed a 'duty of care'. This means that it is their duty to do all things within their power that they can be reasonably expected to do to ensure the safety and security of those within their care. Operating within the framework and principles of this 'Safety and Care Policy' will result in the leader faithfully exercising their duty of care. Leaders cannot transfer their duty of care to others, e.g. a non-leader. Responsibility can be shared, but not totally delegated.

Child – Anyone under the age of 18 is classified, by law, as a child.

Vulnerable Person / People – Children are one type of vulnerable people, but there are other people who are also vulnerable and for whom these guidelines apply. These can include people with disabilities, the elderly, people with mental or physical illness, chronically lonely people and those recently bereaved, for whom we also have a duty of care.

Emergency Contacts

Please respect the Coordinator's privacy, and only contact him/her for your church in case of an emergency. If you are unable to get a hold of them, contact your pastor or the Risk Management Officer.

Bay

- Pastor: Hans Kelder (6227 9162 / 0408 450 008)
- Coordinator: Genevieve Muenchhagen (6229 2532 / 0403 820 577)

CRCK

- Pastors: Graham Sayer (0400 093 583), Paul Kupke (0434 483 344)
- Coordinator: Keith Vander Schoor (0404 490 782)

One Way

- Pastor: Jaco Classen (0439 205 228)
- Coordinator: Chris Scuth (0412 057 902)

Redeemer

- Pastor: Isaac Lee (0427 906 691)
- Coordinator: Jon Jarvela (0411 344 713)

Summerleas

- Pastor: Dave Lynch (6267 1939 / 0437 800 079)
- Coordinator: Jessica Gough (0431 866 203)

Risk Management Officer

John Van Dijk – CRCA National ChildSafe Administrator
rca-childsafe@hotmail.com OR 0419 330 003

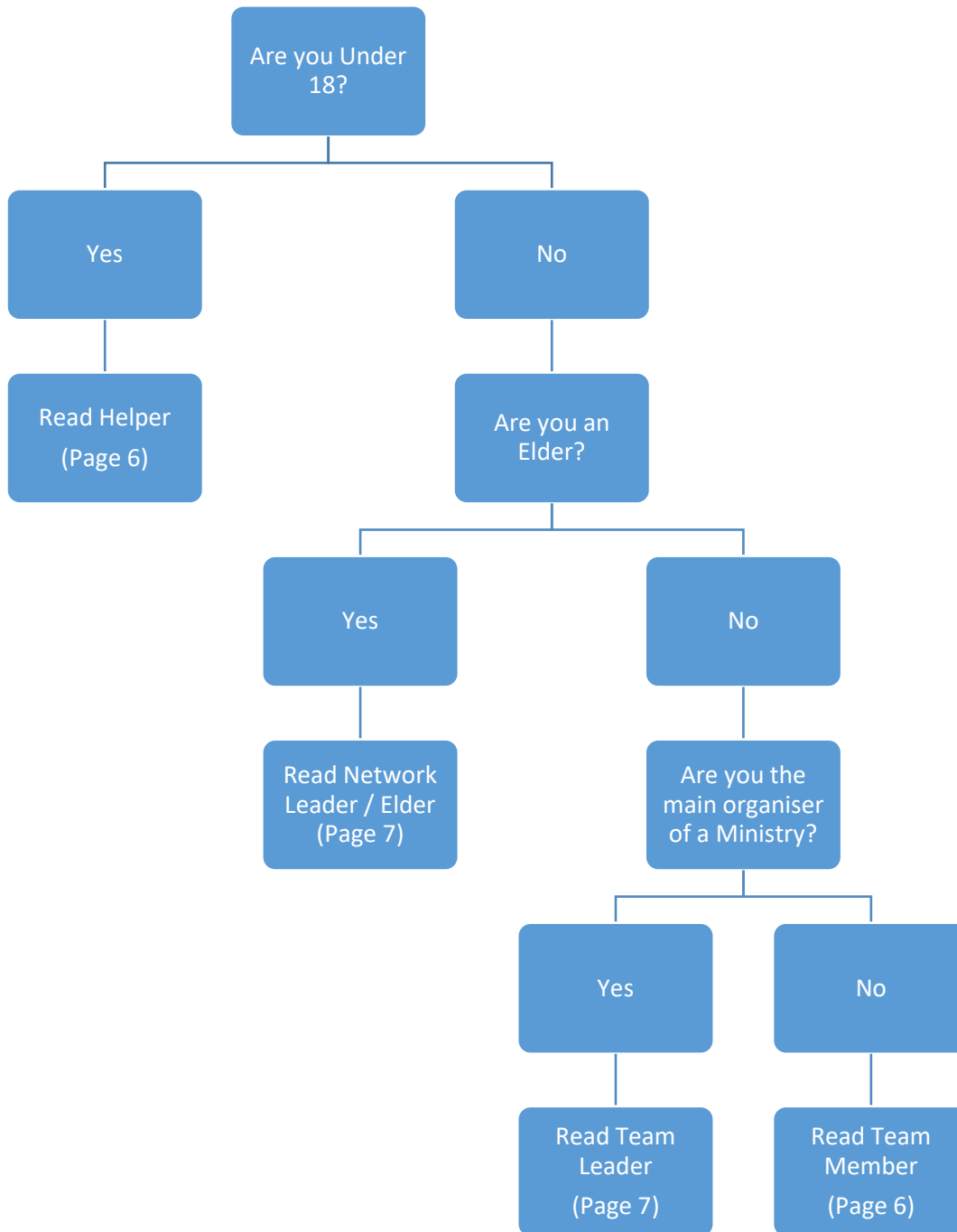


Section 2

Roles, Requirements, and Training

Finding your Role

Use the below decision matrix to find what Role Description (see next page) your role falls under. If you are unsure, contact the Network Office.



Age Requirements

Age	Role	Notes
14 & 15	Helper	Able to help in Crèche from 14.
16 & 17	Helper	Must obtain a Working with Children Card when they turn 16.
18+	Team Member / Team Leader	Must complete Volunteer Application form with referee checks and complete ChildSafe Training.

Role Descriptions

Helper

Helpers are those between the ages of 14-18 assisting Team Members/Leaders. Helpers are not included in the leader-to-child ratio and are accountable to Team Members/Leaders who are aged 18+. In no circumstance is a Helper to be left alone with children or put in charge of a Ministry.

Those aged 16 and over will need to obtain a Working With Vulnerable People (WWVP) Card. Note: You are only able to apply for the card once you have turned 16 as the State Government won't accept applications until your 16th birthday. The Network will cover the cost involved in obtaining a WWVP Card if required by the applicant.

Helpers become Team Members when they turn 18, which is when they will be required to undertake the ChildSafe SP3 Application Process and complete the online training.

Team Member

Team Members are those who assist within Children Ministries but are not in charge of organising the groups or activities. Ideally the volunteer will be known by the church for 6 months before serving on a ministry with vulnerable people.

Team Members will be responsible for being aware, informed, and committed to the protection of children and vulnerable people against abuse or exploitation, and for informing and involving Team Leaders when an incident takes place.

- You must submit to the authority and direction of your Team Leader.
- Alert your Team Leader if you find yourself in a situation where a Team Member of the opposite gender is required.
- Talk to your Team Leader if you ever have concerns with the size of the group you are asked to supervise.
- If you have concerns about safety standards of other Team Members or external service providers, talk with your Team Leader.
- Never criticise your Team Leader or other Team Members in front of participants.
- Avoid exclusive friendships with participants and other Team Members.
- Report all concerns, issues and problems to your Team Leader, as soon as possible.
- For mutual support, Team Members should work in pairs.
- Where male and female participants are present, then male and female Team Members should usually be present.
- You should never supervise high risk activities without relevant qualifications. If in doubt speak to your Team Leader.
- Where private conversations are necessary, the Team Member and child should remain visible to another adult in the group.

Team Members will be required to fill out the ChildSafe SP3 Application form and two referee questionnaires (these can be obtained from the Network Office). They will also need to complete the ChildSafe SP3 Team Member (M3) module prior to joining a ministry team or within 6 weeks of turning 18, if they wish to continue serving in the ministry.

Team Leader

Team Leaders are those with the responsibility to oversee Team Members, and the organisation of a ministry/program. Team Leaders are those in charge of organising and running Children Ministries within the Network.

Team Leaders will be aware, informed, and committed to implementing and working within policies related to child and vulnerable people protection and to ensure Team Members involved in their activity receive the appropriate training and support. Team Leaders will also assume responsibility for facilitating the process of alerting the Coordinator about any issues or incidents that arise.

Due to their position of authority, they are required to undertake more training than Team Members:

1. Team Leaders must fill out an application form with a referee questionnaire (if they have not completed one within the last 3 years).
2. They will then be required to obtain a WWVP card (the application for this can be done at the same time as the above application form/referee check).
3. Prior to serving, Team Leaders must sign a Team Leader Safety and Care Agreement.
4. Team Leaders will then be required to complete the ChildSafe SP3 Team Member training module (M3) and the two Team Leader training modules (L1 & L2) within 6 weeks of beginning to serve.
5. Each year, Team Leaders will be required to gain Permission to Proceed for their ministry. This requires that they fill out a Permission to Proceed form (see Page 10), with an outline of activities they may undertake. This then needs to be passed in to the Network Office where it will be approved by the Safety & Care Committee and passed onto our Insurance Company.
6. Activity Information forms (see Appendix, Page 34) will need to be completed for unique activities, such as camps, where activities are undertaken that pose an increase in potential risk for those involved.

Network Leaders / Elders

The organisation's governing body (Network Leaders) will be responsible for ensuring that: compliance with the policies and procedures relating to children and vulnerable people safety permeate the entire organisation; that the policy is aligned with the organisation's strategy and objectives; and that appropriate resources are allocated to ensure that the policies and procedures can be implemented.

Although Elders may not be working directly within the Children Ministries of the churches, they will still come in to contact with children, and the Network believes it to be good practice for leadership to undergo the same checks as those working in Children Ministries.

1. Elders will be required to obtain a WWVP card
2. They will then be required to complete the ChildSafe SP3 Team Leader training module (M3, L1, & L2) – within 6 weeks of obtaining their WWVP card.

Coordinator

Coordinators are responsible for ensuring that Team Leaders are aware, informed, trained and operating in line with policies and procedures related to child and vulnerable people protection. They will also be responsible for providing support to Team Leaders in training volunteers. Coordinators will take a role in the organisational response to any issue or incident that may arise, including ensuring that the Risk Management Officer is informed, and the Emergency Response process is activated.

Coordinators will be required to undertake the Team Leader training modules (M3, L1, L2), as they may be required to help Team Leaders, so will need to understand the Team Leader training and processes to provide guidance. They will also be required to complete the Coordinator online training module (C1).

Coordinators will be expected to have the WWVP Card before starting in their role of Coordinator.

Risk Management Officer (RMO)

The Risk Management Officer will be responsible for ensuring policies and procedures related to children and vulnerable people protection are being implemented, including oversight of the Emergency Response Team.

Due to the nature of how the Network is set up, the RMO is John Van Dijk, who is the Christian Reformed Churches of Australia (CRCA) denomination's National ChildSafe Administrator.

The Risk Management Officer is one who oversees the implementation of ChildSafe SP3 within the denomination. However, due to the nature of the Network, this position will also be undertaken in a lesser capacity by the Network Office Manager, until a time in which it is deemed inappropriate, or unmanageable to do so.

1. Even if the RMO doesn't serve as a Team Member, Team Leader, Coordinator, or in an Eldership role, they should still obtain a WWVP card.
2. The RMO will be required to undergo all training modules (M3, L1, L2, & C1), so they can assist with any queries about the training modules.

Emergency Response Team (ERT)

The Emergency Response Team will be responsible for responding appropriately and within set guidelines to incidents related to child protection or abuse of vulnerable people as they arise. The ERT is made up of Network Leaders and the church Coordinators. **The first point of contact for the ERT is the Coordinator for your church.**



Section 3

Ministry Guidelines and

Checklists

Emergency Response Process

Whenever an accident occurs, leaders should:

1. Deal with the immediate situation ensuring the safety of the group and ascertain the nature of the emergency.
2. Ensure that any injured persons are attended to and determine whether the available first aid is adequate for the situation or whether the injured party requires emergency medical attention.
3. If relevant, contact the appropriate emergency service (Police, Fire Brigade, or Ambulance).
4. Inform parents/guardians when a child or young person is involved in the situation.
5. Reassess the planned activities in the light of the incident. Plan for ways to proceed.
6. Take notes of the situation and photograph if appropriate.
7. Contact the relevant Emergency Contact if the situation requires it (see page 3 of this book).
8. Fill out an Incident Report Form (available from the Network Office) and return it for filing.
9. Debrief the situation with the participant group.
10. Assist the Network Office with any insurance follow-up queries.

Steps taken for someone wanting to serve in a CRCST Children and Youth Ministry

1. Complete a WWVP Registration via the Tasmanian Department of Justice
2. Fill out a Volunteer Application form, which includes two Referee Checks/Questionnaires (these forms can be obtained from the Network Office).
 - a. The application form, referee check, WWVP Card number and expiry date need to be sent into the Network Office to be scanned and stored in the ChildSafe SP3 Database
3. Once the person has been approved (and received their WWVP card), they will be allowed to serve and will be given a ChildSafe SP3 login by the Network Office.
4. They will need to complete the relevant training modules within certain timeframes:
 - a. Complete M3 prior to serving (takes approx. 2 hours to complete)
 - b. Complete L1 & L2 within 6 weeks of serving (each take approx. 1 hour to complete)
 - c. Complete C1 within 6 weeks of serving (takes approx. 1 hour to complete)
5. The ChildSafe SP3 training, volunteer application, and WWVP card all expire after 3 years, at which time volunteers will need to complete the online refresher within ChildSafe SP3, complete a new volunteer application form, and apply for their WWVP card renewal.

Permission to Proceed

Permission to Proceed is a ChildSafe SP3 process where the various ministries within the Network Churches fill out documents outlining the plans for the ministry across the year or any large event that is being planned. These documents then get passed on to our insurance provider and approved. All of the below documents can be obtained from the Network Office.

Steps to Gain Permission to Proceed

1. Sign the **Team Leader Safety and Care Agreement** and return it to the office.
2. Properly Appointed Ministry Workers
 - a. Those wanting to work in a children or youth ministry need to undertake the application process (**application form & referee check**)
 - b. Ensure all new ministry workers have their **Working with Vulnerable People Card**.
 - c. Provide a **Network Safety and Care Policy** to all Team Members

3. Contact the Network Office to organise the persons ChildSafe SP3 training (we require their name and email).
4. Fill out the **Safety Information forms**, and the **Activity Information forms** if needed (you only need to fill in Activity Information forms for higher risk activities occurring outside of the regular weekly meetings).
 - a. Submit the forms to the church Coordinator for approval who will then pass the forms on to the Network Office for submission to the insurance broker.
 - b. Assist the Network Office in answering any questions that arise from our insurance brokers viewing the forms.
5. Understand the **Emergency Response process** (page 10) set out in the Network Safety and Care policy.
 - a. Seek assistance from the Coordinator or Network Office if you are unsure about anything.
6. Undertake the ministry, always thinking about the safety of activities, aiming to create a safe environment for the children and youth within the Network.
7. Report any concerns or incidences by filling out an **Incident Report form**.

Rating level of Risk

When filling out a risk assessment, the below table can assist in assessing the level of risk associated with the activity.

Likelihood	Consequence				
	Negligible	Minor	Moderate	Major	Severe
Common	Medium	High	High	Extreme	Extreme
Possible	Medium	Medium	High	High	Extreme
Unlikely	Low	Medium	High	High	High
Rare	Low	Low	Medium	Medium	High
Very Rare	Low	Low	Medium	Medium	High

Incidents

ChildSafe SP3 uses the term 'incident' to denote an undesirable event of some significance. This includes all types of accidents as well as near misses, property damage, child protection issues, and major disruptions to the program.

- Incidents happen to all of us.
- You need to plan with the rest of the team to prevent incidents and minimise their effects.
- As a Team Member, you have a duty of care that all children and vulnerable people in your care are kept safe from harm and from all reasonably foreseeable risk of injury.
- The Network is legally responsible to provide safe working environment for all employees and volunteers.
- As a Team Member/Leader you need to be protected from false accusations, from physical danger and from harm in all its form.
- Poorly managed incidents can compound and suffering incurred, can damage both yours and the organisation's reputation.

Most incidents are the result of three types of causes, often in combination. These are:

- Unsafe conditions
- Unsafe acts by participant; and
- Errors of judgement on the part of the Team Member

It is in the planning of activities that risks are considered and the chances of an incident occurring are reduced. Many incidents are avoidable.

How to Manage Incidents

- No matter how minor a mishap or incident might be, you **MUST** report it to your Team Leader.
- If involved, you will be asked to provide information to your Team Leader and to complete an Incident Report. Your Team Leader will help you with this.
- In everything you do, be as safe as you can to create a culture of safety and care and avoid incidents.
- Make sure you have read and understand the Emergency Response Process (on page 10 of this booklet), so you know what to do in the case of an incident occurring.

Critical Incidents

Incidents range in severity. In many cases, you will handle the situation as a team. Critical incidents generally require broader assistance from the Emergency Response Team. If any of the below incidents occur, contact the necessary emergency services (dial 000), and once they are on their way, inform the Coordinator of your church (see contact details in front of booklet), and they will guide you through any other steps that need to occur (e.g. contacting the guardians).

Critical incidents include:

- A serious vehicle accident
- The death of a participant
- A lost or significantly injured participant e.g. lost for more than several hours, injuries requiring emergency evacuation
- A natural tragedy e.g. bushfire, flood
- Significant violence between participants
- Sexual assault (See the Children and Vulnerable People Protection information in the Team Members Guide)
- Participant engaging in serious self-harm
- Suicidal participant attempted or actual suicide

The following list includes situations where you should inform the Coordinator at your church as soon as possible:

- The calling of an ambulance to your program
- The involvement of the police in your program
- Any form of abuse
- Any occurrence of self-harm
- Outbreak of disease (such as meningococcal)
- Multiple cases of food poisoning
- Serious injury or illness
- Possibility of spinal, back, or head injury
- Eye damage
- Unconscious participant

Whenever an incident occurs, remember to keep a clear head, call the necessary emergency service, and record as much detail as possible (take photos if necessary) for the Incident Report. If in doubt about the appropriate response to an incident, contact the Coordinator of your church.

Your Role in a Critical Incident

There are some important things you can do when a critical incident occurs:

- Ensure that the young people feel safe
- Provide for the young people's immediate needs
- Communicate with the young people
- Accept regressive behaviour
- Reunite young people with their family as soon as practical
- Protect the young people from exposure to the media

Do not leave any child or vulnerable person at any time until they are reunited with their family.

Don't assume public responsibility or talk to the press – refer them to your Team Leader who will activate the emergency response plan, if needed.

Incident Example: Anaphylaxis

Anaphylaxis is a severe allergic reaction that can produce shock and be life-threatening.

Reactions can be caused by: peanuts, kiwifruit, bee stings, pollen, latex and penicillin, as well as other insect venoms, food and drugs.

Symptoms can include: hives or swelling of the eyes or lips, swelling of the inside of the throat causing difficulty in breathing, dizziness, confusion, abdominal cramping, nausea, vomiting or diarrhoea.

Peanuts are a noted and increasingly common cause of Anaphylaxis. **We strongly recommend that your ministry exclude peanuts and all peanut-related foods from your program** (including peanut-laced snacks, chocolate bars, ice-creams, peanut butter, peanut oil, cereals with peanuts in them, and peanut products in recipes).

What to do?

- Don't delay!
- Tell your Team Leader immediately!
- If it is an emergency:
 - Call emergency services on 000
 - Check for special medications that the person might need to treat an allergic attack, such as an Epi-pen and administer as directed
 - Have the person lie still on their back with their feet higher than their head
 - Loosen tight clothing and cover the person with a blanket
 - Don't give them anything to drink
 - If there is vomiting or bleeding from the mouth, turn the person on their side to prevent choking
 - If there are no signs of circulation (breathing, coughing or movement) begin CPR

Reporting Incidents

Many incidents are minor such as cuts, abrasions, minor bullying, and other stressful situations causing low-level trauma. The Team Members and Team Leader normally deal with these immediately without the need for further attention.

Any notable incidents should be reported using an Incident Report form. This should be filled out with as much detail as possible and passed in to the Coordinator at your church or the Network Office.

Reporting Risk of Harm to Children and Vulnerable People

Notification must be made when, based on disclosure by children and vulnerable people or upon reasonable grounds (see below), you believe that children and/or vulnerable people have suffered, or are likely to suffer, significant harm as a result of abuse or neglect.

Reasonable Grounds

There exist reasonable grounds to notify the organisation (through your Coordinator) when:

- Children and vulnerable people inform a Team Member that they know someone who has been physically or sexually abused (sometimes children and vulnerable people may be talking about themselves).
- When someone such as a relative, friend, acquaintance or sibling of children and vulnerable people tell a Team Member that they know or believe that a child or vulnerable person has been physically or sexually abused.
- Observations of children or vulnerable people's behaviour or development lead to the belief that they have been abused.
- Signs of physical or sexual abuse lead to a belief that children or vulnerable people have been abused (see Abuse for possible indicators – Page 20).

Important Points

- It is not necessary for you to prove that abuse has taken place – only reasonable grounds for belief are needed.
- It is not your role to make a judgement about, or investigate, any disclosure or allegation that children or vulnerable people are at risk of harm.
- Permission from caregivers is not needed to notify, nor do they need to be informed by you, that notification is proceeding. The appropriateness of this will depend on the situation.
- The Network will fully support you when you have made a notification in good faith, and with reasonable grounds.

Defamation

You need to be mindful, when making reports of suspected abuse or inappropriate conduct against children and vulnerable people, of the potential liability for defamation. Defamation means making statements, whether spoken or written, that are seen as lowering or denigrating a person in the eyes of the community. Perhaps the greatest practical defence is to ensure that there are reasonable grounds for making the report and report only to people who need to know. **However, the interests of children and vulnerable people must always override any concern for defamation.** Wisdom is needed in the manner of reporting, but reporting is essential.

Program Style

When planning activities, leaders should consider the purpose of the activity within the context of the program goals. Consideration should include:

- The site and nature of activities and the nature of what happens should minimise risks.
- For activities involving children and young people, a discipline policy needs to be decided upon prior to the activity which sets out in writing the rules and consequences of not following those

rules. This needs to be sent home to parents prior to the activity. Sample forms are available from the Network Office.

- Activities or games that require children and young people to act alone or in pairs, independent of leaders, need to be very carefully considered.
- If possible, activities for children and young people that provide access to or contact with strangers should be avoided. If, during an activity, it is impossible for them not to come into contact with strangers, then great care must be exercised.
- For children and young people, all activities need to have defined boundaries that are easily observed or patrolled.
- Leaders need to avoid situations where it is possible for participants to become physically isolated.
- Games or activities that may exploit gender, physical or intellectual differences must be assessed as to whether or not they are appropriate.
- Consideration needs to be given to the 'message' given to participants by activities and events that are organised. That is, the way things are done 'speaks' loudly.
- Not compelling participation in certain types of activities but trying to design activities that maximise participation.
- As you identify your program activities, consider their age appropriateness.

Check List: It can be helpful for leaders to develop a check list before program activities occur. This can best be done within the leadership group. See the following pages for checklists that may help in planning your activities.

Checklists for Planning a Safe Activity

ChildSafe SP3 provide the following checklists you can go through when planning activities. Your Team Leader has a comprehensive process for assessing risks and ensuring safety in activities.

Program and Activity Overall

- Have I consulted with my Team Leader about my program / activity plans and any specific safety information I need to know?
- What is the purpose? How does this fit within the context and goals of the program?
- What resources are available?
- What am I going to do if an accident occurs during this activity?
- What is my emergency plan?
- Are there specific guidelines for this activity or specific requirements of its leaders?
- Do I have specific challenges or issues that require the extra information contained in Online Modules (i.e. food handling, transportation, swimming, working with disabilities etc.)?

Team

- How many Team Members will be required to make sure the activity is adequately supervised? Is there a required ratio for supervision?
- Do I need both male and female Team Members present?
- Do Team Members have the required skills?
- Have I prepared a briefing for the group about this activity?
- Has a First Aider in Charge been appointed with appropriate training?

Participants

- What is the size of the group? How many males/females?
- Is the activity appropriate for the age and ability of the participants?
- If there is a broad range of ages, have I taken steps to ensure that all participate safely?

- Are there any special needs among the participants (e.g. behavioural problems, medical conditions or food allergies)?
- What will I do with people who do not want to participate?
- Have I informed parents/caregivers about the activity (e.g. if the activity involves an excursion)?
- How will I keep track of participants (e.g. head counting)?
- Have I considered the participants' need for drinks, food, warmth and shelter during the activity?

Equipment

- Is the activity equipment in safe working order?
- Is the equipment suitable for the activity?
- Am I using the equipment in the manner for which it was designed? Can I use it safely?
- Some types of equipment require people with special knowledge or with certain training (e.g. some gas and electrical equipment). Does the person setting up or using the equipment have the appropriate skills?
- Do I have appropriate first aid equipment?
- Do I have a repair kit (if appropriate)?
- Do I have some spare items of equipment if appropriate (e.g. spare warm clothes, additional food and drink)?

Venue

- Is the venue suitable for this activity?
- Is adequate space available?
- Are there clear boundaries to the area?
- Is First Aid equipment readily available?
- Are any electrical hazards present?
- Is the food preparation area adequate and suitable?

- Is the venue secure? Have I considered dangers that might arise from interaction with the general public?
- What are the possible environmental dangers?
- What are the possible human dangers?

Indoor Venue

- Is the structure of this venue safe?
- Are there fire extinguishers, fire safety instructions and emergency exits?
- Is the area clear of hazards such as broken floor boards, windows, and electric outlets?

Outdoor Venue

- Do I have an up-to-date weather forecast?
- Have I taken appropriate measures in response to the predicted weather? Specifically, have I considered sun-safety, or protection from heat or cold?

Vehicle Checklist

Leaders should give careful consideration to 'safety and care' principles when using motor vehicles. The law requires:

1. Cars only carry the number of passengers for which they are registered.
2. All passengers to wear seat belts.
3. Drivers to abide by the road rules.
4. Drivers to hold the appropriate licence for the vehicle being driven.
5. Vehicles to be driven in a manner that is safe (e.g. avoiding driver fatigue, not driving an unworthy vehicle, etc.)
6. Provisional (P Plate) drivers must not drive children or young people up to the age of 18 in their cars without parental consent.

Things to consider:

- Are all the vehicles properly insured and registered?
- Have you viewed all the driver's licences, to make sure they are current?
- If there are not enough drivers to swap, are regular rest breaks scheduled?
 - Do all the drivers know where these breaks will occur?
- Is contact able to be made between each vehicle?
- Does each driver have the main organisers phone number in case they get lost?
- Have you notified parents of any Provisionally Licenced drivers, and checked whether they give permission for their children to be driven by P Platers?
- Do all drivers know where they are going and how to get there?

- Have I checked that the area is clear of hazards such as broken glass, faeces or discarded needles?

For Off Site Activities

Have you communicated...

- How long you will be gone?
- Who is in charge?
- Where you will be?
- How you can be contacted?
- Which children or young people will be with you?

Emergencies

- What are you going to do if an incident occurs during this activity?
- Do you have a first aid kit and have the contents been checked?
- Who will go for help in an emergency?
- What is your emergency plan?

Swimming Checklist

A list of factors to consider is presented to assist you in providing for the safety and care of your participants. This Checklist is based on the Childsafe recommendations for supervision of swimming and water activities. SP3 Module SW1 provides a useful reference for water activity guidelines.

Assessment of the swimming environment

- The site has been assessed and is considered to be appropriate for the activity.
- The Team Member-in-charge or qualified supervisor is familiar with this specific location, in the anticipated conditions.
- The activity areas are clearly defined.
- Rescue equipment is provided, either by your organisation or by the venue.
- The venue can cater for changes in activity depending upon weather conditions or other risk factors.
- Advice and information have been sought from the relevant authorities, e.g. the venue manager, local government ranger, land manager, or a professional lifeguard.

Assessment of the participants' water skills and abilities

- An assessment of participant swimming and water safety skills will be made.
- Participants who do not have the required skills and abilities have been identified.
- Provision has been made for any participant with special needs.
- Accurate information regarding participant medical and behavioural conditions has been obtained.

Assessment of activities

- The full range of activities and equipment has been assessed.
- Activities and equipment are suitable for the participants' age, experience and ability.

Assessment of the supervisory team

There is:

- An appropriate number of qualified supervisors for the specific environment (open or closed water).
- An appropriate number of other supervisors for the specific environment.
- At least half of the supervisors are adults.

Supervisors:

- Are able to swim the length of the area they are supervising.
- Are able to monitor the physical performance of the participants.
- Are able to make decisions to cope with adverse conditions.

Planning for emergencies

- An appropriate emergency response plan has been developed.

Supervision Strategies

- On-site supervision strategies have been established.
- Systems for identifying participants, Team Member-in-charge, and supervisors have been established.

Caregiver Information

- All caregivers have been fully informed with respect to the purpose, venue and nature of the swimming activity.

Briefing for Participants and Supervisors

- Participants and supervisors will be fully briefed about the swimming activity.
- Appropriate methods of communication, including emergency signals, have been developed and are understood by all participants.

Section 4

ChildSafe SP3 Guidance



Introduction

This section contains content from ChildSafe SP3, that is believed to be helpful to have on hand to refer to at any point, when working with Children and Vulnerable people. If you have any further questions, you are encouraged to talk with your Team Leader, the Coordinator at your church, your Pastor, or contact the Network Office.

Abuse

Abuse of children or vulnerable people may be defined as any act that endangers their physical or emotional health or development. These may be things people do to them or things they fail to do. Abuse occurs when those in positions of trust and power abuse that trust and make use of their power to harm children and vulnerable people. Abuse may be a single incident or occur over a period of time.

Emotional Abuse

Emotional (or psychological) abuse refers to a situation in which a person repeatedly rejects the child or vulnerable person or uses threats to frighten them. This may involve name-calling, put-downs or continual coldness to the extent that it significantly damages the person's physical, social, intellectual or emotional development.

There are few physical indicators of emotional harm, but it may cause delays in physical, emotional or mental development: Speech disorders; delays in physical development; failure to thrive.

Behavioural indicators of emotional abuse can include: low self-esteem; unexplained mood swings; age-inappropriate behaviours, for instance, overly adult (parenting over children) or overly infantile (thumb-sucking, rocking, wetting or soiling); withdrawn, passive, tearful; aggressive or demanding behaviours; highly anxious; difficulty relating to adults and peers; nervousness; sudden underachievement; attention-seeking, running away, stealing, and lying.

Physical Abuse

Physical abuse refers to a situation in which a child or vulnerable person suffers or is likely to suffer significant harm from an injury inflicted by another person. The injury may be inflicted intentionally or may be an inadvertent consequence of physical punishment or aggression.

Physical indicators of physical abuse include: bruises, burns, sprains, dislocations, bites, cuts, welts; fractured bones, especially in an infant where a fracture is unlikely to occur; poisoning; internal or shaking injuries; strangulation; unexplained or hidden injuries; lack of medical attention.

Behavioural indicators of physical abuse can include: expresses little or no emotion when hurt; offers unlikely explanations for injuries; wears long-sleeved clothes on hot days (possibly to hide bruising or other injuries); fear of parents or carers, or fear of going home; fearful when other children cry or shout (at children); excessively friendly to strangers; passive and compliant; nervous, hyperactive, aggressive, disruptive toward others; tells someone abuse has occurred.

Sexual Abuse

Sexual abuse refers to a situation in which a person uses power or authority over a child or vulnerable person to involve them in sexual activity. Physical force is sometimes involved but seldom necessary. Sexual abuse includes a wide range of sexual activity including fondling of the genitals, masturbation, oral sex, vaginal or anal penetration, and exposure to pornography.

Sexual harm is not usually identified through physical indicators unless in a medical setting. Often the first sign is when a child tells a trusted person that they have been sexually abused. Physical indicators can include: injury to genital or rectal area, such as bruising or bleeding; vaginal or anal bleeding or discharge; discomfort in urinating or defecating; inflammation and infection of genital area; sexually transmitted disease; frequent urinary tract infections; pregnancy, especially in young adolescents; bruising and other injuries to breasts, buttocks and thighs; anxiety-related illnesses, such as anorexia or bulimia.

Behavioural indicators of sexual abuse include: Persistent and age-inappropriate sexual activity; regressive behaviour such as bed wetting and speech loss; delinquent and aggressive behaviour; self-injurious behaviour, such as drug or alcohol abuse, prostitution, and self-mutilation; frequent rocking, sucking and biting; signs of depression; complains of headaches or stomach pains; difficulties sleeping; produces drawings or descriptions in stories that are sexually explicit and age-inappropriate; problems with schoolwork; runs away from home; difficulty relating to adults and peers; tells someone that abuse has occurred; preoccupation with sexual matters (evident in words, play, drawings); sexually provocative; secretive relationships with adults or children.

Spiritual Abuse

Spiritual abuse refers to a situation which a person misuses their power, leadership or influence to control, coerce or manipulate a child or vulnerable person for seemingly religious purposes. It includes intentional and unwitting abuse in both formal and casual situations. Spiritual abuse includes enticements, threats of rejection, evoking fear, emotional appeals, accusations of demon possession and involving children and vulnerable people in spiritual activity against their will.

Behavioural indicators of spiritual abuse can include: conformist or dogmatic; no opinions or ideas of their own; overly submissive to authority.

Alcohol and Drugs

All programs involving children and young people are to be alcohol free. Where the use of alcohol and illegal drugs has been a problem, leaders should consider training in detecting and dealing with issues of substance abuse.

Behaviour

- Children, young people and adults learn as much from what leaders do as what they say. For this reason, leaders should ensure that what they do matches what they say and, in all ways, honours Christ.
- No behaviour should give the impression of favouritism or encourage special relationships with individuals. The person who is not easy to love often needs more love from us.

What to Do

- Treat all participants with respect and take notice of their reactions to your tone of voice and manner.
- Do not be alone with a child.
- Do not enter the sleeping accommodation of members of the opposite gender, except in emergencies.
- Be aware of situations where children or vulnerable people might be changing, showering or using the toilet.

Bullying

When children and vulnerable people gather together, it is possible that some will bully others. Bullying is a pattern of behaviour that, if allowed to go uncorrected, can have serious consequences for the bully as well as the victim.

Bullying is more than physical violence by the large and strong against the small and weak. It can include acts of exclusion and isolation, humiliation, name-calling and teasing. It can involve the extortion of money and the theft of possessions. Bullying may be physical or non-physical.

Examples of physical bullying include: biting; hair-pulling; hitting; kicking; locking in a room; spitting; or damaging a person's property.

Examples of non-physical bullying include: abusive telephone calls or text messages; extorting money or possessions; intimidation or threats of violence; racist remarks or teasing; sexually suggestive or abusive language; making cruel remarks; or spreading false and malicious rumours.

The following are some indicators of bullying: When multiple indicators are present, the probability that bullying is occurring is increased. These indicators include: bruises, scratches or cuts that the person is not able to explain; torn or missing clothing and other belongings; anxiety about going to the place where the bullying occurs; signs of anxiety such as nightmares or headaches; unexplained anger at family or close friends; depression, sadness, threats or attempts at suicide; extra money wanted without good reason; last person to be chosen by peers; reluctance to speak in front of others or eliciting snide remarks when they do; tendency to be drawn into conflict, but then floundering; appearance of unhappiness, distress, withdrawal; propensity for being at the centre of fights and being blamed for starting them, even though they may be physically small.

How to Manage Bullying:

- Report any bullying to your Team Leader who will assist you in managing the incident.
- If a child or vulnerable person tells you that they are being bullied, or you become aware that bullying is occurring, support them by helping them build social skills and by encouraging assertive behaviour.
- Let them know that you believe them and involve them in making decisions about what to do.
- Encourage them to tell you as much as they want to tell. You will need to gather and record the basic details in order to do something to stop the bullying.
- Do not try to deal with it on your own. When dealing with someone who is bullying others, it is important that all Team Members are in agreement about the approach to be adopted.
- You have a responsibility to intervene to stop bullying (taking care to protect your own safety) if you have witnessed it. In this type of situation, it is most helpful to address the victim rather than the bully (e.g. Do you need help?).
- Teach protective behaviours to those being bullied so that they can help avoid situations in which they might be bullied

Strategies for Dealing with Bullying:

- Listen to the victim's point-of-view
- Focus on the behaviour
- Establish group behaviour guidelines, including consequences that will encourage a change in behaviour.
- Help the bully (and their supporters) to understand what it feels like to be bullied, to feel remorse and to agree that it is wrong to bully.

- Stay calm
- Help the bully and the bullied to find other ways of managing situations.
- State clearly that it is NOT OK to bully.

Corporal Punishment

On no account must any form of corporal punishment be administered. The only form of physical restraint appropriate is to protect someone from harm, e.g. reasonable restraint to stop a fight, to stop bullying or to avoid an accident.

Cultural Awareness

- Team Members need to be sensitive to cultures and family traditions different from their own. These differences may affect the degree of participation of children and vulnerable people in activities and games.
- Your team should have zero tolerance for language or activities that discriminate on the basis of gender, race, age or ability.
- Do not make statement which reflect ignorance, bias or ridicule about other religions and cultures.
- Do not hold, kiss, cuddle or touch children or vulnerable people in an inappropriate and/or culturally insensitive way.

Equipment

Equipment is required to be checked prior to use to ensure it is functional and safe for its intended use. For specialist equipment, the ability/qualification to use the equipment is necessary.

Exercising Discipline

It is within the Team Leader's authority to exercise discipline within the team including requiring a Team Member to leave the program, if it is felt to be in the best interest of participants, the team or the Team Member themselves. In all cases of disciplinary actions, the Coordinator and Pastor of your church must be informed as soon as possible before the action is taken. This is a serious matter, and the process followed should provide natural justice for the Team Member. In brief, this would:

1. Require that you notify the Team Member of the allegation;
2. Provide an opportunity for them to respond;
3. Involve an unbiased decision-maker (Coordinator or Pastor);
4. The Team Member should be followed up after the program to address the issue and clarify future involvement.
5. The Network may provide mediation when appropriate (depending on the scale of the incident / allegation).

Food and Kitchen

We have a responsibility to maintain the highest possible standard of hygiene when it comes to food. Food, even snacks, prepared using poor hygiene, or with unsafe food practices can result in the transfer of bacteria and people getting sick.

- If you're feeling sick – specifically with a cold, bowel trouble, or a skin infection – don't participate in food preparation or other kitchen activities, and tell your Team Leader.

- All equipment and surfaces must be kept clean at all times in the space where you are preparing food. All utensils should be washed thoroughly with hot water and detergent between uses.
- Move away to cough or sneeze, and remember to wash your hands afterwards.
- Animals and pets are not permitted in the food areas.
- There should be no smoking near any food preparation or eating areas.
- Know where the nearest fire blanket/extinguisher is located and how to use it. A First Aid Kit should also be easily accessible.
- Rented or borrowed kitchen facilities often have protocols and expectations displayed. When displayed, the team must adhere to them.

General Food Hygiene Practices

- Tea towels should be washed after each use.
- Dishes should be washed in very hot water and be allowed to drain if possible. Water should be regularly changed if washing a lot of dishes. It is the water temperature when you finish washing up that matters!
- Raw and cooked food should be prepared separately. Keep food covered and either refrigerated or piping hot. Hot foods are to be kept above 60°C and cold food to be kept below 5°C.
- Food should be kept covered when in the refrigerator or on the bench.
- Food waste should be disposed of properly. Keep the lid on the bin and wash your hands after disposing of waste.
- It is wise to recycle appropriate rubbish if possible.
- Always wash your hands with antibacterial soap and running water before handling food, after putting something in the rubbish bin, after blowing your nose, and after touching money. In other words, wash your hands OFTEN. It can be more hygienic than wearing gloves.
- Keep your hands off food as far as possible. Don't lick your fingers or the utensils.
- Ensure any cuts are completely covered with a water-proof dressing and that you're wearing gloves.
- If you have long hair, tie it up.
- Wear appropriate shoes (closed-toe shoes).
- Ensure that everyone who is eating the food thoroughly washes their hands before eating.
- If you have been asked to help with serving food, make sure you wash your hands and use appropriate utensils.

Health and First Aid

Your Team Leader will appoint someone to be in charge of Health and First Aid. This person(s) will work in collaboration with your Team Leader.

If a participant or Team Member becomes sick or injured during a program, the Team Leader must be informed immediately and will assume responsibility along with your First Aider in Charge. If you become sick or injured during a program, you must tell your Team Leader immediately.

Always Tell Your Team Leader:

- If you are suffering from a medical condition that could impact the program or your ability to contribute to the program, make sure you tell your Team Leader. You can decide what to disclose, but the more informed your Team Leader is, the better they are able to support you.

Whatever you tell them will be treated in the same way as other personal information, in accordance with the Network privacy policy.

- Don't try to perform First Aid if you don't have the required training, or you haven't been given permission by your Team Leader.
- It is the Team Leader's and/or First Aider in Charge's role to call for emergency response (dialling 000).
- We recommend that you enrol yourself in a First Aid Training course. You could save a life.

Language

- It is also important to remember that the way leaders communicate with one another is observed. Nicknames, 'put downs' and sexist language only reinforces behaviour that children and young people, especially, may already see all too often.
- Do not use 'in jokes', negative language, put downs or sexist language with other Team Members or participants – even when meant as sarcasm or as a joke.
- It is important to use language that affirms the worth, dignity and significance of the participants.

Male and Females

As a general guide, leaders ought to be aware of the need for both male and female leaders at an activity where there are both male and female children and young people. On a residential activity this should be considered as part of the risk assessment. In an activity or programme for young boys only, it is advisable for there to be one or two female leaders as well as the male leaders.

Medications

Prescription Medication

- It is not your role as a Team Member to administer or manage medications. That is the responsibility of the First Aider in Charge.
- Some medications are self-administered (e.g. Ventolin puffers for asthma). You need to know the medications children and vulnerable people in your care are taking and whether they are permitted to administer these themselves.
- Persons over 18 should be responsible for the correct use of their prescription medication, unless their judgement or capacity is impaired.
- The First Aider in Charge should control any prescribed medication that could be perceived by other participants to have a recreational capacity or serious side-effects when taken incorrectly.

Non-Prescription Medication

- Wherever possible, you should refrain from administering non-prescription medication – the administration of paracetamol and aspirin for headaches and minor ailments can have complications for some people. Always check with the First Aider in Charge who will have participant medical forms.
- In all cases, medication is to be administered in accordance with the directions stated.

Mental Health

Although mental health problems are quite common, there can be a stigma associated with them. It is best for the sufferers and their family to seek professional advice for such problems, but it is possible that you will need to offer help in the short term.

Witnessing a person exhibiting behaviours driven by poor mental health can be confronting and challenging. When confronted by someone exhibiting erratic behaviours due to poor mental health:

- Keep your head
- Tell your Team Leader who will manage the response
- Help assess the risk of harm to the individuals or to others
- Listen without judging
- Give reassurance and provide information
- Encourage the caregivers to seek professional help for their charge
- Encourage self-help strategies
- Don't pretend to know more than you do, but instead be a consistent support and offer encouragements.

Mentoring those under 18

The mentor will comply with the screening guidelines before commencing mentoring the young person. A permission form needs to be signed by the parent/guardian of the young person before commencing mentoring. Forms are available from the Church Office. Verbal permission needs to be obtained from the parent/guardian by the mentor before every meeting or activity with the young person. Meeting suggestions will also be provided to the mentor, such as all meetings between the mentor and the young person to be in the home of the young person while the parent/guardian is present or in a public place.

Neglect

Neglect refers to a situation in which an adult fails to provide the child or vulnerable person with the basic necessities of life to the extent that their health and development is, or is likely to be, significantly harmed. It includes failure to provide food, clothing, shelter, medical attention or supervision. The failure to adequately ensure the safety of a child or vulnerable person may expose them to extremely dangerous or life-threatening situations. This type of neglect can also result in physical injury and significant harm to the child.

Physical indicators of neglect include: frequent hunger; malnutrition; poor hygiene; inappropriate clothing (e.g. summer clothes in winter); children unsupervised for long periods; medical needs not attended to; abandonment by parents or guardians; failure to thrive; appearing ill-cared for or unhappy; injuries or ongoing health problems.

Behavioural indicators of neglect can be seen when a child might: steal food; stay at school outside school hours; abuse alcohol or drugs; display aggressive behaviour; not relate well to peers; be indiscriminate with affection; be withdrawn or aggressive.

Parental Involvement

Any program that involves overnight stays for children or young people up to the age of 18 (or includes risk-oriented activities) must have specific parental permission. Permission forms ask for permission for leaders to act in the case of a medical emergency and also any specific medical and dietary information that leaders should be aware of. Copies of permission forms are available from the church office. For activities such as Holiday Clubs, an attendance register is required listing the name of the child, their age, allergies, name of parents, contact telephone numbers for parents and parents signature giving permission for the child to attend. All such information is held in accordance with privacy legislation.

Physical Contact

- Some people do not seek or enjoy physical contact and are entitled to determine the degree of physical contact they have with others except in exceptional circumstances, i.e. when needing medical attention. It is therefore inappropriate, in the normal course of events, to initiate physical contact.
- Touching a child or vulnerable person between the neck and knees should be avoided.
- A sideways hug around the shoulder is more acceptable than an arm around the waist.
- As a general rule, open displays of affection initiated by children in the presence of others, are acceptable.
- On no account must any form of corporal or physical punishment be administered, even in fun.
- The only form of physical restraint appropriate is to protect children from harm. This includes reasonable restraint to stop a fight, to stop bullying or to avoid an accident.

Privacy

Care needs to be exercised so that in situations where physical contact occurs, it does not occur in private. Where private conversations are necessary with a child or a member of the opposite sex, the leader and participant should remain visible to other leaders.

- As a Team Member you may, at times, require access to private information about a participant (e.g. contact or medical information).
- Ensure you have read and understand the Network Privacy Policy (available from the Network Office), so that you do not breach people's privacy.
- It may be necessary to continue to keep contact with participants outside a program. This requires care on your part, ensuring that the family grants permission, and that the child or vulnerable person welcomes such contact.
- Photographs taken during programs must not be kept for personal use or publicly shown, including on social media sites, without permission.
- Communicate with the child or vulnerable person in an open manner, keeping in mind what you would be happy for their family to hear or read.
- Keep a record of ongoing contact with participants.
- The Network recommends that you do not 'friend' participants on social media sites who are under 18. One example where this might be acceptable is if you have also friended their parents on the social media site, as you know the family from them being friends with your own family.

Be aware that whatever you post online cannot be taken back. Again, only share what you would be happy for a caregiver to see.

Ratios

- Leaders/carers who are under 18 years of age should not be considered an "adult in charge" and therefore must not be included in the Leader-to-Participant ratios listed below. No person under 18 years of age may be a 'carer' in the crèche. Teenagers 14 years+ can assist in the crèche and are referred to as 'helpers'. They are not to be included in the two-person adult carer ratio.
- The ratio of ministry worker to participant for any activity must not be any greater than 1:8 (i.e. 1 leader for every 8 participants).

- The ratio of adults to children should be higher with younger children. The Network requires groups with children under 5 to have a ratio of 1:5 (i.e. 1 leader for every 5 children).
- Helpers aged 14-17 do not count in the above ratios.
- For mutual support, Team Members should work in pairs.
- All work with the young and vulnerable should be done in the context of teams to keep both Team Members and participants safe (a team requires a minimum of two Team Members).

For Closed Water

- A minimum of one Qualified Supervisor for each 32 participants
- A minimum of one Supervisor for each 12 participants.
- The Qualified Supervisor may be counted as one of the supervisors
- At least half of the supervisors must be adults.

For Open Water

- A minimum of one Qualified Supervisor for each 16 participants.
- A minimum of one Supervisor for each 8 participants.
- The Qualified Supervisor may be counted as one of the supervisors.
- At least half of the supervisors must be adults.

Special Needs

- Being inclusive of children and vulnerable people with special needs has more to do with a positive attitude and a willingness to learn than with a list of Do's and Don'ts.
- Being inclusive means seeing that each person has both the potential to learn and need to be loved and included like all other children and vulnerable people.
- You may need extra adult help. The number of extra Team Members will depend on the particular needs of the child or vulnerable person.
- Find out as much as you can about the specific disability, as well as constructive ways to include the participant.

Suicide

Suicide is a complex issue. A surprising number of people of all ages contemplate suicide at some stage in their life. If you are currently, or know of someone considering suicide, we encourage you to call Lifeline on 13 11 14.

Suicide Warning Signs

Possible warning signs should not be taken in isolation but, when a combination of these signs is observed, it may indicate that suicide is being considered.

- Previous suicide attempt or threatening suicide
- Depression, feelings of hopelessness and helplessness
- Thoughts and talk of death
- Anxiety and tension
- Withdrawal from family and friends
- Violent or rebellious behaviour
- Boredom, inability to concentrate
- Frequent aches and pains.

How You Can Help

Tell your Team Leader if you hear or suspect that a participant is contemplating suicide. Do not try to deal with this issue alone. Your Team Leader has access to extra information to help in this situation and should take the lead in responding.

- Try to stay calm, courteous and non-threatening
- Assess the risk. Ask questions. You will not put thoughts of suicide into a person's head if you talk about it with them. Have they made a plan and is the method readily available?
- If this immediate risk is high, be assertive, make concrete plans and intervene (e.g. remove the means of suicide). Don't attempt to restrain the person except to prevent serious harm.
- Encourage the person to talk. Show your concern, but do not judge and do not lecture. Try to learn what caused the crisis. Suicide does not usually happen on the spur of the moment. Clarify and address what the person sees as the major issues first.
- **Encourage the person to think of other solutions and seek professional help (e.g. call Lifeline on 13 11 14).**
- Reassure them that it was right to talk about their feelings and thoughts.
- Your Team Leader will inform the caregiver and encourage them to contact a mental health professional. You may also need to contact a professional for appropriate advice. You will need to involve your Team Leader. **Do not try to deal with this issue alone.**

Toilets and Handwashing

The transfer of germs through unclean toilet use can lead to people getting sick. Sickness in any team is a hindrance to the program, and the safety of the team and participants.

You should always wash your hands after going to the toilet. Washing them using antibacterial soap and running water, rubbing your hands vigorously, rinsing well, and drying with either paper towel or air drying.

Toileting and Touching of Infants

Toileting and handling of infants will be done by female carers where appropriate. There should be no touching of the private parts or hands placed under clothing of children by adults. If for any reason an older child needs to be supervised in going to the toilet, they are to be accompanied by a female adult with the door left ajar.

Two Person Rule

It is a requirement of our liability insurance and also of this policy that the two-person rule is in place at all times. This means that on no occasion should a carer or leader be on their own with a child or young person up to the age of 18. When transporting a child or young person, there must be a minimum of two children/young people in the car when there is only one leader.

Witnessing Family Violence

Witnessed family violence is a form of abuse to those who see, hear or are indirectly impacted by it. It can leave emotional scars on children that last for a lifetime. This abuse occurs indirectly through violence perpetrated on a loved one. Children or vulnerable people may experience this violence trying to defend a lover or friend. Children or vulnerable people may be forced to witness or participate in such violence. This abuse can include spousal violence, step-family members being violent to others, adults being violent to siblings, or even siblings being violent to other siblings. This violence can also be witnessing friends abusing other friends.

Because witnessing family violence is often an indirect abuse, physical indicators can be harder to identify. They can include: cutting or self-injury; anxiety-related conditions such as anorexia or bulimia; lack of care for physical appearance or health.

Behaviour indicators of family violence:

- **Pre-school children:** Lack feelings of safety; separation/stranger anxiety; regressive behaviours; insomnia; bullying.
- **School-aged children:** self-blame; somatic complaints; aggressive behaviours; regressive behaviours; school truancy.
- **Adolescents:** lawbreaking; substance abuse; early sexual activity.

Appendix Application Form



Volunteer Application Form

CONFIDENTIAL

<p>PERSONAL DETAILS</p> <p>Name in full <i>(Please Print)</i>: </p> <p>Mr / Mrs / Ms / Miss DOB / /</p> <p>Occupation:</p> <p>Home Address: </p> <p>Post code:</p> <p>Postal Address (if different to home address): </p> <p>Post code:</p> <p>Phone (H): (W): (M):</p> <p>Email: </p>	<p>EMERGENCY CONTACT DETAILS</p> <p>Name: </p> <p>Relationship:</p> <p>Address:</p> <p>Post code:</p> <p>Phone (H): (W): (M):</p>		
<p>REFEREES: <i>Before your application can be approved, please give details of two people who have agreed to be your referees. Neither should be a family member.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>Contact Details:</p> <p>Name.....</p> <p>Phone.....</p> <p>Email.....</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>Contact Details:</p> <p>Name.....</p> <p>Phone.....</p> <p>Email.....</p> </td> </tr> </table>		<p>Contact Details:</p> <p>Name.....</p> <p>Phone.....</p> <p>Email.....</p>	<p>Contact Details:</p> <p>Name.....</p> <p>Phone.....</p> <p>Email.....</p>
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OFFICE USE ONLY			
<p><i>Appointment Authority</i></p> <p>Name.....</p> <p>Signature.....</p> <p>Date / /</p>	<p>Refs: 1..... 2.....</p> <p>WWC Card Number.....</p> <p>WWC Card Expiry / /</p>		

PLEASE TELL US ABOUT YOURSELF

1. Please outline your reasons for offering to work with children/young/vulnerable people.
2. What experience do you have of working with children or other vulnerable people?
3. Please list any relevant qualifications and/or training that you have attained or attended (including first aid).
4. Is there any medical condition, relevant information or limitation (e.g. epilepsy) that may affect your ability to fully participate as a volunteer? (Please give details)

CHILD PROTECTION STATEMENT

Children and young people who are involved in our activities should receive the highest possible standard of care and protection. Therefore, in all our work, we seek to ensure the well-being and development of each child and young person. Within this context I am committed to the protection of children and vulnerable people from all forms of abuse.

1. Have you been interviewed, questioned or charged by Police in relation to any offence involving children, young people, violence, alcohol or drugs? Yes No
2. Have you been convicted of any offence involving children, young people, violence, alcohol or drugs? Yes No

If 'yes' for either question, please give details or you may choose to discuss this with the person named on the front of this form.

.....
All applicants are required to obtain a Working with Children Card.

I confirm that the information contained in this application is true and correct.
I agree to undertake the relevant *ChildSafe SP3 Training* and will abide by its guidelines.
If applicant is under 18, parent or guardian must also sign.

Name:.....	Name:.....
Signed:.....	Signed:.....
Date:...../...../.....	Date:...../...../.....

Referee Questionnaire



Referee Questionnaire

Referee's Name:

Date:

Applicant's Name:

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. Do you have any concerns with the applicant's ability to work:
 - (a) Under the leadership of a Team Leader?
 Yes
 No
 - (b) As a member of a team?
 Yes
 No
 - (c) With members of the opposite sex?
 Yes
 No
4. How strongly would you recommend this person for work with children and young people?
 Not at all
 With reservations
 Don't know/cannot say
 Recommend
 Strongly recommend
5. To the best of your knowledge is there any reason the applicant would be considered unsuitable to work with children and young people?

If you answer yes to any of the above, please comment in the space below

Comments:

Referee's Signature:

Please Return to:

Att: Network Office Manager

17 Denison Street, Kingston, TAS, 7050 | admin@crckingston.org.au | PO Box 64, Kingston, TAS, 7051

Risk Assessment Form



Activity Information Form

Resource code: CSE3-SA

When do I need to complete one or more of these forms?

Programs based at only one location, undertaking a limited set of activities (such as games or small group activities) need only provide *CSE3-SS Safety Information*. Additional activity information forms are required **where the program involves clearly separate activities**, and/or activities held across multiple locations. In these situations *CSE3-SA Activity Information* must be completed for each distinct activity and be submitted to the Network Office at least three (3) weeks prior to the activity occurring.

Activity Name: _____ Date/s of Activity: _____

1. Activity status

- I have checked whether there are specific guidelines for this activity, based on recognised industry standards or on local requirements. (If specific guidelines exist, please consult those, and continue with completion of this form.)
- This activity is not excluded from our organisation's Public Liability Insurance Policy.

2. Activity Leaders/Instructors

<i>Person</i>	<i>Relevant Qualifications</i>	<i>Training and Experience</i>
Person in charge of activity:		

Instructors in charge must have completed the necessary training as applicable, and hold any required statutory qualifications.

3. Emergency Phone Contacts (where different from your overall Safety Information)

Police Station location: _____ Contact numbers: _____

Doctor's location: _____ Contact numbers: _____

Hospital location: _____ Contact numbers: _____

Other useful location(s): _____ Contact numbers: _____

4. Participant Requirements (some statements may not be applicable to your context)

- Have plans been made to give clear instructions to participants? Yes No
 Details: _____
- Is this activity appropriate for the age range of the intended participants? Yes No
- Has a suitable plan been established to enable participants to become competent in basic skills and slowly progress into more technical areas? Yes No
 Details: _____

5. Equipment (some statements may not be applicable to your context)

- What equipment (safety and general) is required? _____
- Is there sufficient equipment for the number of participants? Yes No
- Do participants know how to use all equipment appropriately and effectively? Yes No
- Is there enough equipment to run the activity adequately, and with spares available for emergency? Yes No
- Will the equipment be inspected prior to use? Yes No

6. Venues (some statements may not be applicable to your context)

- Is the venue appropriate for the activity? Yes No
- Will all the venues be checked and approved by at least one Team Member? Yes No
- Attach venue or trip route details as applicable. Date of last leader's inspection of route or venue: _____

Activity Information Form

Program:				Date:		
Church:						
Identified safety risk (Injury, accident, etc.)	Likelihood descriptor	Consequence descriptor	Risk Level	What would cause it to happen?	Action plan (What we will do to reduce this risk to an acceptable level)	Emergency Strategy (What we'll do if this risk becomes reality)
1.						
2.						
3.						
4.						

Likelihood + Consequence = Risk Level

E.g. 10 (Common Likelihood) + 10 (Severe Consequence) = 20 (Extreme Risk Level)

Likelihood: (10) Common / (7) Possible / (5) Unlikely / (3) Rare / (1) Very Rare

Consequence: (10) Severe / (7) Major / (5) Moderate / (3) Minor / (1) Negligible

Risk Level: (17-20) Extreme / (11-15) High / (8-10) Medium / (2-6) Low

Office Use	Details of person submitting form	
Risk Assessment: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	Name:	Date:
	Position:	

Incident Report Form



CHRISTIAN REFORMED CHURCHES IN
SOUTHERN TASMANIA

Incident Report Form

Resource code: CSE3-IR

When should this report be completed?

This report must be completed if:

1. An outside emergency service is contacted (Police, Ambulance, State Emergency Service etc.).
2. An individual is taken to hospital, doctor's surgery, emergency dental surgery, or other medical professional.
3. An injury results in a participant being unable to participate for 24 hours.
4. There is an alleged illegal act, a participant sent home, serious leader dispute, damage or loss of property.
5. The situation relates to Child Protection (disclosure of abuse, allegation of abuse, or report based on reasonable grounds).
6. Other situations will require judgement and consultation with your organisation. In situations where doubt exists about the use of this report, complete a report.

How do I complete this report?

- Sections A, B & D must be completed in all situations.
- Section C is to be completed where there is an injury to an individual.
- Section E is to be completed in relation to Child Protection issues.

What do I do with this report after I have completed it?

1. Check that all information is correct to the best of your knowledge.
2. Check that the appropriate signatures are given.
3. The Team Leader forwards the form to the Network Office as soon as possible. More severe incidents require immediate reporting, while other reports should be submitted within seven days.

SECTION A

Nature of the Event

Please describe the event in a one sentence summary.

When and where did this event occur?

Time of Event (specify AM/PM) _____ Date _____

Location Name _____

Exact Place _____

Name of the program _____

Did this event have 'Permission to Proceed'? Yes No

Team Leader

Surname _____ Given Names _____

SECTION B - details of people involved in the event (including witnesses - attach signed and dated reports of witnesses if applicable)

Person 1 (Details of injured person if applicable - remember to fill in Section C)

Surname (Capitals) _____ Given Names _____

Street Address _____

Suburb _____ Postcode _____ Sex M F Date of Birth _____

Phone *home* _____ *work* _____ *mobile* _____

Person 2

Surname (Capitals) _____ Given Names _____

Street Address _____

Suburb _____ Postcode _____ Sex M F Date of Birth _____

Phone *home* _____ *work* _____ *mobile* _____

Attach an additional page or pages if details for additional people are relevant.

SECTION C - to be completed only if the event involved injury. Circle the relevant responses

The injured person was a Participant / Team Member / Other (please specify): _____

Initial Severity Assessment
 First Aid (stayed at program) / First Aid (sent home) / Medical Treatment
 Hospital / Possible Permanent Disability / Fatal

Nature of Injury
 Superficial / Fracture / Strain-Sprain / Irritation / Hernia / Bruise or Crush
 Bite or Sting / Hearing Loss / Laceration or Cut / Poisoning / Infection
 Disease / Amputation / Concussion / Allergy / Burn or Scald
 Other (please specify): _____

Part of body injured * Visit to doctor automatically for body parts marked
 Eye * / Ear / Nose / Mouth / Face / Jaws* / Neck* / Skull* / Head - Other*
 Shoulder / Elbow / Wrist / Hand / Finger / Arm - Other
 Groin / Hip / Knee / Ankle / Foot / Toe / Leg / Chest / Torso - Other
 Internal / Back* / Nervous System / Skin / Respiratory System / Systemic
 Other (please specify): _____

Cause of Severest Injury
 Slip or fall / Aquatic Activity / Bums / Vehicle Accident / Person related
 Sporting / Other (please specify): _____

Immediate Treatment Remember, note the times and be as detailed as possible in the action that was taken to care for the casualty (Give details. Attach additional notes if required.)

Doctor
 Surname (Capitals) _____ Given Names _____
 Street Address _____
 Suburb _____ Postcode _____ Phone *work* _____

Hospital
 Name _____
 Street Address _____
 Suburb _____ Postcode _____ Phone _____

Was the activity supervised? Yes No

Personal Details of Supervising Team Member
 Surname (Capitals) _____ Given Names _____
 Street Address _____
 Suburb _____ Postcode _____ Sex M F Date of Birth _____
 Phone *home* _____ *work* _____ *mobile* _____

Please describe the injured person's training and experience related to the activity at the time of the accident - attach report if insufficient space

Protective Equipment/Safety Devices:-
 Were protective equipment/safety devices related to this activity being used? Yes No Not Applicable
 If Yes, please give details- attach report if insufficient space

Pre-Existing Condition
 Does the injured person suffer from any pre-existing condition which may have caused or aggravated the injury? Yes No
 If Yes, please give details- attach report if insufficient space

SECTION D

Were any pertinent instructions/warnings given before the event? Yes No

If Yes, please give details - *attach report if insufficient space.*

Factual Description of the event (what happened): *State exactly what is understood to have happened, how the incident has occurred, the nature of the event, who was claimed to be involved, and times. Identify who has made the observations. Record facts, not assumptions. Attach report if insufficient space.*

What action has been taken? *Remember to be specific, noting the timings. Attach report if insufficient space.*

What follow-up, in your view, needs to occur and by whom?

Has other action been taken as appropriate?

Parent/Guardian notified? Yes No

Photographs of Event Site Yes No

Police Notified Yes No If Yes, police report number

If any other organisations have been advised please state details

SECTION E *Use this section for Child Protection Issues*

Refer to the *Child Safe SP3 Team Members Guide* pp29-40 for information in relation to abuse, disclosure, allegation or belief based on reasonable grounds.

Ensure that you understand the reporting requirements and process in your jurisdiction.

In relation to disclosure by a child, attach details of what was said by the child to this report. In relation to allegations or belief based on reasonable grounds, ensure that relevant sections of this report are completed, and attach notes to the report that carefully provide factual details and/or describe how you have arrived at the belief that a child is at risk of harm.

What action has been taken? *Remember to be specific, noting the timings. Attach report if insufficient space*

Incident Report Completion

Signatures

Supervising Team Member Name: _____ Supervising Team Member Signature: _____ Date: _____

Team Leader Name: _____ Team Leader Signature: _____ Date: _____

Please submit this report as soon as possible. Reports dealing with issues of a greater level of severity must be submitted immediately, and all reports within seven days of the event. Thank you for your assistance.

Office Use Only - Incident Follow-up Plan								
Possible action	Report filed & registered	Medical form filed	Other docs (incl. photos filed)	Insurer notified	Parental follow-up	Team Leader follow-up	Coordinator follow-up	Event entered on summary and overview sheet
Required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initials								
Date								



Network Office Hours:

Tuesday – Friday

9am – 2pm

17 Denison Street, Kingston TAS 7050

PO Box 64, Kingston TAS 7051

office@crcsouthtas.org

(03) 6229 2268