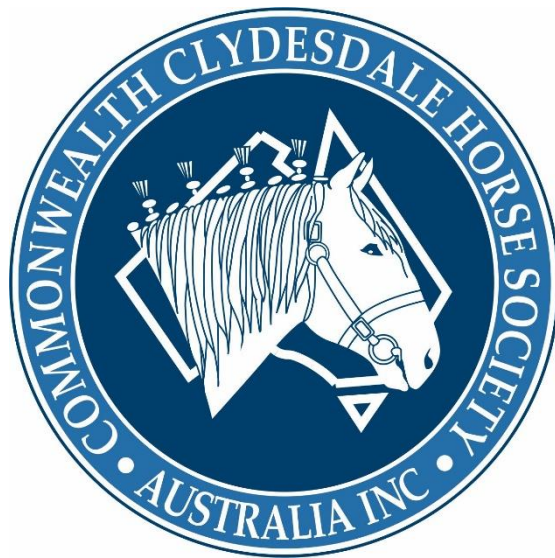


Commonwealth Clydesdale Horse Society Australia Inc.



RISK MANAGEMENT MANUAL

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Risk Management

In our everyday lives, we face risks, and we make judgements about whether we will accept these risks.

Organisations that invite people to participate in their activities have a responsibility to ensure that these activities are free from risk of injury and are as safe as reasonably possible. This responsibility is expressed in legislation as having a "**Duty of Care**".

This duty of care is taken seriously and the CCHSA will ensure that it complies with this duty.

Risk management is about identifying those risks associated with your activities, which may result in injury to another person or damage to their property. It is then the process you put in place to either remove the risk or minimise the risk to an acceptable level.

In this manual, there will be some essential tools to assist in implementing documentation associated with planned events of the CCHSA.

Key components of Risk Management

1. Risk Identification
2. Risk Assessment
3. Management of the Risk

Risk Management Strategies

1. Risk Avoidance
2. Risk Reduction
3. Risk Acceptance
4. Risk Transfer
5. Insurance

Definition of Terms

- CCHSA

Commonwealth Clydesdale Horse Society Australia Inc

- Incident

Means personal injury or accident or damage to property during the period of your event.

Example – If a person complains of injury, or is seen to be injured, or if property is damaged.

- Voluntary Workers

Is a person that may/may not be a financial member but may be operating in a voluntary capacity at a CCHSA activity at a CCHSA event either for/on behalf of CCHSA or CCHSA Member.

- 'You, Your or Yours'

Is the member of the society covered whilst engaged in legal activity of the society/club

- "Group Memberships"

Cover for Insurance purposes with "Group Memberships" need to have a 'Nominated Person' as the person that will be covered by that membership. This "Nominated Person" is usually the designated signatory and is to remain unchanged throughout the period of the membership.

Health & Safety Regulations of CCHSA

Please Note:

- CCHSA Rules are available to members in the front of each published edition of the CCHSA Stud Book.

Membership of CCHSA:

- Public Liability Insurance provided by Benton Insurance Services covers current financial memberships of the CCHSA and the current Junior Competitor Levy subscribers.
- Exhibitors at events are to be current financial members, names are to be checked off against a current membership list available from the Federal Secretary of the CCHSA or by provision of a current CCHSA membership card.
- Memberships are presently in single and multiple person formats:
 - * Single memberships represent the person declared in that membership.
 - * Multiple or group memberships are eligible to represent only one person, that usually being the signatory for that membership. This person is to remain the same "nominated person" and not swapped between other persons in the shared membership. The other persons in that same shared membership are not eligible for insurance coverage whilst competing unless another membership in their own name is secured.
- A person only becomes a member when the subscription has been received by the Federal Secretary, CCHSA, PO Box 1053 Bendigo Vic 3552, and not by any other representative of the CCHSA.

Junior Competitor Levy:

- A person under the age of 18 years becomes a Junior Competitor Levy subscriber when the subscription of \$11 (includes GST) per annum has been received by the Federal Secretary, CCHSA, PO Box 1053 Bendigo Vic 3552, and not by any other representative of the CCHSA.
- Junior Competitor Levy subscribers are eligible to compete in any CCHSA competition events.
- CCHSA Junior Competitors Levy applies to events organised by the CCHSA and not Royal or Agricultural Shows.

Volunteers:

- Volunteers accompanying members and assisting with the event will be covered by a Volunteers Workers Protection Policy in the overall Policy provided by Benton Insurance Services. They are not eligible to compete in events.
- Any Judges at any CCHSA events are not to be paid an honorarium, as they would not be included as a "Voluntary Worker" in the Public Liability Cover.

Pre activity Preparation must include:

1. Signing of Indemnity/waiver
2. Verbal questioning of competitors/other personnel in regard to safety as required.
3. Visual assessment of horse handling ability (matching of participants to horses and appropriate recording of situation by use of Hazard Alert form).
4. Activity instructions to competitors as required for specific event/s.

General Safety Issues:

- CCHSA events are to be liaised with State CCHSA/Federal CCHSA committee members.
- Horses are to be supervised and must be in a secure confined area.
- Horses are not to be driven at any time by non-members/volunteers but may be led.
- Gear used by members on horses at events should be in a safe and working condition. Members may need to participate in gear checks prior to events as determined by organising personnel of the event.

First Aid:

- First Aid can be provided by contracted services of a registered First Aid organisation. If so, the First Aid organisation is required to complete appropriate CCHSA forms in the event of any incident occurring.
- If other First Aid persons are appointed, they must hold a current First Aid certificate, which need to be sighted and kept as a record by each State Branch Secretary.
- Any First Aid persons need to complete required CCHSA documentation after administering first aid to any person.

Facilities:

- The exchange of Insurance Policies is required between the two parties involved when any facilities are hired by the CCHSA, e.g. The proprietors and the hirer of any facilities.

Record Keeping:

The Statute of Limitations provides that a claim can be lodged up to ten years following an incident unless the claimant is under the age of 18 years at the time of the incident in which case a claim can be lodged up to 25 years of age.

- The following are records to be kept by CCHSA Branches:
 - CCHSA Proposed Event Form
 - CCHSA Post Event Form
 - CCHSA Indemnities/Waivers
 - CCHSA Incident Forms
 - CCHSA Hazard Alerts/Near Misses
 - Information on specific animal behaviour/individual person behaviour
 - Information special individual requirements
- Health & Safety are to be included on all CCHSA Meeting Agendas
- Submissions of CCHSA Proposed Events can be forwarded to the Federal Secretary on a quarterly basis. This allows for flexibility with the planning of State events.

Other CCHSA Events:

- Assessments – all persons wishing to be assessed must be current financial members if they wish to be included on judging Lists.
- Training Days, Shows & Festivals – Eligibility of persons making a horse entry is that they are to be a current financial CCHSA member or must fill out and pay the prescribed casual day participant fee.

CCHSA Health & Safety Policy

Other details:

Each Member is recommended to have their own Public Liability Insurance, and not to rely solely on CCHSA Public Liability Insurance.

1. The CCHSA and its members are committed to providing and maintaining a healthy and safe organisation, free from incidents.
2. The CCHSA Federal Council recognises that the ability of the CCHSA to function successfully as a provider of quality services is entirely dependent upon the combined efforts of the members.
3. The CCHSA aim to provide public liability insurance that aims to protect the membership.

The CCHSA therefore:

1. Undertake to bring about changes which could improve the safety and wellbeing of its members and to maintain optimal levels of safety at CCHSA events at all times.
2. Encourage members to regard accident prevention as both a collective and an individual responsibility.
3. Encourages its members to assess practices and conditions continually, to report failings in them, and to take advantage of safety information provided by the CCHSA and other sources.

Although the Federal Council of the CCHSA, acting through its management structure, will take the initiative in introducing safety procedures, the help and co-operation of all members is essential.

The CCHSA is wanting to meet the challenge of health and safety, and it extends that challenge of all of its members in whatever task they are engaged, to think and act safely.

For our safety program to be truly effective, it demands the continuing attention, the interest and the respect of everyone involved in the CCHSA.

CCHSA Juniors Policy

1. The CCHSA is committed to the education and development of Junior Competitors to ensure the future of the CCHSA.
2. The CCHSA are committed to providing and maintaining a healthy and safe organisation that allows Junior Competitors to be actively involved in activities and events that are sanctioned by the CCHSA.
3. The CCHSA Federal Council recognises that the ability of the State Branches of the CCHSA to function successfully as a provider of quality services is entirely dependent upon the combined efforts of the members.
4. The CCHSA recognises that appropriate measures must be put in place to ensure the safety and well-being of the Junior Competitors.
5. Junior Competitors are deemed to be over 5 years fully supervised by a parent or adult or independently over 8 years & under the age of 18 years at the time of the activity sanctioned by the Commonwealth Clydesdale Horse Society.

The CCHSA therefore undertakes to:

6. Provide an environment that provides for the safety and wellbeing of its Junior Competitors and to maintain optimal levels of safety at CCHSA events at all times.
7. Provide basic horsemanship and safety education.
8. Provide adequate supervision of Junior Competitors by responsible experienced Adults.
9. Provide a safe controlled environment that Junior Competitors can actively partake in CCHSA activities.
10. Provide a harmonious environment that encourages the participation of Juniors in Society activities
11. Have the written consent of a parent or legal guardian before a Junior Competitor is able to partake in CCHSA activities.
12. Levy a fee known as a Junior Competitors Levy which will be required to be paid and received by the Federal Secretary, so as to partake in Society activities if the Junior is not a financial member of the CCHSA in his or her own right. This levy is \$11 (includes GST) per annum.
13. The CCHSA is committed to meeting the needs of its Junior Competitors and it extends that challenge of all its members.

CCHSA Safety Criteria

- Nominated Safety Representatives from each State Branch of the CCHSA.
- Branch meetings to include Health & Safety on the Agenda, with reports as applicable.
- Nominated Safety Representatives are responsible for inspection of the environs of the buildings and grounds at CCHSA events.
- Members are encouraged to participate in any discussion regarding Health & Safety issues.
- Any issues of concern from members and Safety Representatives are to be written on an "CCHSA Hazard Alert/Near Miss" and forwarded to the Branch Secretary for action.
- The Branch executive is to resolve these "Hazard Alerts", if possible. A reply will be forwarded back to the Safety Representative, and a review will take place at the next Committee meeting.

This then exhibits a full cycle process.

- If the Branch Executive are unable to resolve the "Hazard Alert", then assistance to achieve resolution would be sought from consultation with the remainder of the Branch Committee.

CCHSA First Aid Policy

STATEMENT

Occupational First Aid is an essential part of the CCHSA Safety Program. The CCHSA will endeavour to provide access to first aid for all persons attending events. At events where horses are present in a competitive manner, suitably qualified First Aid persons will be in attendance.

REQUIREMENTS

- An approved First Aid kit is to be present at CCHSA events. This may be provided by contracted First Aid organisations for the event or by the Branch themselves.
- First Aid requirement is a current Level I or II.
- Copies of current certificates of First Aid persons (if CCHSA members/volunteers) are to be sighted by the CCHSA Branch Committee and kept on file.



CCHSA First Aid Refusal Form

Refusal of First Aid Treatment Check List

Capacity of the casualty/parent/guardian making the refusal

Condition	Yes	No	Unsure
Alert and orientated to time, place and person			
Clear and coherent speech			
Casualty able to engage in meaningful conversation			
No evidence of alcohol or mind altering drug use			

If any of the above is not checked, and the First Aid Provider is concerned re the decision of Refusal of First Aid, then consider calling 000, for more qualified medical aid.

Precautions & Warnings to Casualty

Precautions & Warning	Yes	No
Advised the casualty to call 000 if their condition changes or they change their mind regarding care and transport.		
Advised casualty to seek care with an Emergency Department or Doctor as soon as possible.		

Declaration:

I acknowledge that I have been advised by the representatives of the CCHSA that first aid and possible further treatment and/or transportation to further medical aid is recommended.

Casualty Parent Guardian

Signature: Printed Name:

Date:

Complete refusal:

The casualty/parent/guardian was given the information noted above and refused to sign the form as requested.

First Aid provider:

Signature: Printed Name:

Date:

Witnesses:(1 or 2 as required)

Signature: Printed Name:

Date:

Signature: Printed Name:

Date:

Ensure copy of report is forwarded to CCHSA Federal Secretary within seven (7) days.



CCHSA Proposed Event Form

The purpose of this form is to ensure that events are recorded for Public Insurance Cover

- ◆ **Ensure all parts are completed.**
- ◆ **Send this original to CCHSA Federal Secretary**
- ◆ **Keep a copy for own records**

Date of submission:..... CCHSA Branch:

Contact Person/s and Phone No's.....

.....

Name of proposed Event:

Is this project a "one off" event? or a program?

Time Frame: No. of sessions:..... Length of sessions:.....

Start Date: End Date:

Venue:

A copy of the hired venue's Public Liability Insurance has to be exchanged with one from the CCHSA Branch organising the event. Please attach copy once available.

Is proposed Event restricted to members only? Yes No

Are persons being charged for the event? Yes No

Where members are competing in any events, Indemnity forms are to be enforced by each State Branch. (Form to be uniform among the CCHSA Branches). Please retain for records in conjunction with this Event.

Where non-members are participating in an event a Casual Day Participation form needs to be completed and payment of \$20.00 to be collected. Please forward these forms along with payment to the CCHSA Federal Council Office. (Please retain a copy of these forms for your branch records)

First Aid facilities organised: Yes No N/A Why?

Safety Representative/s nominated:

.....

Are other organisations involved in this Event? Yes No

If yes, please describe their involvement



CCHSA Post Event Form

COMMONWEALTH CLYDESDALE HORSE SOCIETY AUSTRALIA Inc.
PO Box 1053, Bendigo, VIC 3552

Event:

Held: **Date:**

Planned event take place? Yes No
 Comments:

Planning appropriate? Yes No
 Comments:

Venue appropriate? Yes No
 Comments:

Attendance Numbers? Members: Horses:
 Casual Day Participants: Spectators:

Any recommendations for future events?

Were any incidents reported at this event? Yes No N/A
 Comments:

Were details forwarded to Federal Secretary? Yes No N/A
 Comments:

When has/will the CCHSA Branch review/ed the incident?

Signature (Event Organiser/Safety Officer):



CCHSA Incident Report Form

Name of Branch:

Address of Branch (Secretary):

.....

Contact Phone No:

The following details are to be completed by a committee member of the above-named Branch.

Name:

.....

(Please print)

Committee Position: Date:

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

(a) A separate incident report form is to be completed for every incident.
 (b) Use ticks where appropriate to indicate details of the incident. Complete the form in full as soon as possible after the incident.

DESCRIPTION & LOCATION OF INCIDENT:

.....

DATE OF INCIDENT: **TIME OF INCIDENT:**

NAME, ADDRESS & PHONE NUMBERS OF PERSONS INVOLVED:

1. Name 2. Name:

Address Address:

.....

..... P/Code P/Code

Phone No: Phone No:

Type of Incident	Nature	Part of Body Hurt
<input type="checkbox"/> Trip, slip or fall <input type="checkbox"/> Car, bike accident <input type="checkbox"/> Splashed <input type="checkbox"/> Hit, punched or bitten <input type="checkbox"/> Sharps <input type="checkbox"/> Faulty Items <input type="checkbox"/> Allergy <input type="checkbox"/> Other – describe	<input type="checkbox"/> Lifting/Lowering <input type="checkbox"/> Pushing/Pulling <input type="checkbox"/> Caught in b/w, crushed <input type="checkbox"/> Exposure to harmful agents <input type="checkbox"/> Stepped on or into, bumped <input type="checkbox"/> Struck by <input type="checkbox"/> Bruising/crushing <input type="checkbox"/> Laceration/puncture <input type="checkbox"/> Fracture <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> Burn <input type="checkbox"/> Infection <input type="checkbox"/> Foreign Body <input type="checkbox"/> Sprains/strains <input type="checkbox"/> Head <input type="checkbox"/> Abdomen <input type="checkbox"/> Trunk <input type="checkbox"/> Shoulders <input type="checkbox"/> Fingers <input type="checkbox"/> Wrists <input type="checkbox"/> Feet or Toes <input type="checkbox"/> Other
		<input type="checkbox"/> Eyes <input type="checkbox"/> Thighs <input type="checkbox"/> Legs <input type="checkbox"/> Arms <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Hands <input type="checkbox"/> Ankles

Side of Body Hurt: Left Side Right

Signature of person involved in the incident

Print Name.....Date:

TREATMENT (to be completed by First Aid Attendant/Injured Person)

Type of treatment given:

- None Treated at Casualty Treated by Doctor
- First Aid by non medical staff First Aid by medical staff

Treatment Given:
.....
.....

Name of person administering treatment:

(Please Print)
Contact Phone No:

Current First Aid Qualifications (if any):

First Aid Organisation Represented (if any):

EXECUTIVE COMMITTEE MEMBER'S COMMENTS/RECOMMENDATIONS:

.....
.....

Committee Position: **Date:**

Signature: **Print Name:**

CONTRIBUTORY FACTORS – UNSAFE ACTS/UNSAFE CONDITIONS

.....
.....

ACTION TAKEN/REQUIRED TO PREVENT A RECURRENCE

.....
.....

Copy of Incident Report form sent to Insurer via CCHSA Federal Secretary

By Whom: **Print Name:**

Committee Position:

This report tabled at a General Meeting of the named CCHSA Branch and also Federal Council
Which Meeting?

Outcome – if any?

Office Use only Date Received Forwarded to (Insurer)

Statement of Witness

I,
(Full Name)

Of
(Address)

state that on **at**
(Date) (Time)

I witnessed the following incident / I witnessed part of the following incident
(delete whichever does not apply)

Place incident occurred

My location at the time of the incident was

A description of what took place (if it helps, draw a sketch)

Any other relevant information

Signed Date

Signature witnessed by

Address

NOTICE TO ALL PERSONNEL

DEFINITION OF INCIDENT means personal injury or accident or damage to property during the period of your Event.

Example – if a person complains of injury, or is seen to be injured, or if property is damaged.

Branches **MUST** record any incident reported to **ANY** member of their committee so that in the event of a claim an official record of the incident has been recorded.

Two copies of the incident report are to be forwarded to the CCHSA Federal Secretary who in turn will forward one of these copies to Benton Insurance Services. A copy is also to be retained for your Branch records.

A claim on public liability insurance can be made years after an incident occurs and for this reason it is important to have a record to refer to.

EXAMPLE:

A person may sustain an injury and the Solicitor handling the claim may wait for a number of years to determine the full extent of the consequences of that injury before making a claim. In this case the Plaintiff would be required by law to issue a writ against the insured.

The Statute of Limitations provides that a writ can be lodged up to three years following an incident unless the claimant is under the age of 18 years at the time of the incident in which case a claim can be lodged up to 21 years of age.

CCHSA Hazard Alert/Near Miss Form

Date: **Time:** am/pm

Branch Reporting:

Person Reporting: **Role:**

Issue:

Location:

Description of Issue: (include location/circumstances involved in concern, try to identify causes/factors)

.....
.....
.....

Immediate action taken:

.....
.....

Further action to be taken or recommended:

.....
.....

Supervisor's actions/comments: (attach more detailed report if necessary)

.....
.....

Has the problem been rectified: **Yes** **No**

If no, identify ways of overcoming the problem(s) on a permanent basis:

.....
.....

EXECUTIVE'S SIGNATURE: **DATE:**

The situation/s has/have been corrected and the problem is unlikely to recur.

Relevant Committee Comments:

Reported Date to Committee Meeting:

Purpose – *The purpose of this form is to provide a method for reporting situations that are recognised as having the POTENTIAL to be a HAZARD*



CCHSA Member's Indemnity Form

PLEASE PRINT ALL DETAILS

CCHSA BRANCH:

EVENT TITLE:

Name of Member in CCHSA Event:

Membership No. of Member:

Address:

.....

Contact Telephone No:

I agree and consent to being a participant in the above outlined event. I hereby also agree to release, discharge and to hold the Commonwealth Clydesdale Horse Society harmless for any accidents, harm and/or loss, which I may suffer as a result of participating in the outlined event.

In addition, I hereby agree to indemnify the Commonwealth Clydesdale Horse Society and its servants, volunteers and agents for any loss, demands, damages, expenses, claims, actions and suits brought for and on behalf of myself and arising out of or in any way connected to the outlined event.

I authorise the Commonwealth Clydesdale Horse Society to obtain any medical or hospital treatment as in its opinion may be required for myself. I agree that this indemnity shall extend to the decision of the Commonwealth Clydesdale Horse Society to obtain or administer such medical treatment, and I further agree to pay the costs of such treatment.

In the event of there being any known medical conditions for myself or the need for taking of medication which would affect the rendering of any urgent medical assistance, I give consent that my details be recorded below and kept in a confidential manner by the above-named group organising this event.

Known Allergies:

Medication:

.....

Signature: Date:



CCHSA Junior Competitors Indemnity Form

APPLICABLE FOR PERSONS:

- UNDER 18 YEARS OF AGE &
- WHO HAVE PAID THE JUNIOR COMPETITORS LEVY

PLEASE PRINT ALL DETAILS

ATTENTION PARENTS/LEGAL GUARDIANS
 In order to ensure that your child/ward can participate in the CCHSA event and appropriate care is taken for your child/ward, it is essential that you read and sign the following.

CCHSA BRANCH:

EVENT TITLE:

Name of Junior Participant in CCHSA Event:

Date of Birth:

Name of Parent/Legal Guardian:

Address:

.....

Contact Telephone No.: Relationship:

I agree and consent to my child/ward to participate in the above detailed Commonwealth Clydesdale Horse Society event. I hereby also agree to release, discharge and to hold the Commonwealth Clydesdale Horse Society harmless for any accidents, harm and /or loss which my child/ward may suffer or that I may suffer as a result of my child/ward participating in the outlined event.

In addition, I hereby agree to indemnify the Commonwealth Clydesdale Horse Society and its servants, volunteers and agents for any loss, demands, expenses, claims, actions and suits brought for and on behalf of my child/ward and arising out of or in any way connected to the outlined event.

I authorise the Commonwealth Clydesdale Horse Society to obtain any medical or hospital treatment as in its opinion may be required for myself. I agree that this indemnity shall extend to the decision of the Commonwealth Clydesdale Horse Society to obtain or administer such medical treatment, and I further agree to pay the costs of such treatment.

In the event of there being any known medical conditions for my child/ward or the need for taking of medication which would affect the rendering of any urgent medical assistance, I give consent that my details be recorded below and kept in a confidential manner by the above-named group organising this event.

Known Allergies:

Medication:

.....

Signature:Date:
(Parent/Legal Guardian)



CCHSA
Application - Casual Day Participant

NAME:

ADDRESS:

CONTACT NO:

EMAIL:

CCHSA BRANCH:

EVENT:

I wish to compete in the above event being conducted by the CCHSA and/or branch of the society and agree to pay the Casual Day Participant Levy. I understand that payment of this Levy entitles me to all of the benefits of being a member of the CCHSA for the day of the event. It is understood that Casual Day Participant Levy does not entitle me to any voting rights afforded to a full member of the CCHSA.

*I am aware that the Casual Day Participant Levy is available to me only **twice within any one financial year** after which I may be offered a full membership by completing a CCHSA membership application and paying the prescribed fee to the society, and that the annual Membership levy falls due on the 1st of July each year.*

I agree to abide by all decisions of the Society in relation to all matters arising out of or in connection with each event in which I participate.

Enclosed please find remittance of \$20.00 per event being for Casual Day Participant Fee.

I, as the participant accept the above agreement.

Signature:

Printed Name:

Date:

Note: \$20.00 Fee includes GST