

YOUTH PROTECTION RISK MANAGEMENT SUPPLEMENT

A Risk Assessment must be completed for prior to commencement of youth engagement programs. Services are encouraged to utilise existing Risk Assessment templates and forms in accordance with their respective Service WHSMS. This document is designed as a Youth Protection supplement to the Unit's Standing Risk Assessment which should be used to identify and assess the hazards and risks associated with this specific program. In the absence of a Standing Risk Assessment, Part A – Supplementary Risk Management Document, can be utilised. This document must be reviewed and signed by an Authorising Officer.

Program Scope				
Program Name:				
Program Dates:	From	To	Location:	
Program Appointments:	Officer Planning Activity (OPA): ¹			
	Person managing activity: ²			
	Person Conducting the Activity (PCA): ³			
	Officer Authorising Activity (OAA): ⁴			
Program Description:				
Standard Program Considerations				
Cancellations, Postponements and Program Changes:	This program may change, be postponed or be cancelled at short notice due to operational requirements, public health emergencies, or unacceptable behaviour.			
Nominal Roll:	A Nominal Roll and Nominal Roll Cover sheet will be developed by the program manager that includes reference to participants disclosed conditions (including cognitive, social, physical, medical and/or dietary). This will be provided to and must be signed off by the PCA.			
Medical Plan:	A medical plan must be developed and submitted with this application. The OPA must indicate closest medical facilities and routes, the medical evacuation plan as applicable to civilians for that base, base emergency evacuation point location, first aid equipment/first aid officer and Defence emergency contact numbers. The program manager must provide individual health plans for participants, where required, as part of the medical plan.			
Environmental:	Weather conditions are to be assessed on a day to day basis. However, an extreme weather management plan to be developed where appropriate. Any identified flora and fauna hazards relevant to the Defence Establishment is to be included in the program safety brief where appropriate.			
Attendance:	All participants attending the program are register their attendance prior to the commencement of the program. This is to inform the Nominal Roll and Risk Assessment.			

¹Officer Planning Activity (OPA) is the nominated point of contact that will engage with the program manager in the planning and execution of the activity. The OPA and the Person Conducting the Activity (PCA) can be the same person.

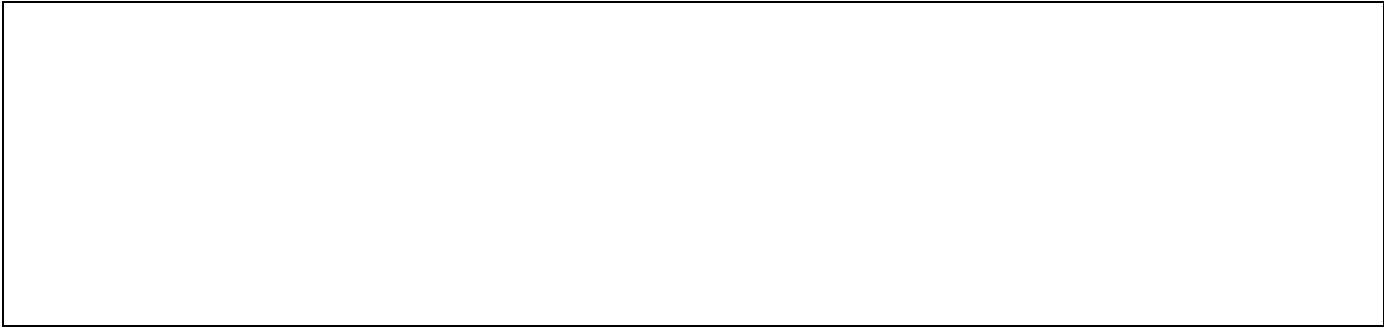
²Program manager is responsible for coordinating and delivering the program, offering the program to participants, and ensuring the program complies with youth protection policy.

³Person Conducting the Activity (PCA) is the person tasked with providing supervision to the participants for the duration of the activity.

⁴Officer Authorising Activity (OAA) is the officer in command of a military unit or establishment, often known as the Commanding Officer. They have ultimate operational authority over the unit or establishment, and are the approving authority for a youth engagement activity to take place.

The OPA, PCA and OAA must be a Defence member – we cannot delegate responsibility to contractor

Officer Planning Activity (OPA) Declaration		YES	NO
Planning Meetings – Determine scope and plan activities			
I have read and understand unacceptable behaviour towards youth.			
WWCC/WWVP has been conducted for overnight activity supervisors and a copy of confirmation has been provided to the program manager.			
Risk Assessment has been conducted and a copy has been provided to the program manager. <ul style="list-style-type: none"> WHS and youth protection risks must be considered and effectively managed as part of any deliberate and/or immediate risk assessment for a task/activity. In addition to WHS, youth safety factors must be considered with respect to participants' age, maturity (including physical, emotional and behavioural status) and risk appetite 			
I acknowledge my obligations under the Work Health and Safety Act 2011 (Cth) for the health and safety duties I and the Department of Defence owe to the participants during the program.			
Are the participants being transported throughout this program? <ul style="list-style-type: none"> When transporting a single under 18 participant in any vehicle, two adults should be present whenever possible. 			
I acknowledge that all activities are to have appropriate risk assessments in place specific to the activity and where it will be based. <ul style="list-style-type: none"> Appropriate PPE and dress code is to be worn and additional controls are to be implemented to account for age/skills/experience of participants. Activities are also only to be conducted by qualified personnel in accordance with SI/OIPs. State and Territory Education Departments may have restrictions with regards to some activities. If applicable with your situation, clarify these excluded activities with your program manager. 			
Are weapons being viewed, used or handled in this program? <ul style="list-style-type: none"> Weapons displays are delivered IAW DSM – Part 62:66 Annex E Security Requirements for Display and Demonstrate of Weapons. Civilian participants cannot undertake any activities in the WTTS at this time. <u>They are able to enter WTTS and observe a demonstration.</u> State and Territory Education Departments may have restrictions with regards to weapons being viewed, used or handled. If applicable with your situation, clarify these excluded activities with your program manager. 			
OPA Name:		Signature:	
Unit:		Date: (if completed as hard copy)	
Rank:		Email:	
OPA Comments			



Program manager review and acknowledgement		Yes	No	N/A
I have reviewed and assessed that all context-specific youth protection risk mitigation strategies are being adhered to, including: <ul style="list-style-type: none"> Unacceptable behaviour – Youth on Youth: Control measures can include, code of conduct, induction covering unacceptable behaviour and how to report it, appropriate supervision Unacceptable behaviour – Adult on Youth: Control measures can include, Youth Safety Training, program manager, Adult Code of Conduct signed by PCA, WWCC for Overnight Programs, suitability screening 				
I have consulted with the OPA and PCA to ensure youth safety has been considered as part of the Unit WHS risk assessment, including factors such participants' age, maturity (including physical, emotional and behavioural status) and risk appetite.				
I acknowledge that the Nominal Roll or registration sheet has been referenced, particularly in relation to the Participants disclosed cognitive, social, physical, medical and/or dietary information (if any) as part of this approval.				
Food is being provided and the Mess has been advised of participants' dietary requirements and/or allergies.				
I acknowledge my obligations under the Work Health and Safety Act 2011 for the health and safety duties I and the Department of Defence owe to the participants during the program.				
For overnight programs, I have sighted all supervising staff's WWCC/WWVP checks.				
Name:		Email:		
Signature:				
Comments				

Person Conducting Activity (PCA) Declaration		Yes	No			
I have read the Defence Youth Manual and understand unacceptable behaviour towards youth.						
I have read, understand and signed the Defence Youth Safe Code of Conduct (Adult) prior to supervising a youth program or activity and have provided a copy of this to the program manager.						
In addition to the WHS risks identified for this program, youth safety factors with respect to the participants' age, maturity (including physical, emotional and behavioural status) and risk appetite have been identified and discussed with the program manager.						
Will you be conducting water activities on this program? <ul style="list-style-type: none"> • Prior to any water/water craft based activity, the supervisor of the activity must verbally confirm all participants can swim. • All water based activities are to be undertaken IWA Standard Risk Assessments in place specific to the pool/facility where the activity occurs. • Note: State/Territory Education Departments may have restrictions on water-based activities; if applicable with your situation seek guidance from program manager 						
Will you be conducting any specialised workplace/workshop activities on this program? <ul style="list-style-type: none"> • PPE is required to undertake activity safely • All activities are conducted under appropriately qualified and skilled operators • Where specific dress code is required this is clearly communicated • In addition to overall site/activity inductions, participants are given safety inductions for all equipment, tools, machinery and instruments. 						
Are the participants being transported throughout this program? <ul style="list-style-type: none"> • When transporting a single under 18 participant in any vehicle, two adults should be present whenever possible. 						
Will you be conducting any physical training activities on this program? <ul style="list-style-type: none"> • All land based PT/AT is conducted IAW respective Service policy advice • Nominal Roll includes participant's pre-existing injuries, medical condition/s and self-rating of participants' level of fitness and any activity exclusions based on educational institutions insurance policy • Land based PT activities to be conducted only by qualified PTI's, CFL's or MFL's • For the conduct of the Pre-enlistment Fitness Assessment (PFA), personnel authorised to conduct physical activities includes any member of the ADF of the rank of CPL(E) or above, posted to ADF Careers, who has been trained and deemed competent by an ADF PTI and successfully completed the ADF Careers PFA Supervising Officer course • Adventurous training is to be conducted only by qualified personnel as appropriate • Based on specific adventurous activity being undertaken, PTI or member conducting activity to adjust the intensity to reflect participant/s skill/fitness level • Participants may choose not to participate in activities and their choices will be respected • PTIs to check to confirm fitness levels and any injuries/potential issues prior to activity • Participants who are not able to participate who are identified on the Nominal Roll to sit out 						
Name:						
Email:						
Signature:						
Comments						

Program Medical Plan (PCA/POC to complete sections unless otherwise indicated)				
Program Name:				
Program Dates:	From	To	Location:	
Medical Facilities				
Closest Medical Facility:	<i>Route to facility:</i>			
Opening Hours:				
Contact Number:				
Alternate 24hr medical facility (If closest is not 24 hour):	<i>Route to facility:</i>			
Opening Hours:				
Contact Number:				
Medical Evacuation Plan				
Emergency Evacuation Point Location				
First Aid Equipment / First Aid Officer				
Communications: Detail the Defence emergency contact numbers for the program				
Participant Declared Medical/Dietary/Allergy Information (manager to complete)				
Have any participants declared medical conditions, dietary requirements or allergies on their agreements?				
<input type="radio"/> NO	<input type="radio"/> YES	If YES - Please see Nominal Roll for specifics. Any medical/treatment plans will be attached to Nominal Roll.		

Officer Authorising Activity (OAA) Review and Approval			
I acknowledge my obligations under the Work Health and Safety Act 2011 the health and safety duties I and the Department of Defence owe to the participant during the Youth Program.			
I acknowledge my obligations under Defence Youth Engagement Policy and YOUTHMAN			
I will ensure appropriate supervision of the participants during the program or activity. I acknowledge my obligation to advise all ADF personnel involved in this youth activity who will engage with young people, to complete all relevant training, as required.			
I acknowledge that a Risk Assessment has been created with reference to the Nominal Roll or registration list, particularly in relation to the participant's disclosed cognitive, social, physical, medical and/or dietary information (if any).			
For overnight programs only: I acknowledge that supervisors on overnight programs have undergone relevant suitability screening and hold valid WWCC/WWVP as applicable to their state.			
OAA Name:		Signature:	
Unit:		Date: <i>(if completed as hard copy)</i>	
Rank:		Email:	
Comments			

Part A – Supplementary Risk Management Document

Supplementary Risk Management						
<p><i>A supplementary risk assessment is to be completed for all planned activities that have not already been identified and addressed above. When identifying risks and hazards associated with an activity, consider the ‘Likelihood’ of occurring and the ‘Consequence’. Use the rating system below to get the outcome. Note: Residual Risk Scores must be ‘LOW’ or ‘VERY LOW’ for youth programs. This section does not need to be completed if a separate unit risk assessment is undertaken and obtains a score of ‘Low’ or ‘Very Low’. A copy is to be provided to the Regional Youth Manager and attached as a reference to this assessment.</i></p>						
Likelihood		Consequence				
		Minor (A)	Moderate (B)	Major (C)	Critical (D)	Catastrophic (E)
(5)	Almost Certain	(A5) LOW	(B5) MEDIUM	(C5) HIGH	(D5) VERY HIGH	(E5) VERY HIGH
(4)	Probable	(A4) LOW	(B4) MEDIUM	(C4) HIGH	(D4) HIGH	(E4) VERY HIGH
(3)	Occasional	(A3) VERY LOW	(B3) LOW	(C3) MEDIUM	(D3) HIGH	(E3) HIGH
(2)	Improbable	(A2) VERY LOW	(B2) VERY LOW	(C2) LOW	(D2) MEDIUM	(E2) MEDIUM
(1)	Rare	(A1) VERY LOW	(B1) VERY LOW	(C1) VERY LOW	(D1) LOW	(E1) LOW
Rating		Likelihood Description				
(5)	Almost Certain	Expected to occur during the planned activity. Is known to occur frequently in similar activities.				
(4)	Probable	Expected to occur in most circumstances, but is not certain. Is known to have occurred previously in similar activities.				
(3)	Occasional	Not expected to occur during planned activity. Sporadic but not uncommon.				
(2)	Improbable	Not expected to occur during the planned activity. Occurrence conceivable but considered uncommon.				
(1)	Rare	Not expected to occur during the planned activity. Occurrence conceivable but not expected to occur.				
Rating		Consequence Description				
(E)	Catastrophic	Multiple fatalities OR 10 or more injuries / illnesses categorised as ‘critical’.				
(D)	Critical	Single fatality and/or permanent total disability OR 10 or more injuries or illnesses categorised as ‘major’.				
(C)	Major	Serious injury or illness requiring immediate admission to hospital as an inpatient and/or permanent partial disability OR 10 or more injuries/illnesses categorised as ‘moderate’.				
(B)	Moderate	Injury or illness causing no permanent disability, which requires non- emergency medical attention by a registered health practitioner OR 10 or more injuries or illnesses categorised as ‘minor’.				
(A)	Minor	Minor injury or illness that is treatable in the workplace (first aid) or by a registered health practitioner, with no follow up treatment required.				

Supplementary Risk Management (only use this if your unit does not have their own Risk Management forms)							
<i>This is the individual activity based risks and hazards informed by the program. An example has been provided.</i> <i>C = Consequence / L = Likelihood</i>							
Other Identified Hazards/Risks	Initial Risk Score			Additional control measures to be implemented <i>These controls will relate to the specific activity, location and conditions.</i>	Residual Risk Score		
	C	L	Score		C	L	Score
Example <i>Risk of pain, discomfort and/or injuries to hands, arms, spine from overuse of or improper use of workstations during research and administrative tasks.</i>	A	1	Very Low	Example <ul style="list-style-type: none"> • Workspace and equipment set up to with consideration to ergonomic suitability i.e. designed to ensure good posture, minimise screen glare, minimise risk of RSI etc. • Participants receive induction on commencement, covering WHS, including WHS Induction Ergonomic Assessment form (proforma attached) • Work planned to include regular breaks or change of activity. 	A	1	Very Low