

RECREATION PROGRAM: RISK MANAGEMENT PROCEDURES

PARTICIPANT REGISTRATION FORMS:

- Membership Registration form which includes emergency contact and medical information
- PAR-Q, provided by the Canadian Society for Exercise Physiology
- Waiver and Release Form
- Photo Release Form

INSURANCE:

General Liability & Property insurance.

SUPERVISION:

Designated staff and professional instructors.

INJURIES:

Prevention & recognition/treatment: First Aid/CPR

- Pre-assessment upon intake.
- Ongoing class assessment conducted by professional instructors during strengthening and endurance classes to prevent injuries.
- When an injury occurs, it is assessed and treated as required with the consent of the individual.
- In the event of an emergency, emergency services are contacted.
 - ❖ Boys and Girls Club intervention: Lifeguards render CPR/First Aid training. Olde Forge to assist with client management and contacting emergency authorities (911).
 - ❖ Woodroffe United Church intervention: Staff administers CPR/First Aid training with assistance of trained volunteers.
- Designated volunteers assist if emergency services are contacted (holding doors open for paramedics, helpers to clear the way for first responders).
- Staff personnel notify the client's emergency contact if applicable. *Client listing is updated monthly.

EMERGENCY EVACUATION:

- Facility spaces are adequate and abide by building codes. Classes are set up in an organized fashion to prevent a fire hazard. Two classes are never run at one time in one space.
- Emergency evacuation procedure involves the use of emergency exits of the offsite program locations.

INSPECTION AND REPAIRS OF FACILITIES:

- All inspections and repairs are overseen by landlord staff.
- Any concerns regarding facility space are to be addressed and reported to the Sr. Manager at The Boys and Girls Club and the Office Administrator at Woodroffe United Church.

EQUIPMENT USE:

Equipment is checked regularly by Olde Forge staff.

OLDE FORGE RISK ASSESSMENT FORM

Location/Address: _____

Phone Number: _____ Staff Person on duty: _____

Program: _____

| HAZARD(S) IDENTIFIED | WHO IS AT RISK | TYPE OF RISK: LOW/ MEDIUM/HIGH | RISK CONTROLS IMPLEMENTED | ACTION REQUIRED | LEADS | DATE COMPLETED |
|-------------------------|-------------------|--------------------------------------|---------------------------------|--------------------|-------|-------------------|
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Additional comments:

Staff Signature

Date