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| **Risk Register Reference:** | **insert** |

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| --- |
| **Risk Management Plan - Overview** |

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| --- | --- | --- | --- |
| **Name of School:** | **insert** | **Group/Class:** | **insert** |
| **Name of Principal:** | **insert** | **No. in Group/Class:** | **insert** |
| **School Address:** | **insert** | **Name of Coordinator:** | **insert** |
| **Activity/Event Type:** | **insert** | **Coordinator Number:** | **insert** |
| **Location/Destination:** | **insert** | **Date of Activity/Event:** | **insert** |
| **Description Summary:** | The purpose of this program is to develop personal and social capabilities related to goal-setting, commitment and resilience as students engage in a physical training program | **Accompanying staff, parents, caregivers, volunteers:** | **insert** |

| **Activity / Task** | **Hazard Identification**  **(Cause/Source)** | **Current Controls** | **Inherent Risk Rating** | **Elimination or Control Measures** | **Residual Risk Rating** | **Accountable**  **Owner** | **By When** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| COVID-19-related precautions for all activities | Acquiring COVID-19 | * Provide hand-sanitiser at the commencement and conclusion of all sessions. * Remind students about the importance of good hygiene. * Remind students about physical-distancing, especially in relation to leaving school grounds. * Ensure that all participants maintain a 1.5m distance between themselves and any members of the public. | 4 | * Request that all students hand wash using soap ahead of commencement and conclusion of all sessions. * Observe application of hand-sanitiser by all participants. * Any equipment that is being utilised during sessions will be appropriately sanitised and/or disinfected ahead of and at the conclusion of each session. * Where required recommended physical-distancing cannot be achieved, additional measures will be put in place (e.g. face masks, staggered and smaller groups when running, etc.) | 5 |  |  |
| Travelling on footpaths | Accidents crossing roads. | * Ensure students are reminded to be careful crossing roads. * Teacher to supervise students at all times. * Teacher Emergency Care Trained | 4 | * Coordinator and any accompanying staff, parents, caregivers and volunteers attending incursion, to ensure road crossing rules are being applied safely and with due care. * Validation that any teachers and coordinators attending each incursion has satisfactorily completed ‘Emergency Care’ training within a period no less than **<insert minimum period>** | 5 |  |  |
| Practical sessions | 1. Injury 2. Dehydration 3. Sunburn | 1. **Injury:** 2. Adequate warm up for participants 3. Students are aware of own capabilities 4. First aid kit taken, including EpiPen. 5. **Dehydration:** 6. Student reminded to drink before, during and after practical sessions. 7. **Sunburn:** 8. Students reminded to take appropriate measures to protect themselves against sunburn such as wearing hats and sunscreen. | 4 | 1. **Injury**   Coordinator and/or teacher managing participants are suitably capable and trained to provide:   1. Adequate warm-up instructions; 2. First aid; and 3. Administer an Epi-Pen   ***Note:*** *Additionally, they must have access to phone in the event that additional medical assistance is required and or a parent/caregiver is to be contacted.*   1. **Dehydration** 2. Student required to have adequate hydration (e.g. water with electrolytes) with them at all times for practical sessions. 3. Where this is not available or cannot be provided, then participation may not be possible. 4. **Sunburn** 5. Students will NOT be able to participate in practical sessions unless sunscreen has been applied and they are wearing a hat. Particularly where the UV index is higher than **<insert minimum UV index>** | 5 |  |  |
| Diet and food during incursion, **including eating out at different venues??** | Allergies | * Permission notes are to include any known allergies. * Health care plans in place for students with allergies. | 3 | * Permission notes are to be signed by parent/caregivers. * Coordinator to confirm any allergies noted on permission notes, have a ‘health care plan’ in place and are checked and validated for completeness and adequacy. * Where there are students with known allergies, coordinator is required to remind other students to not share food. * Coordinator and/or teacher managing participants are suitably capable and trained to provide first aid as required in the event of an allergic reaction. Additionally, they must have access to phone in the event that additional medical assistance is required and or a parent/caregiver is to be contacted. | 5 |  |  |
| General activities throughout incursion | Medical emergencies related to individual conditions disclosed on Medical Advice Forms. | Any participant students with special requirements on Medical Advice Forms are identified and confirmed by coordinator. | 2 | * Where NIL Medical Advice Forms have been completed for participant students attending incursion(s), additional validation by the coordinator with teachers and parent/caregivers will be undertaken to ensure that no special requirements or known medical conditions exist that may preclude a student from participating or additional attention is required. This will need to be confirmed in writing. * In the event that special requirements and or medical issues/advice has been identified, written advice from doctor is to be obtained before allowing participating student to commence. * Coordinator/teacher must ensure that the student complies with medical advice provided and follows ‘health care plan. * Coordinator and teachers managing participating students must have access to phone in the event that additional medical assistance is required (e.g. ambulance) and or a parent/caregiver is to be contacted. | 4 |  |  |
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| **Monitor and Review: Monitor the effectiveness of controls and change if necessary. Review the risk assessment if an incident or a significant change occurs.** | | | | | | | |

*\*Note assessments of risk vary with the particular circumstances (e.g. nature of the event, activity type, student group)*

**Relevant related information attached: Yes**  **No**

# Preparation and Signoff Details

### Registered School to Complete

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Prepared by:** | **insert** | **Position:** | **insert** | **Plan review date:** | **insert** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Prepared in consultation with:** | **insert** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sign off Authority[[1]](#footnote-1):** | **insert** | **Position:** | **insert** | **Contact no.:** | **insert** |

|  |  |
| --- | --- |
| **Signature:** |  |

### Office to Complete

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reviewed By:** | **insert** | **Position:** | **insert** | **Date Reviewed:** | **insert** |

**Communicate to -** *List all staff, parents, caregivers and/or volunteers that the Risk Management Plan was communicated to - sign off OR attach agenda and attendance sign on sheet*

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
| **insert** |  |  |
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# Appendices and Resources

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|  | **Sign-off authority**  *Based on highest* ***residual*** *risk rating noted on risk management plan* | | |
|  | **Acceptability** | **Sign-Off Authority** | |
| **Schools** | **Corporate** |
| **1** | Unacceptable | Principal to talk to staff about reducing the risk and contact:   * Director Educational Leadership for review * Health and Safety Directorate for review, and * Legal as required. | Executive Director or delegate to talk to staff about reducing the risk and contact:   * Health and Safety Directorate for review, and * Legal as required. |
| **2** | Undesirable | Principal to sign off. Contact   * Health and Safety Directorate for review * Legal as required. | Executive Director or delegate to sign off. Contact:   * Health and Safety Directorate for review, and * Legal as required. |
| **3 & 4** | Tolerable | School Principal or delegate | Senior Manager or Director |
| **5 & 6** | Acceptable | School Principal or delegate | Immediate Supervisor or Workplace Manager |

**Likelihood criteria Consequence criteria**

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| --- | --- | --- | --- | --- |
| **Qualitative criteria**  *Hazard is:* | **Description** |  | **Category** | **Impact** |
| Very likely | Will probably occur in most circumstances |  | Extreme | Death or permanent injury |
| Likely | Might occur occasionally |  | High | Long Term illness |
| Unlikely | Could happen at some time |  | Medium | Medical attention and several days off |
| Very Unlikely | May happen only in exceptional circumstances |  | Low | First aid needed |

**Risk rating matrix**

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| --- | --- | --- | --- | --- |
| **Consequence criteria** | **Likelihood criteria**  *Hazard is expected to occur* | | | |
| **Very Likely** | **Likely** | **Unlikely** | **Very unlikely** |
| **Extreme** | 1 | 1 | 2 | 3 |
| **High** | 1 | 2 | 3 | 4 |
| **Medium** | 2 | 3 | 4 | 5 |
| **Low** | 3 | 5 | 5 | 6 |

**Note**: For further guidance on completing Risk Management Plans aligned to the NSW Department of Education requirements, refer to additional resources listed below:

* Risk Management Procedure - Health and Safety Directorate (Fact Sheet)
* Guidance in completing the risk management plan proforma - Health and Safety Directorate (Proforma)
* Health and Safety Risk Management Procedure
* Allergens What if/what next (Fact Sheet)
* Excursions (domestic) - What if/what next (Fact Sheet)
* Vehicle and pedestrian safety - What if/what next (Fact Sheet)

**David Please Note: <insert hyperlinks to the above resources and/or insert as attachments to this form)**

1. To be completed by appropriate level sign-off authority based on highest risk rating items noted across this risk management plan. [↑](#footnote-ref-1)