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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:** | **insert** | **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 excursion. * Location/premises of shoe fitting to have appropriate hand washing, sanitising and physical distancing protocols in place. * 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 particularly with any members of the public. | 4 | * Request that all students hand wash using soap ahead of commencement and conclusion of all sessions. * Upon entering shoe fitting premises, students to apply hand sanitiser. * Observe application of hand-sanitiser by all participants at shoe fitting premises. * Minimise handling of other equipment/shoes in shoe fitting premises, other than what is being provided directly to participants. * Where appropriate, any equipment that is being utilised during sessions will be appropriately sanitised and/or disinfected ahead of and at the conclusion of shoe fitting session. * Where required recommended physical-distancing cannot be achieved, additional measures will be put in place (e.g. face masks, staggered and smaller groups, etc.), particularly when there are other members of the public on site. | 5 |  |  |
| Travel to and from shoe fitting premises | Vehicle not roadworthy  Vehicle road accidents  Heavy traffic conditions | * Vehicle is road registered. * Third party / public liability / green slip insurances in place. * Vehicle operators hold appropriate licence(s) and insurances for drivers. * Check availability of seat belts. * Vehicle to be appropriate for needs of the group e.g. cater for amount of students and teachers. * Student Behaviour Support Plans. | 4 | * Confirmation all relevant registrations, insurances and licences for the vehicle operation and driver are current. * Check that a first aid kit is available on the vehicle if not ensure that one is brought along * Vehicle capacity limits are to be checked prior to participants boarding. In the event that there is inadequate capacity, then excursion may need to either be:   + Rescheduled;   + Only part of participants attend (up to allowed capacity); or   + Another vehicle is organised to cater for remaining/all participants. * Once all participants are on-boarded, ensure seatbelts are worn. * In the event of heavy traffic conditions, the lead coordinator is to advise the venue and parents that students may potentially be returning back to school late; or decide to ‘abort’ excursion and return to school as soon as practical. * Teachers/carers to monitor behaviour of all onboard whilst travelling to ensure driver is not distracted. * Teacher discusses expectations with regards student behaviour or misconduct ahead of excursion. | 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 excursion, to ensure road crossing rules are being applied safely and with due care. * Validation that any teachers and coordinators attending excursion has satisfactorily completed ‘Emergency Care’ training within a period no less than **<insert minimum period>** | 5 |  |  |
| Shoe fitting whilst at external venue | Premises requires to be evacuated due to physical safety related event | * Venue has emergency plans in place | 3 | * Confirm ahead of visiting venue that they have emergency plans and first aid requirements in place and current to effectively respond in a major event. * Review venue’s emergency plans and risk assessment for adequacy. | 4 |  |  |
| Practical sessions (including shoe test and/or training run at or near location) | 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 all sessions. 7. **Sunburn:** 8. Students reminded to take appropriate measures to protect themselves against sunburn such as wearing hats and sunscreen when outdoors. | 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 running 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 any outdoor 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 excursion, **including eating out at different venues??** | Allergies | * Permission notes are to include any known allergies. * Health care plans in place for students with allergies. * First aid kit taken, including EpiPen | 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 in advance of excursion. * 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 excursion | 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 excursion(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 if additional attention is required. This will need to be confirmed in writing. * In the event that special requirements and or medical issues/advice have 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** |  |  |
| **insert** |  |  |
| **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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)