|  |  |  |  |
| --- | --- | --- | --- |
| **Name of workplace:** |  **Public School** | **Workplace manager:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity, event or task:** | Horsley Zone   | **Date of activity:** |  2022**Number in group:**  |

| **Situation** | **Anticipate** | **Find out** | **Eliminate or control** | **Talk others** | **You** |
| --- | --- | --- | --- | --- | --- |
| **List the details of the activity, event or task** | **What could go wrong?** | **What current controls are in place?**  | **Risk rating**  | **What else can be done to control this risk?** | **Residual risk rating** | **Controls to be actioned by who?**  | **When do you need to review the control?** |
| Horsley Zone  | Adherence to DEC Risk Management Policy and Procedure | Endorsed by School Principals | 5 | * Follow Excursions Policy Implementation Guidelines
* Liaison with key stakeholders:
* Venue Management
* School staff
* Students
* Parents and community
 | 5 | Principal | Prior to Event |
|  |  |  |  |  |  |  |  |
| CarnivalVenue | Various injuries to students and staff | Equipment and area checked prior to commencement of event | 5 | * Inspect areas for hazards prior to starting events
* Event areas prepared and inspected as per  [Sports & Physical Activity in School Safe Conduct Guidelines](http://www.sports.det.nsw.edu.au/spguide/activities/athletics/athletics.php)
* Emergency management plans in place and staff are aware of procedures
* Brief students on emergency planning – assembly points, advising staff of an emergency and following instructions
 | 5 | Region ConvenerTeam Coach/Manager | Prior to Event |
| Movement of crowd | Movement between activities |  | 5 | * Convener, announcer ensure students walk around events
 | 5 | Team Coach/Manager | On the day |
| First AidHealth ConditionsHealth ConditionsContinued | Incident resulting in injuryAllergic ReactionBites and StingsAsthma AttackSun SafetyPossible dehydration due to event participationAnaphylactic reactionOther health emergency | All Staff hold Current Certifications ine-Emergency Care, Anaphylaxis and if required CPR**Students with anaphylaxis to** **wear wrist bands** | 55 | * Identify allergens that pose a risk and eliminate from event
* Students diagnosed with anaphylaxis to provide their own food or be capable of determining appropriate food to purchase
* Students to bring individual student adrenaline auto injector and current ASCIA Plan
* First Aid Officer appointed and available
* First aid kits must include Asthma medication for use in emergency situations.
* Students to bring water bottles and encouraged to drink water regularly
* All staff, student and parents are advised of the location of the First Aid Officer
* Health care plans for student diagnosed with a health conditions are available
* Land line or mobile phone available for contacting emergency services
* Emergency contact numbers for students taken to event
 | 55 | Region ConvenerTeam Coach/ManagerFirst Aid Officer | Prior to EventPrior to EventandDuration of Event |
| Equipment – Shoes/Clothing |  | Equipment and area checked prior to commencement of event | 6 | * Students are to be instructed to wear sports shoes.
 | 6 |  | Prior to Event |

**Relevant information attached: Yes** **[ ]  No [ ]**

**You should report, monitor and review:**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sign off Authority:** |  |  **Position:**  |  | **Contact no.:** |  |  **Signature:** |  |

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

|  |  |  |
| --- | --- | --- |
|  **Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |

**Communicate to -** *List all staff, communicate in all staff meeting, sign off OR attach agenda and attendance sign on sheet*

|  |  |
| --- | --- |
|  | **Sign-off authority -** *Based on highest residual risk* |
|  | **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**

|  |  |
| --- | --- |
| **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 |