|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
|  |  |  |  |  |  |  |  |
| Carnival  Venue | 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  Convener  Team 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 Aid  Health Conditions  Health Conditions  Continued | Incident resulting in injury  Allergic Reaction  Bites and Stings  Asthma Attack  Sun Safety  Possible dehydration due  to event participation  Anaphylactic reaction  Other health emergency | All Staff hold Current Certifications in  e-Emergency Care, Anaphylaxis  and if required CPR  **Students with anaphylaxis to**  **wear wrist bands** | 5  5 | * 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 | 5  5 | Region  Convener  Team Coach/Manager  First Aid Officer | Prior to Event  Prior to Event  and  Duration 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 |