**DAY FIELD TRIP RISK ASSESSMENT**

**NB- IF THIS IS A PREVIOUSLY OFFERED TRIP YOU MAY INSTEAD UPDATE AND EMAIL THE PREVIOUS RISK ASSESSMENT**

**This form should be completed for all off-campus day trips/activities with a higher than normal risk (if unsure of level of risk please see Jen Willis- Director of Experiential Education and Risk Management)**

**Trip name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/s of Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Leader name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nature of trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trip Leader phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participants: Grade(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mode of transport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The aim of this risk assessment is for staff that are conducting field trips to evaluate and consider ways to minimise risks inherent to the trip/activities. Please refer to the table on Page 5 and assess each hazard as High, Medium or Low (any Extreme must be avoided altogether, and all High and Medium must have detailed precautions in Column E to reduce the level of risk). It is essential that the staff member completing this form expands upon precautions already detailed in Column E in response to specific hazards identified as Medium or High in Column B/C..

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** |
| **Hazard type** | **Identified Hazards- please detail all potential hazards**  | **Initial Hazard Rating** | **Affected Parties eg. students, staff or all members** | **Precautions taken- please expand based upon identified hazards** | **Hazard Rating****after precau-****tions** | **Emergency procedure- please expand**  |
| *Hazards specific to venue/activity areas (risk of slips, trips, falls or other injury)* e.g. uneven ground, risk of falling objects, busy roads, lack of shade/shelter |  |  |  | \*Students will be fully briefed regarding required behavior, potential hazards, “no-go areas”, and safety measures/procedures \*Leaders to make visual check of site before use and arrange for removal of any animal faeces, broken glass, etc. and broken equipment to be cordoned off or removed if not done so already\*Leaders to be appropriately positioned throughout activities to ensure adequate movement/observation of students\*Where relevant- Group leader to be familiar with guidance offered by venue management, including emergency and first aid procedures and how to contact venue staff/manager |  | Administer first aid where possibleCall emergency services if necessaryGet students to safe areaInform CI and ask for assistance if necessary |
| *Physical considerations*Injuries, sunstroke, dehydration, lightning/weather extremes, equipment use |  |  |  | \*First aid kit to accompany group \*Ensure appropriate instruction of equipment is provided\*Provide protective clothing as needed\*Check if venue has nurse and medical facilities on site- or nearest location\*Water refill sources determined for hydration and sunscreen carried\*Apply sun block; drink water regularly; stay out of the sun when not necessary\*Check weather prior to departure and inform chaperones as required\*Modify or cancel activities in the event of extreme heat, lightning or poor air quality |  | Ensure safety of self and groupStaff member to administer first aidOther staff member to ensure group management |
| *Individuals lost or separated* |  |  |  | \*Designate meeting point\*Group to remain within a predetermined boundary\*Individuals to be directed / accompanied by staff to the designated meeting point\*Buddies systems established\*Regular head counts conducted |  | Staff member to check all venues (toilets, etc)Engage nearest officials to help search for studentIf still not found – call emergency servicesInform CI and ask for assistance |
| *Confrontation with members of public* |  |  |  | \*Appropriate briefing to students on required behavior\*Students to remain in pairs or threes when not directly involved in activities |  | Staff member to intervene and remove student(s) from situationIf incident serious inform CI and ask for assistance  |
| *Weather extremes* |  |  |  | \*Wear protective clothing as necessary for time of year and weather forecast\*Consideration given to possibly increased slipperiness of some surfaces when wet or icy\*Modify or cancel activities as required |  | Administer first aid in case of accident |
| *Critical incident**Major or Minor Illness**Medical conditions Allergic reactions* |  |  |  | \*Record of students with critical and minor conditions and allergies to be carried and all chaperones to be aware of these\*Medicines on hand for treatment that are labeled with name of student and easily accessible\*No foods to which students are allergic to be allowed in trip |  | Suitable first aid and/or medical support staff on tripNearest local emergency medical health center known |
| *Security of Persons and Property* |  |  |  | \*Supervision of students at all times by school staff\*Regular head counts by staff during transportation/activities\*Instruct students to look after their property |  | Contact Security at School/Sports facilitiesReport to host school  |
| *Activity specific considerations- e.g climbing, hiking, biking, farming etc.*  |  |  |  | \*Clear safety briefing for each activity\*Demonstrations of correct equipment use |  | Students briefed on appropriate safety rules and considerations |
| *Transport considerations- e.g. management in case of accident or breakdown* |  |  |  | \*Supervision of students at all times by school staff\*Regular head counts by staff during transportation |  |  |
| *Other* |  |  |  |  |  |  |

Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Administrator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NB- A copy of this risk assessment and your trip itinerary should be left with the Administrator signing this form.

It is understood that it may not always be possible to visit a venue prior to the trip, however; in this instance, the Trip leader is responsible for ensuring adequate information has been sought from reputable sources to thoroughly complete the risk assessment, and the Trip Leader will conduct additional on-site inspections as deemed necessary.

