



RISK MANAGEMENT PLAN

Section 1:			
Name of activity:		Start date:	Finish date:
Location/venue address and contact details:		Start time:	Finish time:
Brief description of activities			
Year groups involved:	Total number of students:	Male:	Female:
Teacher in charge:		Experience/Qualifications:	
Supervisory Team Members:		Experience/Qualifications:	
Vehicle(s) make, model registration			
Section 2: Purpose			

Section3: Risk Rating Matrix

Risk Rating		Consequences							
		Insignificant	Minor	Moderate	Major	Critical			
Likelihood	Almost certain	Medium	Medium	High	Extreme	Extreme	Likelihood	Almost certain	Expected to occur in most circumstances.
	Likely	Medium	Medium	High	Extreme	Extreme		Likely	High probability of occurring.
	Possible	Low	Medium	Medium	High	Extreme		Possible	May occur a some point in time.
	Unlikely	Low	Low	Medium	High	High		Unlikely	Unlikely to occur but could happen.
	Rare	Low	Low	Low	Medium	High		Rare	Occurs infrequently.
							Consequences	Insignificant	No injuries with no impact on activity.
								Minor	Basic first aid treatment required (onsite), limited impact on activity.
								Moderate	Medical treatment required with disruption or delays to activity.
								Major	Serious injury requiring specialist treatment or hospitalisation. Major delay or suspension of activity is likely to occur.
								Critical	Permanent or serious injuries sustained. Activity is immediately suspended.

Level	Descriptions of Risk Rating	Actions
Low	If an incident were to occur, it is rare or unlikely to disrupted the activity or result in an injury to the participants.	Activity is acceptable if monitored using existing management strategies.
Medium	If an incident were to occur, there is the possibility of disruption or delay to the activity and/or an injury to participant(s) requiring medical treatment.	Additional risk management strategies may be required prior to engaging in the activity.
High	If an incident were to occur, it is likely to cause major delays or cancellation of the activity and/or is likely to result in participant(s) requiring specialist treatment or hospitalisation.	Additional risk management strategies may be required prior to engaging in the activity.
Extreme	If an incident were to occur, it would result in immediate cancellation of the activity and/or is likely to result in permanent or serious injuries to the participant(s).	Alternative activities should be considered or significant risk management strategies must be implemented to ensure safety.

The risk rating for this excursion is:

If further risk management planning is required, please liaise with the principal.

EMERGENCY RESPONSE PLAN

Section 1: Emergency Response Plan			
Emergency Contacts			
Emergency Services	Emergency and local phone numbers	Address/location	Access within 1 hour by road/air
Ambulance	000		Yes/No
Hospital Albany Health Campus:	(08) 9892 2222	30 Warden Ave, Spencer Park	Yes/No
Medical Centre			Yes/No
Police	Urgent 000 Non-urgent 131 444		Yes/No
Fire	000		Yes/No
Poisons information	131 126		Yes/No
School	6821 3000 Principal: 04585 74793	26 Hardie Rd Albany	No
Participants' emergency contact details	Copy of consent forms to be retained by the teacher-in-charge. Include current emergency contact details for all participants next-of-kin.		
Section 2: Maps			
<p>Include/attach a copy of relevant area maps, highlighting (where applicable):</p> <ul style="list-style-type: none"> • support vehicle/bus access locations and evacuation routes including identification of any unsigned access roads; • emergency access points and any potentially locked gates; • land manager/ranger residence; • participant expected locations/trails/routes/campsites/emergency assembly points; • nearest main town/settlement; • areas of mobile phone coverage/service access; • location of first aid kits; and • directions and localities of nearest emergency services (Fire, Police, medical centres and/or hospitals with 24-hour emergency access etc.). 			

Section 3: Emergency Evacuation Plan		
Provide a detailed plan for all participants:		
Section 4: Equipment		
Vehicles and Keys		
First Aid Kits		
Communications		
Participant equipment list		
Group equipment list		
Section 5: Emergency Response Plan		
Responsibilities of Supervisory Team	In the event of an emergency the division of responsibility will be partly determined by locality and access to assistance. In the case of a serious emergency, all activities will cease once the alarm has been raised except possibly for that activity required to clear participants from further risk.	
	Role	Name and contact details
	Responsibilities/role description (Supervisors to be briefed prior to commencement of activity)	
	Teacher-in-charge	
	Second-in-charge	
	First aid officer	
	Group manager	
	Communications	
Additional supervisors		
Take control/secure the scene	In the event of an emergency the Department teacher-in-charge (or if they are incapacitated the second-in-charge) must secure the scene and ensure the safety of all other participants. Give instructions in a calm and methodical manner. Following a routine set of procedures helps to maintain control in stressful situations and assists in alleviating any tensions amongst the group.	
Primary survey Follow DRSABCD	Inform concerned authorities as soon as practical. Danger <ul style="list-style-type: none"> to yourself, others/bystanders, casualty. Stop and survey the scene. Response <ul style="list-style-type: none"> Conscious: place casualty in recovery position if no spinal is suspected and proceed to secondary survey). Continue to monitor. Unconscious: continue with DRSABCD. Send for help <ul style="list-style-type: none"> 000. Inform authorities as soon as practical (include: location, crossroad/access, number of casualties, condition of casualties, contact number). If possible, delegate this responsibility to a trusted bystander. 	

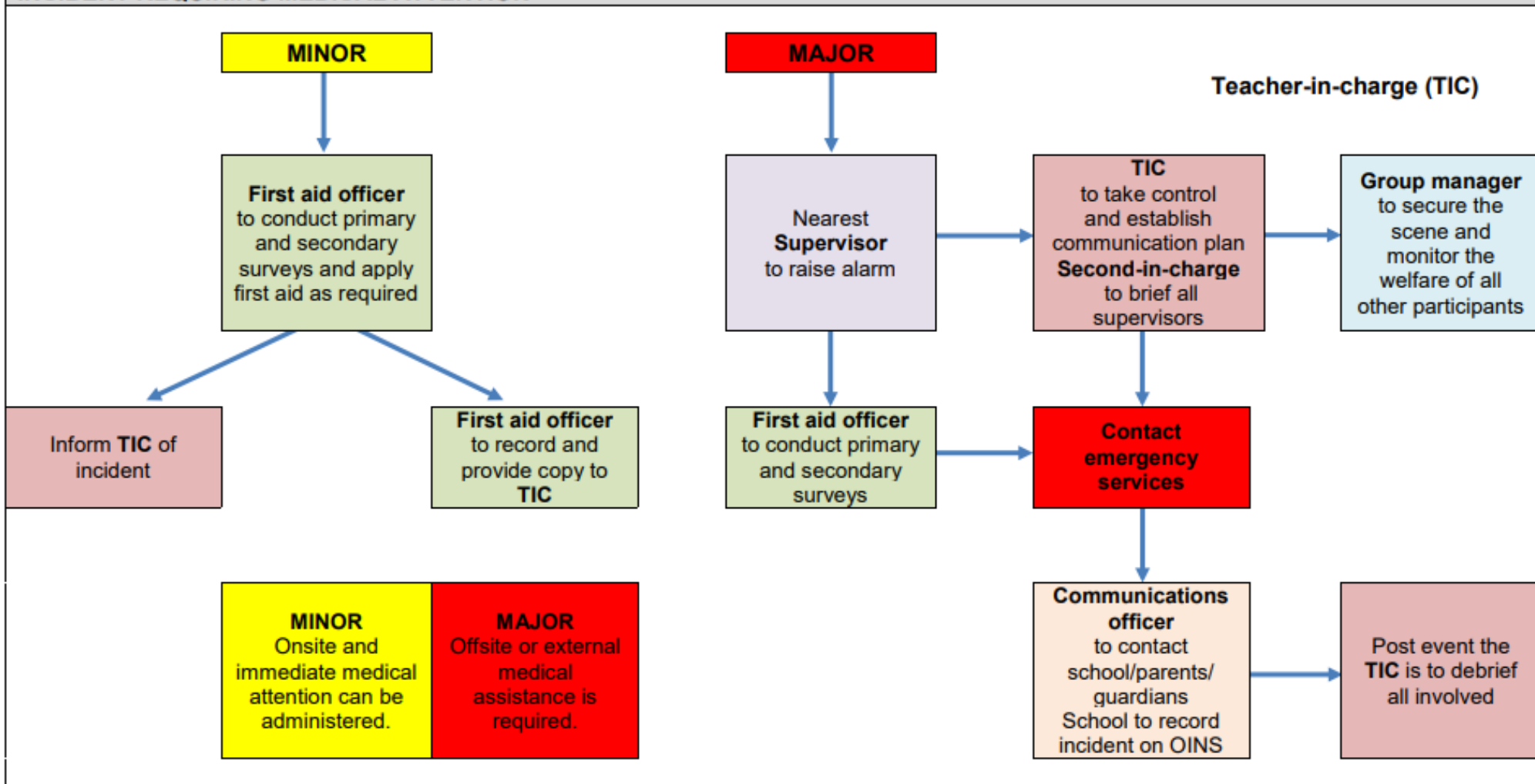
	<p>Airway</p> <ul style="list-style-type: none"> • look, listen, feel, visual check of oral cavity. Remove any visual blockage. <p>Breathing</p> <ul style="list-style-type: none"> • Breathing check: frequency, depth, regularity, sounds, smell. If normal, place casualty in recovery position. If gurgling sound is present, clear airways and check chest for injury. • Not breathing: continue with DRSABCD and commence cardio pulmonary resuscitation (CPR). <p>CPR</p> <ul style="list-style-type: none"> • 30 chest compressions (1/3 depth of chest): 2 breaths. (Approximately 3 full cycles per minute). • Continue CPR until help arrives or the patient starts breathing. If breathing place in recovery position. <p>Defibrillation</p> <ul style="list-style-type: none"> • Attach as soon as one is available and follow voice prompts. <p>DO NOT move a patient with a suspected spinal injury unless they are in danger. If the patient must be moved, take extreme care to keep the spine straight and avoid twisting or bending. Support head and neck with your hands.</p>
<p>Secondary survey</p>	<p>For non-urgent matters, refer to emergency contact numbers for local police/hospital/school as required.</p> <p>Shock: Monitor for shock by checking vital signs:</p> <ul style="list-style-type: none"> • Loss of consciousness (restless, disoriented) • Heart rate (rapid and weak) • Respiratory rate (rapid and shallow) • Skin colour, temperature, moisture (pale, cold and clammy) • Pupils (slow to respond) <p>Head to toe survey</p> <ul style="list-style-type: none"> • Ask about any possible injuries and suspected locations, level of pain out of 10. • Look for changes to facial expressions during survey, bruises, wounds, bleeding, deformities and signs of vomiting • Feel for hot or cold spots, rigidity, tenderness, deformity • Listen for abnormal sounds, bones grating, airway noises, chest gurgling • Smell for unusual body odours, breath odours or external odours from environment <p>Medical history Ask about:</p> <ul style="list-style-type: none"> • prior and current symptoms; • allergies; • medications; • relevant medical history; • recent foods and fluids; and • events preceding the incident/illness. <p>Exposure: Shade, padding, insulation, shelter</p>
<p>Aftercare</p>	<p>Check for exposure. Make casualty comfortable and reassure. Use the other staff members to reassure the rest of the group. When appropriate keep the group informed of the patient's condition</p>

Management Flow Charts: If applicable, flow charts should include an estimated time it may take to raise an alarm and the amount of time that may elapse before appropriate support can be provided.

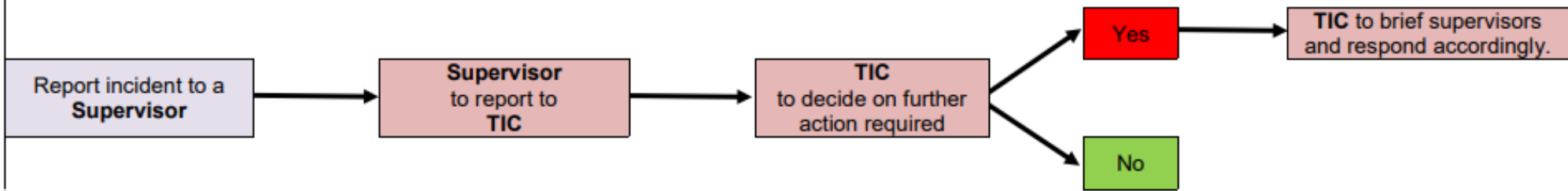
EXAMPLE EMERGENCY FLOW CHARTS

This is an example only and is not intended as a definitive set of procedures to follow in emergency situations.

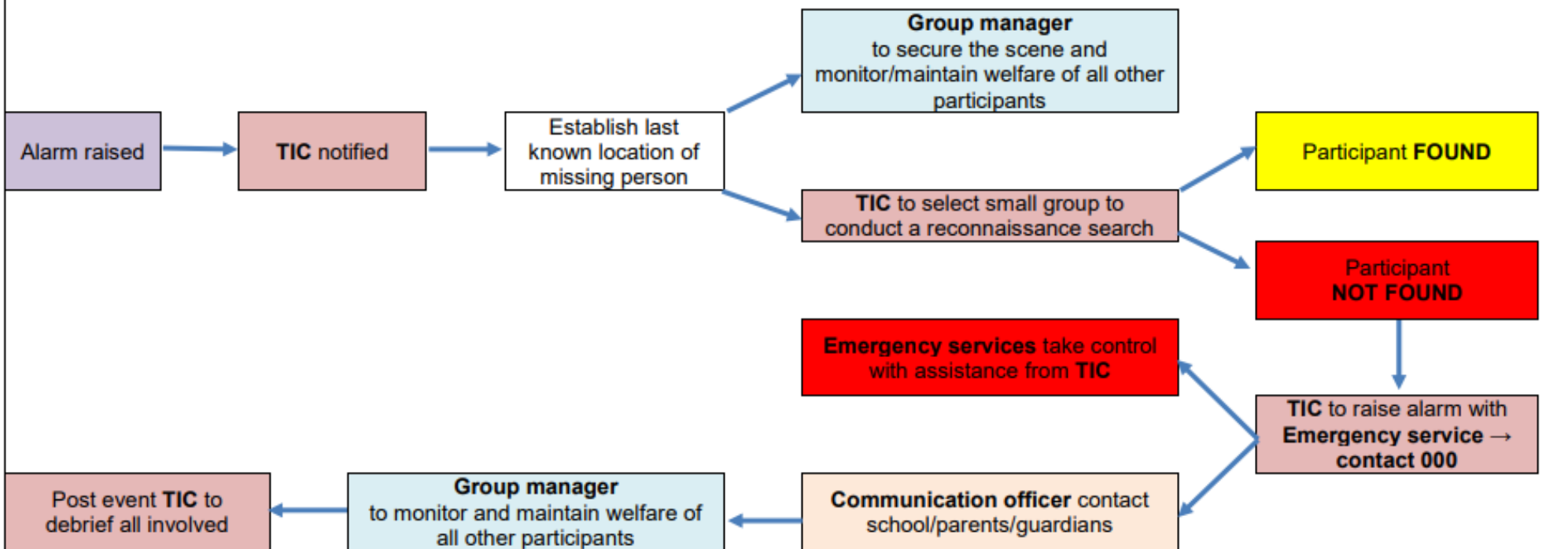
INCIDENT REQUIRING MEDICAL ATTENTION



INCIDENT NOT REQUIRING MEDICAL ATTENTION FLOW CHART (e.g. negative behaviours)



LOST PARTICIPANT FLOW CHART



EMERGENCY EVACUATION FLOW CHART

