

**Excursion, Service Event and Regular Outing Risk Management Plan**

Excursion/ Service Event/Regular Outing Details

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| **Learning Plan for Proposed Excursion/Service Event/Regular Outing** |
| How is the proposed Excursion/Service Event/Regular Outing going to enhance children’s learning?Click here to enter text.How will this learning be linked to the educational program and children’s Individual Learning Plans?Click here to enter text. |
| What activities will be done with the children prior to the Excursion/Service Event/Regular Outing to enhance the children’s learning?Click here to enter text.What activities will be done with the children after the Excursion/Service Event/Regular Outing to enhance the children’s learning?Click here to enter text. |
| How is the proposed Excursion/Service Event/Regular Outing going to consistently maintain effective partnerships with your community? Click here to enter text. |
| Who are the people you will meet during this Excursion/Service Event/Regular Outing and how will you maintain effective partnerships with them? Click here to enter text.What can the children learn from them?Click here to enter text. |
| **Excursion/Service Event/Regular Outing Details** |
| Name of Service: Click here to enter text. |
| Date(s) of excursion/service event | Click here | Excursion/Regular Outing Destination/s | Click here to enter text. |
| Departure and arrival time/s | Click here | Are break staff affected? Choose an item.*If yes,* what alternative arrangements have been made? Click here |
| Proposed activities | Click here | Water hazards? Choose an item.*If yes*, detail in risk assessment below. |
| Working with Children’s Check Details for Entertainers | Name of Entertainer/Visitors: | WWC Number | Copy of Card Taken | Online Check completed<https://online.justice.vic.gov.au/wwccu/checkstatus.doj> |
| Click here | Click here  | Choose an item. | Staff Initial: Click here to enter text. |
| Click here | Click here  | Choose an item. | Staff Initial: Click here to enter text. |
| Click here | Click here  | Choose an item. | Staff Initial: Click here to enter text. |
| Method of transport, incl. proposed route | Click here to enter text. |
| Name of excursion co-ordinator | Click here to enter text. |
| Contact no. of excursion co-ordinator | (BH) Click here  | (M) Click here |
| Expected number of children attending | Click here | Number of staff/parent/volunteers | Staff: Click here to enter text.Parents: Click here to enter text.Volunteers: Click here to enter text. |
| Educator to child ration, including whether this excursion warrants a higher ratio? Please provide details | Click here to enter text. |

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| **The week prior to the Excursion/Service Event Checklist** |
| [ ]  Excursion/Service Event risk management plan displayed prominently at the entrance of the service | [ ]  Parent Information sheet provided to all parents/carers who have volunteered to assist with supervision during the event. |
| [ ]  Excursion/Service Event/Regular Outing Risk Management Plan emailed to your Shine Bright Early Years Advisor along with the date, time and a brief outline of the event. Your Advisor will notify DET of the date and time you will be away from the service | [ ]  Prepare a list of which children will be allocated to which adult |
| **On the Day of the Excursion/Service Event Checklist** |
| [ ]  First aid kit | [ ]  List of adults participating in the excursion |
| [ ]  List of children attending the excursion/regular outing. Before leaving the service, call children’s names from the list visually, visually check child by sign and mark off. Repeat regularly throughout the event and especially at ey transition times | [ ]  Contact information for each adult |
| [ ]  Contact information for each child | [ ]  Hand adult/carer volunteers a list of children they will be accompanying |
| [ ]  Medical information for each child | [ ]  Other items, please list |
| [ ]  Mobile phone/other means of communicating with the service & emergency services |

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| **Risk Assessment** |
| Activity | Hazard Identified | Risk Assessment(use matrix) | Detailed Elimination/control measures eg* If near water, each child’s hand to be held by an adult
* If crossing a main highway do so at a crossing
* Perform a site check for hazards before children enter space
* If given the risks posed, the number of staff or other responsible adults is appropriate to provide supervision.
* If any adults with specialized skills are required ie. Specialist epilepsy/diabetes training
 | Who | When |
| Click here | Click Here | Click Here | Click here to enter text. | Click here | Click here |
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| Plan prepared by: Click here to enter text. | Date Submitted to Central Office: | Click here to enter a date. |
| Prepared in consultation with:Click here to enter text. | Communicated to:Click here to enter text. |
| Approval | Nominated Supervisor Sign:Date: Click here. | Early years Advisor Sign:Date: Click here | DET Advised: Click here to enter text.Date: Click here |
| Venue and safety information reviewed and attached | Choose an item. Comment if needed:Click here to enter text. |
| **Reminder: Monitor the effectiveness of controls and change if necessary. Review the risk assessment if an incident or significant change occurs** |
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| **Excursion/Service Event/Regular Outing Evaluation (Please completing after the excursion/service and file with risk assessment)** |
| Actual Number of children: Click here to enter text. | Actual Number of adults: Click here to enter text. |
| Time Departed: Click here to enter text. | Time Returned: Click here to enter text. |
| Evaluation: (Were your elimination control measures adequate?) Click here to enter text. |
| Were there any significant incidents? | Choose an item. |
| Details and changes to be adopted for future excursion/service events. Click here to enter text. |
| **Risk Matrix** |
| ConsequenceClick here to enter text. |
| Signed: | PositionClick here to enter text. | Date:Click here to enter a date. |

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|  |  |  |  |  | Insignificant |  | Minor |  | Moderate |  | Major |  | Catastrophic |  |
|  |  | *Almost* | *certain* |  | Moderate |  |  | High |  |  | High |  |  | Extreme |  |  | Extreme |  |  |
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|  |  | *Likely* |  |  | Moderate |  |  | Moderate |  |  | High |  |  | Extreme |  |  | Extreme |  |  |
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| ***Likelihood*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Possible* |  |  | Low |  |  | Moderate |  |  | High |  |  | High |  |  | Extreme |  |  |
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|  |  | *Unlikely* |  |  | Low |  |  | Low |  |  | Moderate |  |  | High |  |  | High |  |  |
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|  |  | *Rare* |  |  | Low |  |  | Low |  |  | Low |  |  | Moderate |  |  | High |  |  |
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