Excursion, Service Event and Regular Outing Risk Management Plan (Version 5.2)

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| Title of Excursion, Event or Outing: |  |

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| **Learning Plan for Proposed Excursion/Service Event/Regular Outing Learning Plan for Proposed Excursion/Service Event/Regular Outing** |
| How is the proposed Excursion/Service Event/Regular Outing going to enhance children’s learning? |
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| How will this learning be linked to the educational program and children’s Individual Learning Plans? |
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| What activities will be done with the children prior to the Excursion/Service Event/Regular Outing to enhance the children’s learning? |
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| What activities will be done with the children after the Excursion/Service Event/Regular Outing to enhance the children’s learning? |
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| How is the proposed Excursion/Service Event/Regular Outing going to consistently maintain effective partnerships with your community? |
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| Who are the people you will meet during this Excursion/Service Event/Regular Outing and how will you maintain effective partnerships with them? |
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| What can the children learn from them? |
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| Pedagogical discussion and Inclusion. How can we ensure that all children are actively included within this service event? What strategies are required to ensure inclusion? What are the co-regulation strategies required? |
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| **Excursion/Service Event/Regular Outing Details**  \*For Regular Outings the circumstances relevant to this risk assessment must be substantially the same for each outing. Please carefully consider all circumstances when completing this risk assessment for your regular outings. (Reg 4-definitions) | | | | | | | | | | | | | | | | |
| Name of Service |  | | | | | | | | | | | | | | | |
| Date/s of excursion/service event |  | | | | | | | Excursion/Regular Outing/Destination/s | | | | | |  | | |
| Departure and return time/s |  | | | | | | | Are break staff affected? If yes, what alternative arrangements have been made? | | | | | | | | |
| Proposed activities |  | | | | | | |  | | | | | | | | |
| Water hazards including puddles? If yes, detail in risk assessment. | | |  | | | | |
| Detail the process for entering and exiting the Children's Service | | | | |  | | | | | | | | | | | |
| Detail the process for entering and exiting the Excursion destination | | | | |  | | | | | | | | | | | |
| Name of excursion co-ordinator | |  | | | | | | | | | | | | | | |
| Contact no. of excursion co-ordinator (BH) | |  | | | | (M) |  | | | | | | | | | |
| Expected number of children attending | |  | | Number of staff/parent/volunteers: | | | | |  | Staff: |  | Parents: |  | | Volunteers: |  |
| Educator to child ratio, including whether this excursion warrants a higher ratio? Please provide details | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Details of inclusion requirements: example: mobility, sensory, participation. | | | | | | | | | | | | | | | | |
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**Working with Children’s Check Details for Entertainers**

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| Name of Entertainer/Visitors: | WWC number | Copy of card taken | Online check completed (staff name) | Date online check completed |
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| **Transportation**   |  |  |  | | --- | --- | --- | | Method of transport, including proposed route and address of destination (may include what3words)  <https://what3words.com/news/emergency/australian-emergency-services-accept-what3words> |  | | | **If Children are being transported by bus Reg 101 (2) (D):**  Confirm that the chartered bus has seatbelts, and all children will wear a seatbelt? Confirmed by: | | (staff name) | | Detail the procedures for embarking and disembarking the transport vehicle or supervision arrangements for walking, including how each child is to be accounted for and how regular checks will be recorded: | |  | | | | | |

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| **Two Weeks 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 DE 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 kits packed |  | List of adults participating in the excursion |
|  | Up to date list of children attending the excursion/regular outing packed |  | Contact information for each adult |
|  | Contact information for each child |  | Medical information for each child |
|  | Mobile phone/other means of communicating with the service & emergency services |  | Hand adult/carer volunteers a list of children they will be accompanying |
|  | Before leaving the service, call children’s names from up-to-date list, visually check child against list and mark off. Repeat regularly throughout the event and especially at transition times | | |
|  | Up-to-date emergency contact lists for children packed | | |
|  | Up-to-date list of children and adults with allergies and illnesses packed. (This information could be included in the attendance list.) | | |
|  | Any required medical management plans , health plans and risk management and communication plans required by children and adults packed | | |
|  | If there are relief educators working, ensure they read this risk assessment carefully and are aware of their responsibilities with accounting for children (children allocated to them, roll call, head counts etc) | | |
| ☐ | If using bus additional forms are to be completed, Child Embarking the Vehicle for Regular Transportation and Child Disembarking the Vehicle for Regular Transportation. | | |
| ☐ | A copy of this Risk Assessment is reviewed by all staff and packed, it must be taken on the Excursion/Regular Outing | | |
|  | Other Items, please list | | |
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| **Likelihood** |  | **Insignificant** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| **Almost Certain** | Moderate | High | High | Extreme | Extreme |
| **Likely** | Moderate | Moderate | High | Extreme | Extreme |
| **Possibly** | Low | Moderate | High | High | Extreme |
| **Unlikely** | Low | Low | Moderate | High | High |
| **Rare** | Low | Low | Low | Moderate | High |

**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 including puddles 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 * Children will be allocated to staff members (or detail alternative measure to ensure children are consistently accounted for, including regular roll calls) * Site specific emergency evacuation procedures detailed eg. The onset of sudden flooding * Medical Management Plans for children and adults are detailed | Who | When |
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| Plan Prepared by: | | | |  | | | | | Date Submitted to Central Office two weeks in advance: | | | |  | |
| Prepared in consultation with: | | | |  | | | | | Communicated to: | | | |  | |
| Staff Initial and Date once read: | | | |  | | | | | | | | | | |
| **Approval** | | | | | | | | | | | | | | |
| Nominated Supervisor (type name) | | | | | Early Years Advisor Name and Sign | | | | | | | DET Advised: | | |
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| Date |  | | | | Date | |  | | | | |  | | |
| Venue and safety information reviewed and attached | | | | | |  | | | Comment if needed: | |  | | | |
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| **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: | | |  | | | | | | | | | | | |
| Actual number of adults: | | |  | | | | | | | | | | | |
| Time departed: | |  | | | | | | | Time returned: |  | | | | |
| Evaluation: (were your elimination control measures adequate?) | | | | | | | |  | | | | | | |
| Were there any significant incidents? | | | | | | | | | | | | | | |
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| Details and changes to be adopted for future excursion/service events | | | | | | | | | | | | | | |
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| **Risk Matrix** | | | | | | | | | | | | | | |
| Consequence | | | | | | | | | | | | | | |
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| Evaluation completed by (name): | | | | | | | | | Position | | | | | Date |
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| **Children embarking the bus for regular transportation**  A Nominated Supervisor/Teacher of the service, who is not the driver of the vehicle, is present when the children embark the vehicle at the education and care premises | | | |
| Name of the Nominated Supervisor/Teacher responsible for  accounting for children (other than the driver) |  | | |
| Position/Role |  | | |
| Service name |  | | |
| Each child is accounted for | Please tick yes to confirm [ ] YES | | |
| Details of how each child is accounted for | Roll call of children completed and documented once children are secured in their seats [ ] YES | | |
| Additional notes | | | |
| Date record was made | Time record was made | Signature | |
| / / 202 | am/pm | |  |

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| **Children disembarking the bus for regular transportation**  A Nominated Supervisor/Teacher of the service, who is not the driver of the bus, is present when the children disembark the vehicle at the education and care premises AND checks the interior of the bus to confirm no children remain on the bus. | | | | |
| A Nominated Supervisor/Teacher responsible for accounting for children and checking the interior of the vehicle (other than the driver) |  | | | |
| Position/Role |  | | | |
| Service name |  | | | |
| Each child is accounted for | Please tick yes to confirm [ ] YES | | | |
| Details of how each child is accounted for | Head count completed [ ] YES  Roll call of children completed and documented once children are inside/at location (away from road)  [ ] YES | | | |
| The interior of the vehicle is checked [ ] YES | | No children are left on the vehicle [ ] YES | | |
| Additional notes | | | | |
| Date record was made | Time record was made | | Signature | |
| / / 202 | am/pm | | |  |