Excursion/Incursion Planning Guidelines

Excursions and incursions are a valuable curriculum tool that can add richness and depth to school learning. These activities may include, but are not limited to; off campus trips, visitors to the classroom, professional performances, community visitors and whole or part school events. They can be the focussing activity at the beginning of a unit of work, form part of the information gathering or a learning experience within the unit, or as the culminating/consolidating activity at the end. Before planning an excursion or incursion it is important to ask the following questions:

* How does this activity enhance or form part of the learning experience at school?
* What aspects of the curriculum does this activity address?
* What pre-visit activities will need to be undertaken?
* What post-visit follow-up will be needed?

Once you have decided on the activity you wish to undertake these steps will need to be followed:

1. Fill in the ‘Camp, Incursion and Excursion Planner’ form and forward this to the Deputy Principal *at least* 1 month prior to the planned activity. This form is available on Weebly on the ‘forms’ page. A copy is also at the end of this document.
2. Once approval for the excursion/incursion has been granted, make the necessary bookings. Don’t forget to check transport bookings and the school calendar to ensure there are no conflicts with other school activities.
3. Place the event onto the school calendar so that others are aware of the activity.
4. Liaise with Deputy Principal on final dates, times and staff needing to attend.
5. Fill out risk assessment documents and submit to the Deputy Principal
6. Organise for any parent or extra staff help that you will need for the activity.
7. Send parents an information note explaining the reason for the activity, arrangements for the day, dress expectations, and a list of anything the students will need to bring. Please Note: this notice should be co-signed by the principal and submitted to him/her prior to being sent to parents
8. Individual class excursion/camp permission forms are required for all excursions, please send these out as soon as possible to ensure prompt return.
9. Check the duty roster to ensure that staff playground duties for that day are covered or that Principal is aware of any duties needing to be coordinated.
10. Prepare any resources you need e.g. first aid kit, worksheets, storage containers for lunches, class lists, parent contact forms for children with medical alerts, mobile phone, helper lists etc.
11. Enjoy your day

Camp, Incursion and Excursion Planner

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Class: | Teacher: | | Date: | |
| Description of proposed activity  Attach any information  (pamphlets etc.) | |  | | |
| Date of Activity | |  | | |
| Time for Activity | | Commencing: Leaving School: Returning: | | |
| Educational rationale for activity | |  | | |
| Transport Needed | | School Bus Outside Bus Service  none  Cars Other | | |
| Parents/Helpers needed | | NB: 1:10 Adult : pupil ratio Years 4-7  1:6 Adult: pupil ratio Years 1-3  1:3 Adult: pupil ratio Prep Class | | |
| Equipment needed | |  | | |
| Cheque required | |  | | |
|  | | **Lodging Information** | | |
| Costings  (Office Use) | | Activity Costs:  Transport Costs:  Parent/Helper Costs:  Other Costs:  Total Costs:  Cost per child: | | |
| Approval given | | Signed: Date: | | |
| Activity Booked | |  | | |
| Transport Booked | |  | | |
| Notice to Parent | | Draft received from teacher  Date: | | Letter sent home  Date: |
| Special Needs | |  | | |

**Bethania Lutheran School**

**Application for Excursion Camp or Incursion**

The Activity Leader must complete this Application form. The form provides a mechanism for documenting approval for the trip and to ensure relevant Control measures have been considered and are in place to minimize the risk to students and staff. A copy of the approved form must be sent to the Deputy Principal, and the Workplace Health and Safety Officer. The original is retained by the excursion leader and is taken on the activity.

**ADMINISTRATION**

|  |  |  |
| --- | --- | --- |
| **ACTIVITY TITLE:** |  | |
| **ACTIVITY DETAILS:** Date and Location of proposed activity | | |
| Arrangements for students not attending activity: | | |
| One day activity (school hours)  After hours activity  One day activity (school & after hours)  Overnight / extended camp  Time/Date: Leaving School: Returning: | | |
| **Student Details** | | |
| **Dress:** School Uniform:  Sports Uniform:  Casual:  **Meals:** Cut Lunch:  To be bought:  Self-catered:  Catered:  Not Required:  **Students will require money to purchase morning tea and/or lunch:** Yes:  No: | | |
| **ACTIVITY LEADER:** | | |
| **POSITION:** | | **Staff:** |

**PROJECT EQUIPMENT**

|  |
| --- |
| School Equipment/Assets to be used for activity: |
|  |
|  |
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|  |

**MEDICAL DETAILS**

|  |
| --- |
| **MEDICAL DETAILS** |
| Are medical records required for this activity? Yes  No |
| If yes, is there a completed School Medical Record and Consent form for all students attending the activity? Yes  No |
|  |
| **FIRST AID** |
| Are First Aid facilities readily available on site? Yes  No |
| If no, is a First aid kit readily available to the activity leader? Yes  No |

|  |  |
| --- | --- |
| **Emergency Services (Local)** | **School Personnel (Mobile Numbers)** |
| 000 **or**  112 from a mobile phone | Principal: 0410 237 804 Catherine Eyers |
| Head of Pastoral Care: 0415 732 327 Justin Kennedy |
| Deputy Principal – Teaching & Learning: 0407 027 360 Sarah Schnetker |
| Office: (07) 3200 5363 - Margaret Nicholls |

**COMMUNICATION SYSTEMS**

|  |  |
| --- | --- |
|  | Mobile Telephone Phone Number: |
|  | Other (Describe) |

|  |  |
| --- | --- |
| **Risk Management of Activity** | |
| Some of the obvious hazards have been identified for you in the table below. Using the risk management form following, identify any additional hazards and the controls for the activities that will be part of this educational experience. | |
| **REFERENCE GUIDE – HAZARDS AND CONTROL MEASURES** | |
| UV Radiation | Students to bring: Sun hat, sunglasses, Sunscreen, Long sleeve shirt, Other. |
| Sting/Bites (Bees, snakes, etc.) | Insect repellents, Stingose (or equivalent), Qualified first aider (snake bite), Other. |
| Chemicals (e.g. Fuel, stove, methylated spirits, butane) | Chemicals labeled, MSDS’s available, Risk assessments completed, Documented training |
| Environmental Conditions:  Heat, Code, Wind, Rain/Sleet, Water | Appropriate clothing, Time restrictions (reduce exposure time), Supervision (staff/student ratio), Water (drinking-hydration), Lifejackets, Other |
| Working at Heights | Qualified staff, Certified equipment, Instruction, demonstration and supervision, Other |
| Mechanical Equipment/ Other Hazards | Kinetic Energy, Gravity, Electrical, Vibration, Noise, Manual Tasks (e.g. Lifting), Biological |

|  |  |  |
| --- | --- | --- |
| **Hazards** | **Controls** | |
|  |  | |
|  |  | |
| **WORKPLACE HEALTH AND SAFETY OFFICER’S EXCURSION ASSESSMENT (if required)** | | |
| Is the Application Form complete? | | Yes  No |
| If no, indicate why? (i.e. limited risk, assessment waived by WHSO) | | |
|  | | |
|  | | |
| Are the proposed control measures appropriate for the hazards identified? | | Yes  No |
| If no, what additional control measures are required? | | |
|  | | |
|  | | |
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| --- |
| **ASSESSED BY: (This should be a person with adequate Safety knowledge, e.g. WHSO):**  **Name: Signature: Date:** |
| **PRINCIPAL:** |
| **WHSO:** |
| As Activity Leader, I understand my responsibilities as outlined in the School Policy and Guidelines  **Name: Signature: Date:** |

**TO BE ATTACHED:**

|  |  |
| --- | --- |
|  | Permission Letter |
|  | Risk Register |
|  | Full List of Students |
|  | Itinerary |
|  | List of Contact Details |
|  | Summary of Student Medical Details |

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| --- | --- | --- | --- | --- | --- |
| **CONSEQUENCES** | | | | | |
| **Likelihood** | **Insignificant**  **1** | **Minor**  **2** | **Moderate**  **3** | **Major**  **4** | **Catastrophic**  **5** |
| **A** (almost certain) | **Low +**  **4** | **Medium +**  **16** | **High**  **32** | **Very High**  **64** | **Extreme**  **128** |
| **B** (likely) | **Low -**  **2** | **Medium -**  **8** | **Medium +**  **16** | **High**  **32** | **Very High**  **64** |
| **C** (moderate) | **Negligible**  **1** | **Low -**  **4** | **Medium -**  **8** | **Medium +**  **16** | **High**  **32** |
| **D** (unlikely) | **Negligible**  **0.5** | **Low -**  **2** | **Low +**  **4** | **Medium -**  **8** | **Medium +**  **16** |
| **E** (rare) | **Negligible**  **0** | **Negligible**  **0.5** | **Negligible**  **1** | **Low -**  **2** | **Low +**  **4** |

**Bethania Lutheran School**

**RISK REGISTER FOR**

**EDUCATIONAL ACTIVITY EXPERIENCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Event:** |  | **Compiled by:** |  | **Date:** |  |
| **Location:** |  | | | | |

| **Reference** | **Activity** | **Risk** | **Risk Controls** | **Residual Risk** | | **Level of Risk with controls** |
| --- | --- | --- | --- | --- | --- | --- |
| **Likelihood** | **Consequence** |
|  | *Eg. Bushwalking* | *Snakebite* | *Stay on paths. Wear suitable walking boots. Use a walking stick to tap the ground ahead of you.* | *Unlikely* | *Major* | *Medium - 8* |
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Bus Booking Form

|  |  |
| --- | --- |
| Excursion Details | |
| Excursion Destination |  |
| Date |  |
| Class |  |
| Group/Team |  |
| No. of students participating |  |
| Travel Information | |
| Bus Required  (Please circle) | School Bus Outside Bus Service |
| Depart School at |  |
| Arrive Destination at |  |
| Depart Destination at |  |
| Stopping off at |  |
| Having lunch at |  |
| Arrive back at school at |  |
| Person in Charge |  |
| No of adults attending |  |
| Driver Required | Yes No |
| Other Information |  |
| Cost: |  |
| Lodging Information | |
| Teacher’s Signature |  |
| Request Approved | Yes No |
| Principal’s Signature |  |