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**Procedure for the planning and management of risks during Excursions, Incursions, Events and Camps**

**Purpose**

This procedure outlines the responsibilities of staff (principals, teachers, and others) for the safe delivery of Excursions and Events and provides the process for the planning and

activity risk management when conducting curriculum activities at Bethania Lutheran School and other locations, as part of a school’s overall risk management framework.

Excursions, incursions, and events 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 activity at the end of a unit.

**Overview**

Bethania Lutheran School is committed to the health, safety and wellbeing of students, staff and others involved in all curriculum activities at schools or other locations.

Those responsible for any school curriculum activity have legal obligations and a common law duty of care to ensure the safety of all those involved in the activity through curriculum activity risk management. In order to promote a safe, supportive and productive learning environment, this procedure has been informed by the [Education (General Provisions) Act 2006 (Qld)](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2006-039), [Education (General Provisions) Regulation 2017 (Qld)](https://www.legislation.qld.gov.au/view/html/inforce/current/sl-2017-0161) and the [Work Health and Safety Act 2011 (Qld)](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2011-018).

Bethania Lutheran School must provide risk assessment documentation to demonstrate how they identify, assess and control reasonably foreseeable risks when conducting curriculum activities.

The Principal or Deputy Principal make the final decision in approving curriculum activities at Bethania Lutheran School. These decisions must ensure all curriculum activities are justified by the expected educational outcomes, given the level of residual risk.

**Procedure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Focus** | **To do** | **People involved** |
| **1** | Planning  activity  and  thinking about risks | You will need to obtain approval from the Deputy Principal (Curriculum) and Business Manager (Finance).  Complete the questions below as part of the ‘Camp, Incursion or Excursion Request Form’ (on WHS Drive).   * What is the goal and purpose of this event? * Which students will be involved (number, age, maturity, experience, special or additional needs etc.)? * What will students be doing? (running, jumping, swimming, cutting, cooking etc.) * What will students be using? (equipment, hazardous materials etc.) * Where will students be? (kitchen, confined space, pool, creek, beach, at height etc.) * Who will be leading the activity? (registered teacher, external provider, expert volunteer etc.) * Has the activity been conducted before? (read over the previous documentation and the reflections). | * Person responsible for planning of Excursion/Event * Deputy Principal * Business Manager |
| **2** | Assessing  risks and Approval | * When the request has been approved, complete the ‘Camp, Incursion and Excursion Planner’ found on our Staff Weebly page: <http://bethanials.weebly.com/teaching--learning.html> The password is: 66glastonbury Go to ‘forms’ 🡪 ‘Teaching and Learning’ 🡪 ‘Camp and Excursion Planner’ * Within this document, is the chart below:  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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** |   **If an activity is assessed to be EXTREME risk, consider conducting an alternative activity or modifying the activity to reduce the risk**.   * If event has any medium, high, or very high risks. Discuss in a face-to-face meeting the risk assessment documentation with Principal and WHSO. * When the form is completed, forward it to the WHSO at least 1 month (4 weeks) prior to event. | * Person responsible for planning of Excursion/Event * Deputy Principal * WHSO |
| **3** | Documentation and Bookings | * When approval has been granted, make the necessary bookings (excursion/ incursion company, bus etc.).  *- Give the completed bus booking form to PA to Principal.* * Talk with Head of Pastoral Care regarding final dates, times and staff attending (are any relief teachers required? Do duties need covering on day of event? Are additional parent helpers needed?). *Teachers are responsible for covering their missed duties at school.* * Are additional parent helpers needed? Communicate details with parent helpers. * Place event into the School Calendar (talk to Deputy, PA to Principal for assistance, if needed) * Discuss in a face-to-face meeting the risk assessment documentation with staff attending and with Head of Pastoral Care present. * Ensure any invoices have been paid by contacting the Business Manager | * Person responsible for planning of Excursion/Event      * Head of Pastoral Care * Business Manager |
| **4** | Parent consent and  Student Needs | * Set up the event and consent details on Teacher Kiosk/Parent Lounge. See Head of Pastoral Care for assistance if needed. * Communicate details with Parents through a letter (emailed and hard copy) outlining details, risks and need for consent (via Parent Lounge). * Review lists of student needs and medical details. Update any new information that Parents provide. * Is there a plan for students not attending (home or visiting another classroom?) | * Person responsible for planning of Excursion/Event * Head of Pastoral Care * Accounts department * Parents |
| **5** | Conducting the Event or Excursion | * **Week before**:  - Ensure consent has been given for students who are attending - Finalise roll - Confirm bus booking   - Remind Parents of event and chance to update any medical/health issues  **- Give risk assessment to the parent helpers before the event**   * **Day before**:  - Collect excursion first aid kids - Print copies of rolls and medical details lists (Teacher Kiosk)   - Print schedule for the day  - Remind students if they are unwell to stay home   * **Day of**:  - Collect medication (EpiPen, puffers, medications) for students attending from office - Collect mobile phone OR ensure staff attending have charged phones - Meet with all staff attending to discuss event and any key information   - Mark roll and give this to office before departure (if going off site)  Complete the excursion and event – Enjoy the event! ☺   * **Completion of Event/Excursions** - Return all first aid kits and advise office of any used items that need replacing - Return all medication to its source (office or home)   - Ensure space has been fully packed up and tidied (including bus)  - Fill out any incident reports that need completing  - **Report all dangerous incidents** that occurred and include this in the reflection so that it can be factored into planning future events. | * Person responsible for planning of Excursion/Event * Students attending |
| **6** | Reflect | It’s important to reflect on the Excursion/Event so that future events can run smoothly and any incidents can be prevented from happening again.  You could gather responses to these questions via email or via a face-to-face meeting. It’s important these are done soon after the Excursion/Event has taken place so that accurate details are provided.  **Reflection Questions** 1. How did we meet or not meet our goals for this event?  2. Were we well-resourced (time, adults attending etc.) for this event? What else did we need?  3. Were there any incidents (minor or major) that occurred during this event? Could anything have been done to prevent these incidents? Is there any follow up required for these incidents?  4. Were risks managed effectively? Could any other controls been in place to make this event safer?  5. Would you do this Excursion/Event again? What would you keep the same or change?  Email these responses to WHS and save a copy of them (in a Word document) to the WHS drive folder (Event reflections folder). |  |

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**Camp, Incursion or Excursion Request Form**

**Todays’ date**:

**Proposed event date/s**:

**Person responsible for event**:

|  |  |  |
| --- | --- | --- |
| **Question** | **Response** | |
| 1. What is the goal and purpose of this event? |  | |
| 1. Which students will be involved? (number, age, experience, special or additional needs etc.) |  | |
| 1. What will students be doing? (running, jumping, swimming, cutting, cooking etc.) | Students will be… | |
| 1. What will students be using? (equipment, hazardous materials etc.) | Students will be using… | |
| 1. Where will students be? (kitchen, confined space, pool, creek, beach, at height etc.) |  | |
| 1. Who will be leading the activity? (registered teacher, external provider, expert volunteer etc.) |  | |
| 1. Has the activity been conducted before? | Yes  Go to question 8 | No |
| 1. Have you read over the reflections of the previous event? |  | |
| Has this been approved? | Yes | No |

**Please submit this form to the Deputy Principal**



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 Form – Camp, Incursion, or Excursion**

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: |
|  |
|  |
|  |

**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 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? | | |
|  | | |
|  | | |
|  | | |
|  | | |

|  |
| --- |
| **ASSESSED BY: (This should be a person with adequate Safety knowledge, e.g. WHSO):**  **Name: Signature: Date:** |
| **PRINCIPAL:** |
| **WHSO:** |
| As Activity Leader/s (teacher) I understand my responsibilities as outlined in the School Policy and Guidelines.  **Name: Signature: Date:**  **Name: Signature: Date:**  **CAMPS ONLY** As Activity Co-ordinator (Pastoral Care/HPE), 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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 / mobile | Name: Mob. number: |
| No of adults attending |  |
| Driver Required | Yes No |
| Other Information |  |
| Cost: |  |
| Lodging Information | |
| Teacher’s Signature |  |
| Request Approved | Yes No |
| Principal’s Signature |  |

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**Reflection Questions**  
1. How did we meet or not meet our goals for this event?

2. Were we well-resourced (time, adults attending etc.) for this event? What else did we need?

3. Were there any incidents (minor or major) that occurred during this event? Could anything have been done to prevent these incidents? Is there any follow up required for these incidents?

4. Were risks managed effectively? Could any other controls been in place to make this event safer?

5. Would you do this Excursion/Event again? What would you keep the same or change?

*Email these responses to WHS* ***and*** *save a copy of them (in a Word document) to the WHS drive folder (Event reflections folder).*