

## **Education and Care Services**

# **Excursion and/or Transport Risk Assessment Form**

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

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Educator/service name	Ral	oy Outs	ide School Hou	ırs Care		t <b>e form c</b> nimum 12 m			ne excursions)	August 24	
Venue/Destination			rse Haven 60 Arina Rd Ba	argo	·		Date of	f excursi	on	Fri 2.10.24	
This is (please tick):		-	r outing (routine	•		☐ Regula	-	ortation ansportati	on		
Proposed duration of the	excur	sion	Time leaving	service: 9.30	am – 2.	30 pm					
Proposed activities	Engag lunch	e with h	norses, physica	I activities and	picnic	Туре	of trans	port S	Service Buses x	3	
Proposed pick up location	on	pick	up and drop of	flocations as ic	dentified	l below p	er maps	3			
Proposed route of travel	F	Refer to	maps at the er	nd of risk asses	sment i	nformatio	on to loc	ation			
Process for entering and	lexiting	the se	ervice premise	es \	/ia front	door and	d path to	front doc	or		
Process for entering and	lexiting	g pick ι	up location/de	stination S	ee map	-entry an	ıd exit vi	a main ad	ccess		
Process for embarking a disembarking the transp i.e. how will each child be ac	ort	for?	nembers will wa	alk each group rson will compl	of child	ren to the	e bus an	ıd supervi	se them embark	g service/venue. 2 staff ing onto the bus. The ord before departing an	
Proposed number of ch	ildren	Up	to 45	Proposed nu	umber d	of educa	tors	8-10	Proposed nui	mber of other adults	1/2

DATA AND DOCUMENT CONTROL

Revised Date: 06/05/2020 Review Date: 30/06/2022

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Office advised if non routine (Family Day Care/Long Day Care)	e $\Box$	Date office advised		Staff member	
		Ma	andatory Checklist		
For any potential risks please	show how they	are managed.			
				Please tick	Comment
Routine excursion form comp	leted (if applica	ble).		✓	
For all excursions	Parents' writte	en permission received.		✓	
Supervision	I will have sigl	nt of the children at all ti	imes.	✓	
	Children will n Care/LDC only).	ot go to the toilet by the	emselves (Family Day	N/A	Risk managed by:
Venue	Free of dange	r.		✓	
	Any equipmer	nt to be used is safe for	children.	✓	
		ards (any water related the table on page 4).	risks must be clearly	✓	
	Visual check t	o be done on arrival.		✓	
	No smoking v	enue.		✓	
Hygiene	Nappy change	e facilities provided (Fan	nily Day Care/LDC only).	N/A	
	Toilet facilities	s provided.		✓	2 educators to accompany children to bathrooms
	Hand washing	facilities provided.		✓	
				Please tick	Comment

Accident or injury	Educator has current asthma and anaphylaxis certificate.	✓	
	Educator has a current First Aid Certificate and CPR.	✓	
	First aid kit available (contains paracetamol and auto injector if applicable).	✓	
	Emergency contact information available.	✓	
	Children's Medical Management Plans and any relevant health information are available	✓	
	Mobile phone available.	✓	
Children's well being	Drinks available for children.	<u> </u>	Children will be taking their own drink bottles in their bags.
	Diffiks available for children.	•	Service to provide additional water if needed.
	Food available for children.	✓	Parents to pack a full lunch box as normal for the day.
	Children's essential medication available e.g. asthma puffer, auto injector.	✓	First aid bag and all medications will be taken on excursion for each group
	Children dressed in appropriate clothing and footwear.	✓	
	Activity is child focused.	✓	
Walking excursion	Children are aware of road safety.	✓	
	Educator/s are comfortable managing the children.	✓	
Travelling by bus	Educator/s are able to manage the number of children on and off the bus.	✓	

	Approved seat belts available (if required)	✓	
	Approved car seats available (if required)	N/A	
Sun protection outdoors	Sunscreen is available.	./	Children will apply sunscreen before leaving the centre.
	Sunscreen is available.	•	Sunscreen will be taken to the excursion
	Sunscreen applied 20 minutes before going into the sun.	✓	
	Sunscreen applied 2 hourly.	✓	
	Children and educators wear hats.	✓	
	Shade area available.	✓	
Other	Does this excursion involve any water based activities (eg swimming)? If yes, all risks and control measures must be addressed in the table on page 3.	N/A	Water ponds are on location however children will not be accessing this area.
	Are any adults with specialised skills required?	N/A	On site staff

	•	is there a Risk of ppening (likelihoo	
What is the likely outcome if the Risk occurred (consequence)?	Rare (R) It may happen	Unlikely (U) It might happen	Likely (L) Will probably happen
Minimal (I) Minor First Aid or reassurance needed	1	1	2
Moderate (O)  Medical attention required	1	2	3
Major (A) Requires an emergency response	2	3	3



### **Risk Assessment**

Children will have hands on engagement with horses to learn the essentials of horse care. Children will also explore the site and be able to engage in ziplining, visit fairy garden and have a picnic lunch

Risk Lev	el	<b>Likelihood -</b> Rare	e (R), Unlikely (U) Likely (L) <b>Consequence</b> Minimal (I) Moderate (O)	Major (A) Severity R	ed (3) Yellow (2) Gree	en (1)
Activity	Hazard Identified	Risk Assessment (use matrix)	Elimination/control measures	Risk Assessment (use matrix) after elimination/control measures applied	Who	When
Travelling to location by: Service buses x 3	Collision while driving	UI2	Bus mobile phone to be taken while transporting passengers.  Bus first aid kit to be available on the bus to manage any injuries.  Staff member with first aid to assess passengers for injury.  Staff member to communicate with emergency services or Coordinator based on the severity of incident. Staff member to also contact Responsible Person or Nominated Supervisor to identify collision.  Responsible person to contact Depot to assist in replacing bus transport to either return to the service or continue on bus route to excursion.  Responsible person to collect other driver information including licence and registration.  If the collision is not critical then once back at the service the Responsible Person is to communicate with Risk Management all relevant information and complete identified forms	UI1	All Educators	When on the bus

group	cation of ups being sported by	UI2	An Excursion Checklist will be completed prior to leaving on excursion by responsible person.  Utilisation list will be provided to educators by responsible person to identify what group children are placed in with all groups identified.  2 Educators will be allocated to 16 children when moving to service bus or based on ratios of 1:8.  Children will be provided with wrist bands to support grouping.  All groups will complete a head count before departing from locations and reported to Responsible persons.	UI1	All educators	Prior to leaving the centre
	parking/ embarking		The Transportation Attendance Record is to be completed on Departure and Arrival of destination by conducting a head count of children signed into the Electronic Sign In System against physical number of children in each bus.  Educator to exit the bus first and remain in the front of the line. Immediately after all passengers have disembarked from the vehicle, a staff member will physically walk to the back of the bus and check there are no children left on the bus (including under the seats) before locking the vehicle.  (Additional headcounts can be conducted when the Responsible Educator feels is necessary to ensure the safety of the children in our care). Educator to complete final check of bus by walking to the end of the isle once parked and ready to lock up.	UI1	All educators	When embarkin g & disembar king bus

Children moving away from staff	LM2	Staff to communicate with each other to make each other aware that a child has left the service/group.	UI1	All educators	When on excursion
and children		Educators to assess the direction of the child heading, observe what the child is wearing and make a judgement call if to follow.			
		Educator to connect with venue staff if child is moving away from the group and does not seem to be returning.			
		A second educator to contact Supervisor or Coordinator to arrange additional support if needed. Second educator to then call parent/carer to notify of child leaving the group and the current direction they are headed.			
		Once child is located/returned, educators to debrief and complete documentation such as incident report, note to file and serious incident reporting to Coordinator where required.			
First aid and Medical Management during transportation of children	UM2	At least one educator with first aid qualifications is in attendance on transport route to access injuries or provide medical support. Up to date first aid kit is packed. A mobile phone is to be taken.  Medication and medication information of individual children will be allocated to that child's group service excursion bag in the event of requiring medication during the bus run. Medical information to be completed with any administration of medication.	RI1	All educators	When on excursion
		Child's accident/incident Report to be completed once arrived at destination if first aid has been provided.			

Parent engagement with Excursion group Parents attending to drop off or while excursion is in progress	Parents attending to drop off or while excursion is in progress	UI2	An Excursion Notice will be placed on the front door before the excursion departs to identify departure time, return time and contact number.  All efforts will be made by staff to contact any families absent prior to leaving.  If parents cannot make the identified time on the program, children may be able to be dropped off to the excursion location or attend once excursion has returned.  Main service phone to be held by Responsible person and information shared via phone to identified group for collection at front of zoo.	UI1	All educators	When on excursion
			Horse Haven			
	Kicked, trodden or bitten by horse	UA2	Waiver to be completed for children to have access to activities on site including horses, physical activities and picnic area.  The venue staff member must supervise horse activities at all times.  Participants to be briefed on safety instructions from staff.  All participants must wear covered shoes.  When children act in such a way that a horse begins to show aggression, a staff member will ask the participant to cease the activity and reflect on the horse's behaviour/feelings and their own behaviour/feelings.	UO2	All participants All educators	When on excursion
	Poor/dangerous participant behaviour that compromises the groups safety	UI2	Participants are briefed on expected level of behaviour. Service educators to support the expected behaviour level during the excursion.  Any children exhibiting poor or dangerous behaviour will be requested to be move away from the group to reflect on their behaviour with service educators.	UI1	All participants All educators	When on excursion

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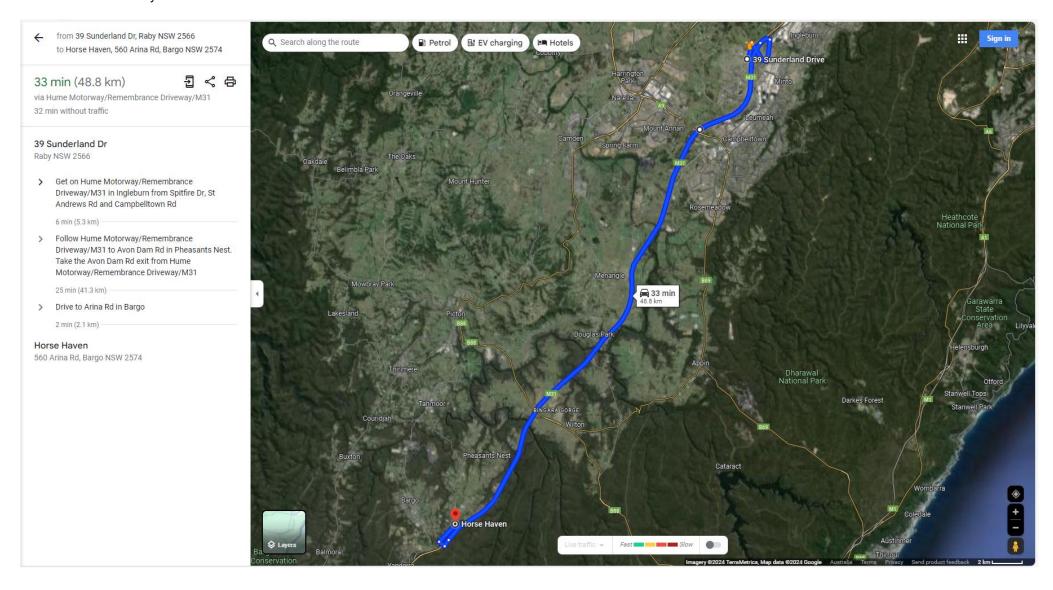
Activities included in excursion	Falling over or tripping hazards – strains, sprains, breaks	LO2	Follow safety rules and guidelines of venue.  All participants take care when walking and moving around the property. Pay attention to any safety signage. Follow instructions from staff. Participants are required to wear covered shoes.  Children to be reminded of service code of conduct and behaviour guidelines before departing the service.	UI1	All educators	When on excursion
	Heat/physical Exhaustion	LI1	Staff supervision as identified above.  Children encouraged to bring water bottle.  Additional water to be brought by service staff for children to access and is also available at Horse Haven.  Children are encouraged regular breaks  Children to wear hat and sunscreen to minimise heat and sunburn.	UI1	All educators	When on excursion
	Extreme weather conditions/fallin g trees or tree branches	UO2	Follow the directions from the staff. Reschedule appointments/programs in extreme weather conditions.  Participants will need to wear clothing suitable for weather conditions on the day or Horse Haven will provide suitable clothing.	UI1	All educators	When on excursion
	Spider, insect, snake bites/ stings	UO2	Service educators to notify the staff of all medical conditions prior to the session. Alert the first aid team of any participant that suffers from allergies  Venue Coordinator to provide insect repellent to minimise bites.  Service educators and activity staff to be aware of surroundings and minimise contact with harmful animals.  Service educators to provide first aid and work alongside activity provider staff for any emergency/first aid treatments.	UI1	All educators	When on excursion

	Injury using zipline/tunnels/ swings/ rope ladders		Participa If participal speak to use this First aid	ents to be briefe cants do not foll service educat equipment. provided for inj educators to pro	ed on safety inst low instructions cors and potenti ury and accider	se this activity at all tructions from staff and the direct ally no longer be a control of the treport written.  Ind work alongside id treatments.	f. eted to able to				
Exposure to members of public at venue	Contact with members of public	LI1	member	s of the public.		as when children		UI1	A	All educators	When on excursion
Plan prepare	d by	M Barden									
Prepared in c	onsultation with	M Rideout									
Communicate	ed to	Families atter	nding								
Venue and sa attached	afety information	reviewed and		⊠ Yes	☐ No						
Comment if re	equired										
Reminder: M	onitor the effecti	veness of cont	rols and	change if nec	essary. Revie	w the risk asses	sment if a	n incident or s	ignifica	int change occurs	s.

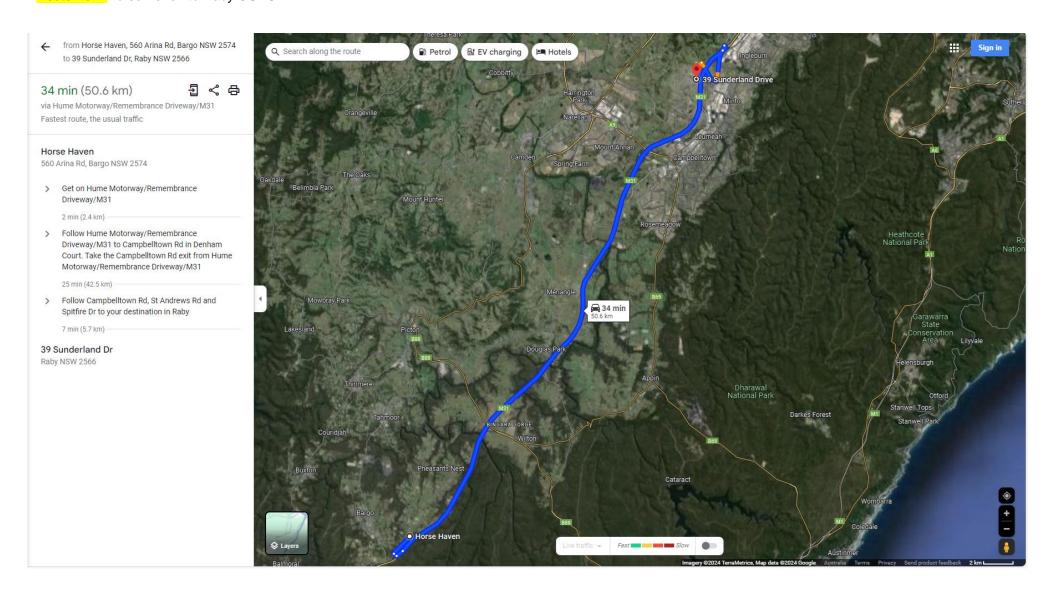
# **Entrance to Horse Haven**



### Travel route from Raby to Horse Haven.



### Route from Horse Haven to Raby OSHC





# Risk Warning and Waiver of Liability

Name of Provider	Horse Haven - Specialising in Equine Services and Care	nd Care	
Address of Provider	560 Arina Road, Bargo	State: NSW	Postcode: 2574
Name of Participant			
Address		State:	Postcode:
Medical Details			
Emergency Contact			
Phone number/Email			
Relationship			

# Risk Warning

I am aware that by my participation in any activities arranged by the Provider, certain risks or dangers may occur which could include:

- Physical, bodily or psychological injury or death.
- Physical exertion to which I am not accustomed.
- Failure of equipment or use of inadequate equipment.
- There may be no or inadequate facilities for treatment or transport to treatment if I am injured.
- The conditions in which the activities are conducted may vary without warning.
- I may cause injury to other persons and/or other persons may cause injury to me.
- I may be injured or die due to negligence, breach of contract or breach of statutory duty or guarantee of the provider.

This is to certify that I, as a parent/guardian with legal responsibility for the Participant, acknowledge, understand and accept all of the above and consent to his/her release as provided above. I release and agree to indemnify and hold harmless the Provider from any and all liabilities arising from my minor child's involvement or participation in the Activities and/or recreational services, even if arising from the negligence I declare that I am medically and physically fit and able to participate in the Activities. I acknowledge that I must, and agree that I will, disclose any pre-existing medical or other condition, injury or concern that may affect the risk that either I or any other person will suffer injury, loss or damage during the course of the Activities and notify the Provider of any injuries, illness or concerns that may arise during the Activity. I will not engage in any reckless, negligent or foolish behaviour or any other behaviour that is likely to cause injury I agree that if I suffer any injury or illness, the Provider may provide evacuation, first aid and/or medical treatment at my expense and that my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid and/or medical treatment. I declare that I have not consumed any alcohol or mind altering substance, or medication that may impact my judgement or physical capacity, before or at the time of engaging in the Activities. I agree to abide by any of the Provider's rules, and any direction or instruction given to me by the Provider during the course of the Activities. I agree to use and/or wear any equipment given to me by the Provider. I have read carefully and understand this risk warning and waiver of liability and sign it freely and voluntarily without inducement of any kind. Instagram: @horsehaven.esc TikTok: @horsehaven.esc I provide permission for use of photos/videos for the following: Date: Date: Date: to me, any other participant or person. For Participants under age 18 Website: www.horsehaven.space Declaration and Signature Permission to Photograph Participant's Warranties Facebook: Horse Haven of the Provider. Signature: Signature: Signature: **Education and Care Services** Revised Date: 06/05/2020 DocSet: 2498020 Review Date: 30/06/2022

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