

EOTC **The Missing Manual**

Procedures for
seeking the
approval,
planning and
implementation of
EOTC Events in
Schools

SAFE AS out
side

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HEALTH AND SAFETY STATEMENT FOR EOTC EVENTS

The School recognizes the need for each of its employees and their client groups of students to be provided with a safe and healthy environment to work, learn and recreate. It is the policy of The School to take all practical steps in areas of accident prevention, injury prevention and promotion of health, safety and welfare of all employees and students whilst adhering to the principles of the Health and Safety in Employment Act 1992.

These are clearly stipulated within existing HSE Policy for the organisation.

However recognising the special nature of events and trip activity to the School the following statement is considered an essential guideline of Health and Safety to ensure the successful implementation of this policy.

Management undertakes to:

- Be familiar with and observe and enforce the relevant Acts and regulations that apply to working conditions, namely the HSE Act 1992, Ministry of Education, Maritime Safety Authority and SFRITO guidelines, and other legislation where appropriate.
- Provide education and instruction for employees to ensure their skills and knowledge are current and meet the requirements of the Industry Standards Body (SFRITO) and the HSE Act or other legislation.
- Have in place a system for identifying, avoiding, minimizing and managing hazards within the work environment.
- Record and report accidents to Occupational Safety and Health Department and record and analyze accidents and incidents to create a healthy and safe environment.
- Ensure all outside contractors have a Health and Safety Policy and adhere to the HSE Act and meet the guidelines acceptable to the School.
- Inform employees and participants of the Health and Safety Policy, hazards and emergency procedures and hazards, and offer training where applicable.

Staff undertake to:

- Be responsible for the safety, health and working conditions of all employees, students and participants under their control.
- Provide information on safety and health matters in accordance with the HSE Act, to participants by way of instruction, adherence to the processes described in this document, and notices or updates pertinent to the trip and event procedure that will be released from time to time.
- Provide initiative and follow-up action on all matters concerning Health and Safety.
- Report and record accidents and incidents as they occur to management and OSH where appropriate.

STANDARD OF CARE OWED TO STUDENTS

* from: "EOTC Guidelines for Good Practice", Ministry of Education, May 1995

Boards of Trustees*

- have the ultimate legal responsibility for students in their care
- this responsibility exists while their employees have charge of students whether inside or outside the school, or out of normal hours
- it continues even when outside helpers, or instructors are involved and when students as part of their approved programme participate in course packages offered by commercial operators

Competence of Staff*

- competence is increasingly judged in relation to professional standards
 - the standard of care required in the outdoors, therefore, is that to be reasonably expected from a professional teacher or outdoor instructor
- more complex programmes, particularly those teaching pursuits skills will require competencies linked to those reasonably required from an outdoor professional standards and qualifications for outdoor skills are established by the national governing bodies for each activity.
- All trips that will take students off the school grounds or excursions that are run under the auspices of the School are subject to the approval of the School Safety Committee, through the EOTC Events Co-ordinator (EC).

In developing outdoor education programmes, schools should:

- make use of the school grounds and the immediate local environment;
- make the most of opportunities for direct experiences that can be completed in a school day;
- provide relevant, challenging learning programmes that offer opportunities for reflective thinking skills (including critical reflection skills, where appropriate) and that can be provided within a realistic budget;
- ensure that appropriate resources and skilled personnel are available;
- follow safe practices and comply with legislative requirements.

Relevant References for Education Outside the Classroom:

- Guidelines for Good Practice (Ministry of Education, 1995)
- Anywhere, Everywhere: EOTC Curriculum Guidelines for Primary Schools, Secondary Schools, and Early Childhood Centres (Ministry of Education, 1992).
- The Curriculum In Action, "In the Outdoors"(MOE, Yrs 7-9, 2001)
- Group Challenges in the Local Environment(MOE, Yrs 9-10, 1999)
- Adventure Experiences in the Local Environment (MOE, Yrs 4-6, 1999)

For other health and safety legislation, see Governing and Managing New Zealand Schools: A Guide for Boards of Trustees (Ministry of Education, 1997).

The processes described in this document applies to the following School events:

- 1 Day events
- 2 Overnight events
- 3 Sports events
- 4 Outdoor Pursuit based activities egtramping, kayaking, biking.....
- 5 Non pursuit based activities eg.....camping, adventure based learning.....

Safety approval for each Event follows a four stage process:

(Stage One) Seeking first Approval through the Event Proposal Form and the Venue / Facility Safety Form (this second form is used only if a venue or facility is to be involved).

(Stage Two) Planning the activity or event in detail, following the Forms required to ensure safety requirements are met

(Stage Three) Returning a Planning Checklist to The School that confirms the planning process has met all safety requirements

Running the Event

(Stage Four) Evaluation and Review of the activity or event after its completion, completing Accident and Incident Reports and returning this material to the School.

Time lines for Approval and Planning

For events involving **significant risk*** the following time line is required:

- Submit proposal for First Approval 10 weeks (one term) prior to its start date
- Notification of first Approval success or otherwise within 10 working days of receiving the first Approval Forms
- Submit Planning Checklist 3 weeks prior to the start of the Event
- Submit Evaluation and Review within 3 weeks of the finish of the Event

For your peace of mind and to avoid the disappointment of your activity being cancelled, please respect these time frames. Through a variety of reasons or unforeseen circumstances, situations may arise where your time frame is shorter than that stated above. At all times the Events Coordinator will attempt to give reasonable notice. This is dependent on you doing the same.

**EOTC Events that involve significant risk are considered all outdoor adventure and pursuit activities such as canoeing, kayaking, rock climbing, bouldering, abseiling, cooking, cycling, tramping, running, rafting, sports, activities that involve vehicles, ropes courses, initiative games, swimming, sailing, caving, skiing and any activities that involve high impact or high energy sources such as moving water, etc.*

Before you run an event you must get approval from The School EOTC Co-ordinator. They will look at the your programme in terms of the following:

- Curriculum
- Budget
- Safety

The following forms are specific to the 4 steps of the Safety Process alone. These forms must be filled in with reference to the EOTC Safety Guidelines.

STEP ONE

- 1.1 APPROVAL FORM
&
1.2 VENUE/FACILITY
SAFETY FORM
these should be
forwarded to the EOTC
Co-ordinator 6 to 8
weeks (1 Term) before
the Event

STEP TWO

When you have recieved Approval to go ahead with the event you must complete the following forms as you work through your Planning. Not all forms may be applicable (ie you will only need to complete the Outside Provider Forms if you intend to contract external help or hire a facility).

PEOPLE FORMS

- 2.1 Student /ParticipantForm
2.2 Medical Profile & Risk
Disclosure
2.3 Student Contract
2.4 Parent Contract
2.5 Staff/Volunteer/ Parent
Capability Form

PROGRAMME FORMS

- 2.6 SAPS or RAMS need to
be completed for each
activity where significant
risk is involved

OUTSIDE PROVIDER FORMS

- 2.7 Contracting Checklist
2.8 Outside Provider
2.9 TCS Responsibilities
Agreement

STEP THREE

- Send
3.1 PLANNING
CHECKLIST
to the EOTC
Co-ordinator

STEP FOUR POST EVENT EVALUATION

- 4.1 Accident/Inc
Reporting
4.2 Programme
Evaluation

On completion of the
Event you must
fill in and forward to the
EOTC Co-ordinator
the Accident/ Incident
Reports and the
Evaluation form.

1.1

APPROVAL FORM FOR EVENTS

THIS FORM IS TO BE COMPLETED BY THE EOTC EVENT ORGANISER

TYPE OF EVENT:	Day Event	<input type="checkbox"/>
	Overnight	<input type="checkbox"/>
	An activity involving significant risk	<input type="checkbox"/>
DEPARTMENT:	Transition	<input type="checkbox"/>
	Health and PE	<input type="checkbox"/>
	Special event	<input type="checkbox"/>

Event Name :

Organiser : Date :

Venue : Phone :

Curriculum Area/s met by the Event:

Relevant Objectives:

Invitations to Level :

Target Group:

Expected No: Year 1 - 3:, Year 4 - 6:, Year 7 - 8:, Year 9 - 10:, Year 11 - 13

Numbers Involved: Min No: Max No:

This event is by invitation of the Event Organiser only:

Major Programme Activities	Outside Provider?	Ratios	RAMS/SAP Required	Conditionally Approved

Staff Attending:

Skills Required and Role Expectation:

.....

.....

Suggested names (if applicable):

.....

.....

.....

HOW WILL PARTICIPANTS BE TRANSPORTED TO THE EVENT?

By The School

☐

By the participants

☐

☐ Other (please specify) _____

Overnight Arrangements (if applicable)

Type of Accommodation:.....e.g. backpackers, motel, motor camp.

Street Address:.....

Estimated Numbers staying on site:

Supervisors Required:.....

FOR OFFICE USE ONLY

Event ID Number:..... Date:...../...../.....

Action:

Approved

☐

Requires more Info

☐

Declined

☐

Signed:..... Principal.....

1.2

VENUE/FACILITY SAFETY

THIS FORM IS TO BE COMPLETED BY THE VENUE /FACILITY TO BE USED

VENUE:

ADDRESS:

DISTANCE FROM DEPARTURE:

DATE:

LIAISON PERSON / ORGANISATION:

CONTACT:

STAFF MEMBER ASSESSING VENUE:

LIST OF ACTIVITIES AVAILABLE AT VENUE

Activity 1:

Activity 2:

Activity 3:

Activity 4:

Activity 5:

Activity 6:

Activity 7:

Activity 8:

Activity 9:

Activity 10:

- | | | |
|----|---|---------|
| 1. | Is venue appropriate for activities planned? | Yes /No |
| 2. | Is there suitable vehicle access for emergencies? | Yes /No |
| 3. | Is there a supply of fresh water on site? | Yes /No |
| 4. | Are you able to communicate in an emergency? | Yes /No |

5. Communication Method (cellphone, telephone, VHF, etc [include numbers])?

.....

6. Are there hazards which require specific management strategies? Yes/No

7. What are these?

.....
.....
.....
.....
.....
.....
.....

8. What strategies are in place to manage the hazards needing attention so that the venue is safe and effective for use.

.....
.....
.....
.....
.....
.....

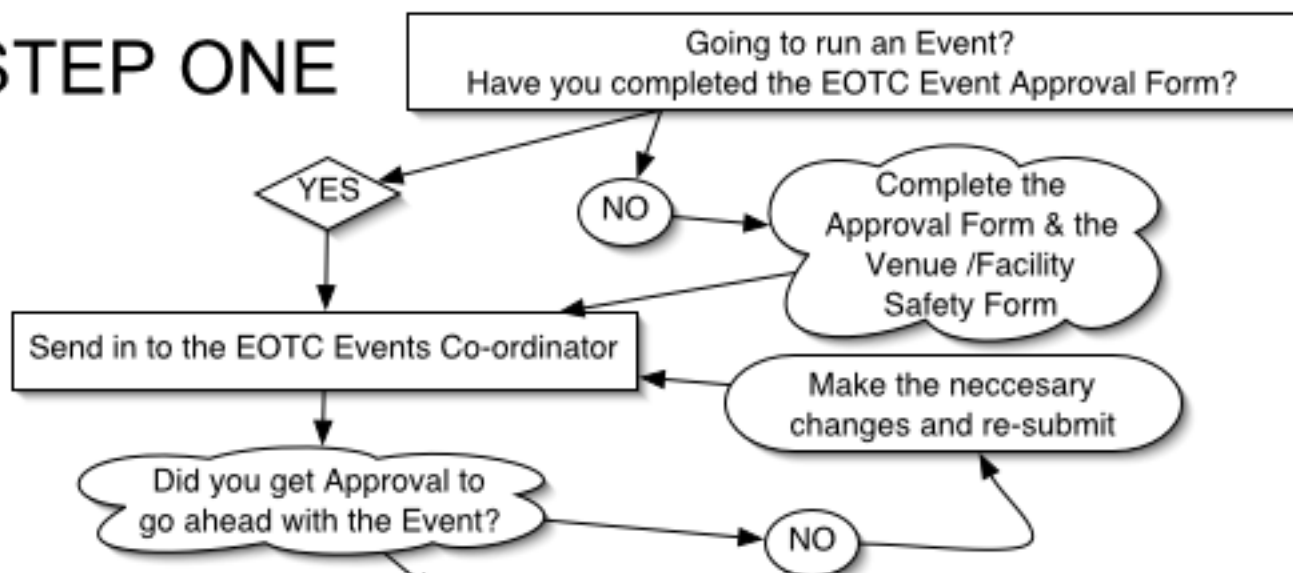
9. Are there any age constraints or special conditions for any of the activities you offer?

.....
.....
.....

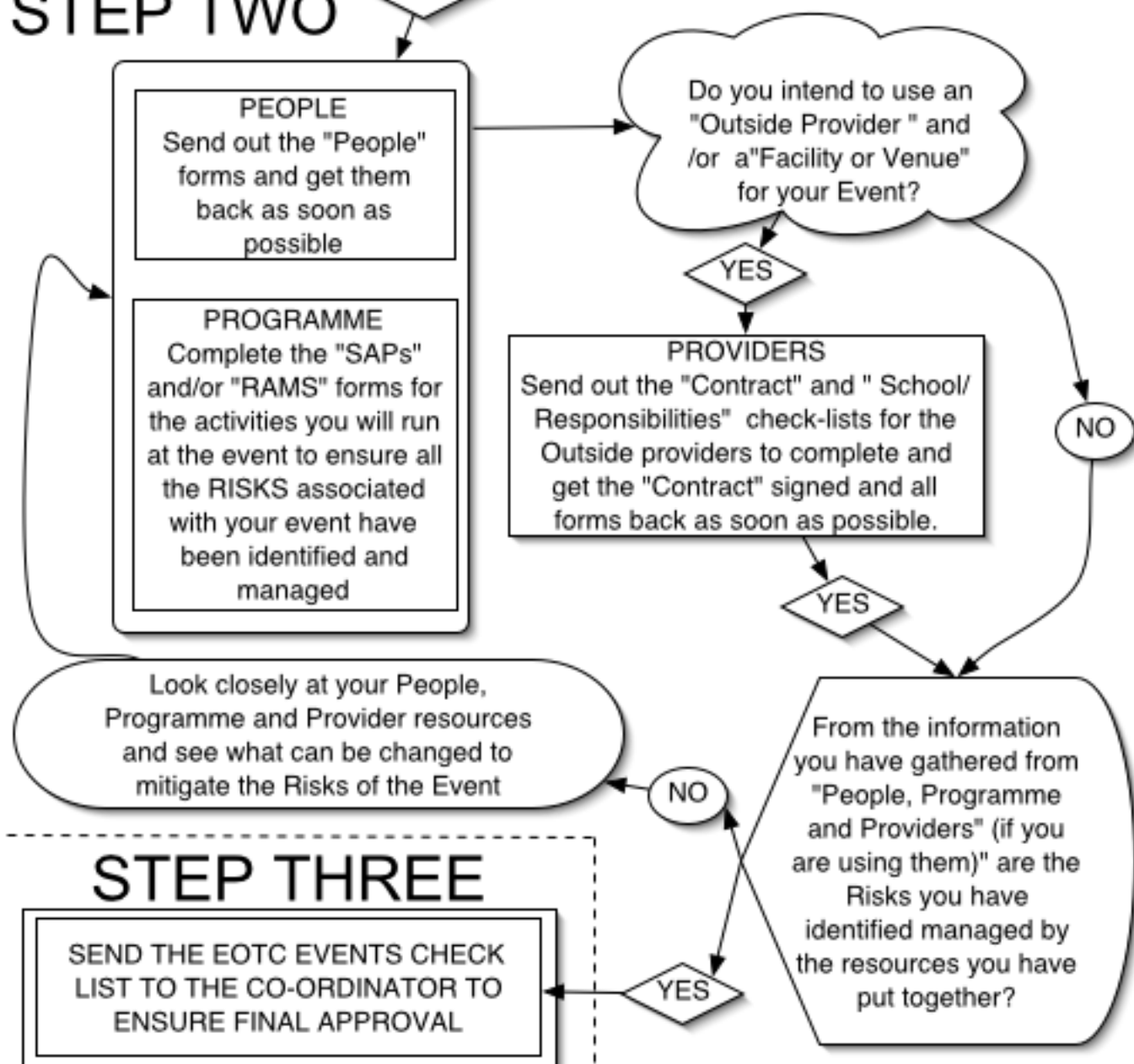
10. Can suitable and adequate hygiene/toilet arrangements be organised in an emergency?

.....
.....
.....

STEP ONE



STEP TWO



STEP THREE

SEND THE EOTC EVENTS CHECK LIST TO THE CO-ORDINATOR TO ENSURE FINAL APPROVAL

2.1

STUDENT/PARTICIPANT FORM

It is important that you complete and return the following documentation to comply with The School Health and Safety requirements.

We require all Parents/Caregivers to follow these procedures so that we can maximise the educational value and safety of events. The forms enable us to ensure that optimal staffing levels are provided and the specific needs of participants are met.

For your own safety please provide us with information that is accurate, current and complete. Return it as soon as possible. Please return this form to the Event Organiser by/...../.....

A separate Health Profile Form is to be completed for each person attending the event.

PARTICIPANT INFORMATION AND REGISTRATION FORM FOR: 20__ __ (STATE YEAR)

Affix address label here or fill in your personal details

NAME STUDENT ID.....

ADDRESS YEAR

..... AGE

NAME OF YOUR FORM TEACHER.....

COMMUNITY SERVICE CARD NUMBER.....

CONTACT DETAILS (please provide at least 2 sets of contact details)

In case of emergency the following should be contacted

1

NAME RELATIONSHIP.....

ADDRESS DAY PHONE

EVENING PHONE..... CELL PHONE

2

NAME RELATIONSHIP.....

ADDRESS DAY PHONE

EVENING PHONE..... CELL PHONE

2.2

MEDICAL PROFILE AND RISK DISCLOSURE

This Profile is compiled to assist us in the care of all participants at events, including adults. Please complete the following accurately. One form should be completed for each family member attending. Additional forms are available from the Event organiser and should be attached to this booklet.

Name:.....Date:...../...../.....

1. Please tick if you have any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>
Chronic nose bleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>

Other;.....

For Overnight Events

Sleepwalking	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>
--------------	--------------------------	------------	--------------------------

2. Are you presently taking tablets and /or medicine? Yes ☐ No ☐

If "YES", please state the nature of the ailment, the name of medication, dosage, etc..

.....

All student medication must be handed/shown to the Person-in-Charge prior to the event commencing. Medicine must be named, with dosage and time to be taken clearly stated. (considering setting up a duplicate medicine system).

3. Have you had any major injuries (breaks or strains) or illness (glandular fever, etc) in the last six months that may limit full participation in any activities ? Yes ☐ No ☐

If "YES", please state the nature of the injury or illness.

.....

4. Do you have any allergies ? Yes ☐ No ☐

If "YES", please state the nature of the allergy and its preferred treatment.

.....

Are you allergic to any of the following:

Prescription Medication (eg Penicillin).....

Food

Insect Bites/stings.....

Other allergies

What special care is required.....

5. Your last Tetanus immunisation was:.....

6. Outline any special food requirements.....

7. Is there any information the organiser or provider needs to know about you to ensure this event is safe and meaningful for you? ie reading difficulties, emotional problems, anxiety, pregnancy, physical disabilities, etc...Yes ☐ No ☐

If YES please state or attach the information:.....

7. I agree that for safety reasons the above information can be passed onto people who require this information in order to make School events safer.

I also agree that if prescribed medication needs to be administered the Teacher-in Charge (or a designated adult) will be assigned to do this.

Print name.....

Signed:To be read and signed by all Parents/Caregivers.

Acknowledgement of Risk

I understand that there are risks associated with involvement in the The School Events and that these risks can not be reduced to zero. I also understand that the management of risk is a shared responsibility between The School Staff and Helpers and the participants. I know that I am able to ask any questions I like of the Event Organiser about the activities my child will be involved in, to gain a better understanding of the risks involved. I also recognise that participation in such activities is voluntary on my child's part and is not a required or mandatory activity. If I feel my child is at risk I may withdraw them after informing and in consultation with the EOTC Event Organiser.

I understand that The School will identify any hazards that are likely to arise, identify any foreseeable risks at the Event and will implement correct management procedures to deal with these hazards. I agree that it is incumbent on my child to follow these procedures.

Print name.....

Signed:To be read and signed by all Parents/Caregivers.

2.3

CONTRACT WITH STUDENTS

To be read and signed by all participating students

Print name.....

I agree that I will:

- ♦ **show courtesy and consideration to others**
- ♦ **follow the rules and instructions set down by the organiser/s, staff at the Event**
- ♦ **give all activities in the programme a go within “challenge by choice” options**
- ♦ **look after my personal belongings**

I understand that my parents will be contacted and I may be sent home if:

- ♦ **my behaviour is considered unacceptable by the Organiser or a Staff member**
- ♦ **any of my actions put me or others in danger**

Signed Date

Please print name

2.4

CONTRACT WITH PARENTS/CAREGIVERS

As Parent/Caregiver of.....

I agree that:

- ◆ my children will participate in the activities outlined in the programme, as long as they are comfortable to do so and set the terms of their own challenges
- ◆ in the event of accident or illness, my children will be given such medical assistance as is necessary
- ◆ that any additional medical costs not covered by ACC or a community Service card will be paid by me
- ◆ the School does not accept responsibility for loss or damage to personal property (please check your own insurance policy)
- ◆ photographs and videos taken of my family members may be used in School publications and websites
- ◆ my children will accept the rules set by The School for this event, if different from what is accepted at home
- ◆ should my children be involved in a serious disciplinary problem, including the use of illegal substances and alcohol or actions that threaten the safety of anyone at the event, I agree to withdraw him/her, or accept s/he may be sent home at my expense.

As a parent /caregiver taking part in School events, I am willing to comply with the requests of the Organiser/s and will follow safety procedures and standards they have set.

The School does not accept responsibility for a child in your care, present at School events, but not enrolled at the School.

Signed Date

Please print name

FOR PARENTS/CAREGIVERS WHO WISH TO ATTEND THE EVENT

If you intend to participate in the Event it is possible that you may be asked to assist in aspects of running the Event as a Volunteer/Helper. This will be based on information you have supplied from the Capabilities Form you filled in (Form #2.5). In this capacity you must comply with all School Health and Safety obligations.

If you are attending as an Observer only, you are still required to comply with all the Event policies and guidelines of The School and must comply with the direction and control of the Event Organiser while the Event is on. Please remember that attendance at School Events is by invitation **only**.

I will be attending the event Yes ☐ No ☐

I accept the terms of my involvement as stated above.

Signed Date

2.5 CAPABILITY OF STAFF/VOLUNTEERS/PARENTS/CAREGIVERS

THIS FORM IS TO BE COMPLETED BY ALL ADULT EVENT PARTICIPANTS

Name of Staff Member/Volunteer/Parent/Caregiver.....

I have the skills and qualifications Please indicate with a tick ☐ or cross ☐

QUALIFICATION/AWARD	Current	Not Current	NOTES (particularly recent experience)
CAR DRIVERS LICENCE	<input type="checkbox"/>	<input type="checkbox"/>	
PASSENGER SERVICE LICENCE	<input type="checkbox"/>	<input type="checkbox"/>	
FIRST AID CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>	valid until: date lapsed:
TEACHERS REGISTRATION	<input type="checkbox"/>	<input type="checkbox"/>	
CPR CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>	
LIFE SAVING CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>	
COACHING/INSTRUCTORS QUALIFICATIONS	Relevant to the activity (List below)		

OTHER SIGNIFICANT SKILLS OR EXPERIENCE	Relevant to the activity (List below)		

I certify that the above information is correct.

Date:/...../.....

Signed:.....

RISKS & RATIOS

A question often asked is

“How do I determine the supervision ratio for an activity?”

To be able to do this well it is really important to read and understand the following:

Working out the ratios required to run an activity requires you(or some one who knows) to assess the capability of those who will both run and supervise the activity.

You can only do this by thinking about the following factors:

- the type of activity and how risky it is,
- the area in which the activity will be undertaken,
- the characteristics of the participants (skills, experience, knowledge)
- the competence of the people who will lead and run the activity

It is a balance of **Risk** and **Competence**

Competence is the skills, knowledge and experience that allows an individual to deal effectively with the demands of participant activity placed on them within the environment they are operating in.

Risk of the activity is considered by "informed" evaluation of the probability of a loss occurring [likelihood], how frequently the hazardous event is likely to occur [exposure] and the consequences should it occur [consequences = a continuum from death through to temporary disability]

In planning the Event you must look closely at the activities you intend to run, the risks involved with these activities and whether you have the capability within your resources of Staff, Volunteers and parents to ensure that the risks you have identified can be managed.

Similarly if you contract an external provider to run any Event activity you must be certain that they have given you assurances that the risks they have identified can be managed by them.

On the following pages are two risk assessment tools.

The first is the form for a SAFETY ACTION PLAN (SAP). This should be used to disclose the risk you believe is possible in relatively straight forward activities that may happen in your event.

The second is the RISK ANALYSIS MANAGEMENT SYSTEM (RAMS). This form is used by almost all of New Zealand's outdoor centres and professional outdoor instructors. It provides greater detail on the specific management of risk activities.

It is not considered that one is better than the other. Generally RAMS are used where it is perceived that more significant risk exists. It is critical to ensure that a process of identifying risks associated with events is being worked through and the strategies for their management are documented and implemented.

[PLAN EXEMPLAR]

EVENT SAFETY ACTION

Activity: Optimist Yachting Date: Teacher in Charge: L. Arnold

Class Level: Yr 6 No of Staff: 2 No. of Helpers: 6 parents

No. of Children: 24 Location: Pandora Pond Approved By: Outside Provider (OP)

Time of departure: 11.45am Time of Return: 3.15pm

What could go wrong?	What would cause it to go wrong?	How could we prevent it from going wrong?	Whose responsibility is it?	When/where will it be done?	Emergency Plan
Accident: child tipping out of boat	In appropriate weather conditions	Sail only if conditions are suitable	Teacher/Coordinator	At pond or in morning if conditions are particularly bad	Assess situation
	Inadequate instructions	Regular weather checks	Teacher/OP	At school preparation	Call ambulance if necessary
	In appropriateness of activity for some children	Be guided OP regarding suitable conditions -teach boats safety, ensure boats rigged correctly all children and staff/helpers wear life jackets -Check children have a level of physical and emotional readiness. Use other activity for some eg in safety craft or land activity Pair children so strong confident swimmers are with less confident Through preparation to cover emotional fears	Teacher	At pond, watch for signs of stress -Before leaving school with back up at pond while children getting changed	child accompanied by a parent, teacher to remain with group School to be contacted and they contact parents, etc
Sun burn	Inadequate supervision	-Written brief for adults and outline their role Give some specific tasks	Teacher		Ensure one on shore knows where first aid kit and are available
	Inappropriate No sun protection	Ensure all children use sunblock, sunhats, T-shirts	Teachers/parents	At pond	

SCHOOL EVENT SAFETY ACTION PLAN

Activity: Date: Teacher in Charge:
 Class Level: No of Staff: No. of Helpers:
 No. of Children: Location: Approved By:
 Time of departure: Time of Return:

What could go wrong?	What would cause it to go wrong?	How could we prevent it from going wrong?	Whose responsibility is it?	When /where will it be done?	Emergency Plan

2.6

RISK ANALYSIS MANGEMENT FORM SAMPLE

NAME: GRANT DAVIDSON DATE: 4/11/94

ACTIVITY: Trust Fall SITUATION: Tramping in the bush

Analysis

Description

RISKS Accident, Injury, other forms of loss		<p>1 Faller hits ground from height and is injured</p> <p>2 Catchers are injured during the exercise</p> <p>3 Students do not want to take part in activity</p>		
DANGERS Hazards, Perils		PEOPLE	EQUIPMENT	ENVIRONMENT
		<p>1,2,3 Taught poor catching technique</p> <p>1,2,3 Taught poor falling technique</p> <p>1,2,3,4 Poor communication</p> <p>1,2,3,4 Poor group control</p> <p>1,2,3 Too few catchers</p>	<p>1,2,3,4 Inappropriate take-off point</p> <p>- too high</p> <p>- insecure</p> <p>- too uneven</p> <p>1,2,3 Inappropriate clothing</p> <p>1,2,3 Students wearing jewellery,</p>	<p>1,2,3 Uneven terrain for catchers</p> <p>1,2,3 Slippery terrain</p> <p>1,2,3 Weather unsuitable</p>
RISK MANAGEMENT STRATEGIES				
	Normal Operation	<p>Instructor aware of correct catching and falling techniques</p> <p>Instructor skilled at communication</p> <p>Instructor skilled at group control</p> <p>Set minimum number in group as 8</p> <p>Set maximum number in group as 16</p> <p>Have prior knowledge of group</p> <p>Disclose risks and</p>	<p>Choose appropriate take-off point</p> <p>No take-off point to be higher than shoulders of catchers</p> <p>Check take-off for secureness</p> <p>Have loose clothing tucked in</p> <p>Remove jewellery, glasses, etc</p>	<p>Choose site that is flat</p> <p>Check weather; past and present</p> <p>Be prepared to change activities if weather changes</p> <p>Dress for weather</p> <p>Check students dress for appropriateness</p>
	Emergency	<p>Have first aid kit at hand</p> <p>Instructor must be currently qualified in first aid skills</p> <p>Instructor skilled at group skills and communication to handle emergency</p> <p>Organization has prepared an emergency plan</p>		

RELEVANT INDUSTRY STANDARDS APPLICABLE	<p><i>Project Adventure - recommend a progression of trust activities leading up to the trust fall</i></p> <p><i>AEE - recommend participants remove jewellery and objects from pockets. Glasses should be retained by straps. Staff should explain group goals and dangers.</i></p> <p><i>Technique should involve catchers' hands 'zippered' not</i></p>		
POLICIES AND GUIDELINES RECOMMENDED	<p><i>Instructors to have observed the exercise carried out by a senior member of staff previously</i></p> <p><i>The take-off point should be no higher than shoulder-height; elbow-height better</i></p> <p><i>Minimum of 8 catchers in the group</i></p>		
SKILLS REQUIRED BY STAFF	<p><i>Instructors currently first aid certified</i></p> <p><i>Trained in group dynamics and communication skills</i></p> <p><i>Observed initiative exercises before</i></p>		
FINAL DECISION ON IMPLEMENTING ACTIVITY	CHOOSE ONE		
	ACCEPT ✓		REJECT
	<p>COMMENTS:</p> <p><i>Safe and challenging activity with precautions listed above</i></p> <p style="text-align: right;"><i>J. Bloggs</i></p> <p style="text-align: right;"><i>Trust</i></p> <p style="text-align: right;"><i>Chairman</i></p> <p style="text-align: right;"><i>Used with permission of Devon/Exeter AEE</i></p>		

RISK ANALYSIS MANGEMENT FORM

NAME: _____

DATE: ____/____/____

ACTIVITY: _____

SITUATION: _____

RISKS Accident, Injury other forms of loss			
DANGERS Hazards and Perils			
RISK MANAGEMENT STRATEGIES			
Normal Operations			
Emergency			

RELEVANT INDUSTRY STANDARDS APPLICABLE			
POLICIES AND GUIDELINES RECOMMENDED			
SKILLS REQUIRED BY STAFF			
FINAL DECISION ON IMPLEMENTING ACTIVITY	CHOOSE ONE		
	ACCEPT		REJECT
	COMMENTS:		

2.7

CONTRACTING CHECKLIST

TO BE COMPLETED BY THE CONTRACTING AGENCY

(if there is more than one contractor a form should be filled out for each one)

The following checklist is sent to you as an outside provider to assess the level of safety management expertise provided by your organisation.

Name of Organisation

.....

Contact Person

Address

Phone and Fax

Email

Length of time as contractor

Date

Please return this form by:...../...../..... to

YES NO

Please complete the following:

- Do you have selection standards for your staff? ☐ YES ☐ NO
- Do you have training standards for your staff? ☐ YES ☐ NO
- What are they?

.....

- Do these standards comply with nationally accepted standards? ☐ YES ☐ NO
- Does your organisation continually monitor compliance to these standards? ☐ YES ☐ NO

How does it do this?

.....

- Does your organisation have safety rules /guidelines for your activities/ operations? ☐ YES ☐ NO
- Are they documented ? ☐ YES ☐ NO
- Can these Safety Guidelines be sighted by our staff? ☐ YES ☐ NO

YES NO

What is your Organisations Safety Performance like?

- Are records kept (incidents/accidents, log books,etc)? ☐ YES ☐ NO
 - Is there an safety action plan for each activity? ☐ YES ☐ NO
- (please attach your SAPs for the activities TCS will be involved in)
- I have attached the emergency procedures my organisation follows? ☐ YES ☐ NO
 - Does this plan disclose the method of identifying and controlling hazards /risks ? ☐ YES ☐ NO
 - Can you supply a list of instructors who will be used for our event, with their C.V's/log-books ? ☐ YES ☐ NO
 - Can you assure us that there will be no substitution of personnel at the time of the activity or if this does occur you will inform us of the changes and use people of equal standing and professional capability only ? ☐ YES ☐ NO

Referees:

Please supply the names and addresses of two supporting referees that your organisation has supplied services for in the past.

Referee One:

Name:

Contact details:

Referee Two:

Name:

Contact details:

The information supplied above is correct

Signed:..... **Position**.....

Date:...../...../.....

2.8

AGREEMENT WITH OUTSIDE PROVIDERS

The following agreement is between The School and

.....(the Outside Provider)

for.....

The provider will take all reasonable steps to ensure the health and safety of the School students and staff while they are attending this event.

(Health and Safety Employment Act 1992 Section 1.1, 1.2.1 and 1.2.2)

The Provider will provide The School with the following information:

How the objectives/expected outcomes of the activity(ies) will meet the schools curriculum needs.

.....

Details of the HSE requirements and Student Supervision Policies of the Provider

organisation that our Staff/Students must comply with.

Please attach

☐

Details of the safety management system e.g. Policies, completed RAMS documents for this activity as applicable.

Please attach

☐

Staff Profiles that include qualifications relevant to the activity.

Please attach

☐

A brief summary of the activities to be run.

Please attach

☐

Details of facilities and equipment to be provided by.....

Please attach

☐

• The Provider will ensure that the ratio of experienced staff to students for the Event meets relevant industry standards or accepted professional peer practice

• A written quote for payment of the services as outlined above. Please attach

• A training environment that recognises the interests and welfare of the student.

• The Provider will contact.....before removing a student from an event for Health and Safety reasons.

• The School reserves the right to remove a student from an event for health and safety reasons.

☐

Equipment and preparation of students expected by the Provider

Equipment:

.....

Preparation:

We will providewith the following information:

- Name and contact numbers of the liaison person for this event.

.....

- Curriculum Objectives/Expected outcomes of the event.

.....

.....

- Staff/Supervision supplied by the School (as appropriate).

The School requires that a male and female staff member or volunteer helper must be available at all times for overnight supervision if the Event includes both male and female students. The School requires that a minimum of 2 staff members or volunteers be on site at all times.

Staff Names and Relevant Experience:

.....

.....

.....

.....

- Copy of the Event Application, Contract and Health Form Attached:

☐

- Details of facilities and /or equipment supplied by the School (if applicable)

- The School will supportin the following ways:

We will;

- Ensure all students come adequately prepared and equipped as requested.
- Withdraw any students who are deemed unsuitable for the activity for safety reasons.
- Provide necessary support for students with special needs.

THE SCHOOL RESERVES THE RIGHT TO WITHDRAW ANY OR ALL PARTICIPANTS FROM ACTIVITIES IF THEIR SAFETY OR THAT OF OTHERS IS COMPROMISED.

SIGNED BY OF THE SCHOOL

ORGANISER OF THIS EVENT

DATE / /

SIGNED BY THE OUTSIDE PROVIDER

DATE / /

3.1

EVENT PLANNING CHECKLIST

You must complete and return the following checklist to The School EOTC Events Co-ordinator **PRIOR TO THE EVENT** to comply with the requirements set out in the School Health and Safety Policy and to able to run your Event.

**ALL FORMS MARKED AS CHECKED MUST BE COMPLETED IN LINE
WITH THE SCHOOL PROCEDURES FOR EOTC EVENT SAFETY.**

Event NameEvent ID Number.....

Event OrganiserDate Completed...../...../.....

PEOPLE

	YES	NO	DNA
⇒ 2.1 Student/Participant Registration Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ 2.2 Medical Profile And Risk Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ 2.3 Contract With Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ 2.4 Contract With Parents/Caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ 2.5 Capabilityof Staff/Volunteers/Parents/Caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAMME

⇒ 2.6 Safety Action Plans and /or Risk Analysis Mangement Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

OUTSIDE PROVIDERS

⇒ 2.7Contracting Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ 2.8 Agreement With Outside Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ 2.9 School Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** DNA = Does Not Apply**

Signed (Event Organiser).....

OFFICE USE

Accepted ☐ (Event Cor-ordinator).....Date:

4.1

ACCIDENT /INCIDENT REPORT SHEET

Organisation: _____

Incident Number: _____

Indicate type of incident by
ticking the appropriate
box(es) ✓

Accident	<i>OR</i>	Near Accident				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Injury</td> <td style="width: 25%;">Death</td> <td style="width: 25%;">Illness</td> <td style="width: 25%;">Damage to Equipment</td> </tr> </table>	Injury	Death	Illness	Damage to Equipment		
Injury	Death	Illness	Damage to Equipment			

Location _____ Date _____ Time of Day _____

Days Lost on Programme? (Y/N) ☐ How Many? (E = ended course participation)

Evacuation Required? (Y/N) ☐ Pre-existing Condition? (Y/N/D) ☐

Weather	Temperature	Clouds	Precipitation	Visibility	Winds
----------------	-------------	--------	---------------	------------	-------

Type of Injury/Illness

(tick one or more ✓, if more than one then circle the main injury/illness)

Abrasion <input type="checkbox"/>	Fracture <input type="checkbox"/>	Frostbite <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Urinary Tract <input type="checkbox"/>
Burn <input type="checkbox"/>	Fatigue <input type="checkbox"/>	Altitude <input type="checkbox"/>	Asthma <input type="checkbox"/>	Fever <input type="checkbox"/>
Concussion <input type="checkbox"/>	Puncture <input type="checkbox"/>	Hypothermia <input type="checkbox"/>	Infection <input type="checkbox"/>	Dermatitis <input type="checkbox"/>
Contusion <input type="checkbox"/>	Sprain <input type="checkbox"/>	Hyperthermia <input type="checkbox"/>	Allergy <input type="checkbox"/>	Other <input type="checkbox"/>
Laceration <input type="checkbox"/>	Strain <input type="checkbox"/>	Gastrointestinal <input type="checkbox"/>	Cardiac <input type="checkbox"/>	

(please specify) _____

Programme Type

Activity being undertaken at the time

(tick one ✓)

Camping <input type="checkbox"/>	Abseiling <input type="checkbox"/>	Rafting <input type="checkbox"/>	Caving <input type="checkbox"/>	
Canoeing <input type="checkbox"/>	Cooking <input type="checkbox"/>	Ropes Course <input type="checkbox"/>	Skiing <input type="checkbox"/>	
Kayaking <input type="checkbox"/>	Cycling <input type="checkbox"/>	Initiatives <input type="checkbox"/>	Solo <input type="checkbox"/>	Other <input type="checkbox"/>
Rock Climbing <input type="checkbox"/>	Tramping <input type="checkbox"/>	Swimming <input type="checkbox"/>	Vehicle <input type="checkbox"/>	(please specify) _____
Mountain Climbing <input type="checkbox"/>	Running <input type="checkbox"/>	Sailing <input type="checkbox"/>	Service Project <input type="checkbox"/>	

Instructor in Charge:

Name: _____

Age: Gender (M/F):

Person Involved in Accident

Name: _____

Address: _____

Age: Gender (M/F): Phone:

Witness(1) to Accident:

Name: _____

Address: _____

Age:

Gender (M/F)

Phone:

Witness(2) to Accident:

Name: _____

Address: _____

Age: Gender (M/F)

Phone:

Narrative : (describe what you believed happened).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

4.2

EVENT REPORT SUMMARY

Event Organiser.....Ext.....Date of Event...../...../.....

Location	Nearest City/Town..... Place Event Held	
Attendance	List of Names and ID Numbers Total..... No. Invited..... Boys..... Girls..... Age Range..... Maori/Other..... Year Levels..... Partial Attendance.....	
Staffing	Staff who attended:	
Accommodation Used	Teacher(s) No..... How many nights..... Student(s) No..... How many nights.....	
Transport (local)	What used.....	
Curriculum Outcomes:.....		
Evaluation Comment:.....		
Recommendations:.....		
Costs	Attach Financial Details from Approval Form	