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| **Activity: Flatwater Floating and Paddling** | Version: | 1.0 | Date: | 5 June 2018 |

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| **Value of this activity – what do we hope to achieve?** |  |
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| **General Risk Assessment**  |

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| **Harm** | **Hazard** | **Risk** **Rating?**How serious? | **Controls** | **Check**Controls implemented?Reviewed? | **Residual Risk Rating?**  |
| What could go wrong? | Why would this happen? | How can it be prevented? First try to e)liminate, then m)inimise the risk.Who is responsible for implementing the control? |
| Drowning | Non- floaters/ swimmers or inadequate floating/ swimming skills for conditionsLack of supervisionNot wearing PFDs | **High** | **Organisaton**Competent leaders and supervisors who have been thoroughly briefed prior to activity (m) Identify water competence and match with the environment, activity and craft type (m)**Leader**Check area prior to activity (m & e)Clear briefing to participants, set boundaries and check for understanding (m)Wear PFDs and ensure these are fitted correctly and an appropriate type for the activity (m) |  |  |
| Hypothermia (too cold) | Cold water, cold and/or windy weather, inadequate clothing  | **High** | **Organisaton**Avoid doing activity on cold days or time of year when water is cold (e)**Leader**Monitor participants and consider use of a buddy system to assist regular checks (m)Ensure participants are dressed for conditions i.e. thermal clothing, wetsuits, wind protection (m)Have spare clothing and shelter available (m)Have hot drinks and snacks available (m) |  |  |
| Hyperthermia (overheating) / Dehydration | Hot weather (strong sun, no breeze) &/or overexertion | **High** | **Leader**Ensure participants have plenty to drink, use sun hats & sun screen and choose shady sites, where possible (m)Adjust activity to conditions (m)Ensure extra water, spare sun hats & sun-screen available (m)Monitor participants regularly (m) |  |  |
| Head injuries / Concussion | Head collisions with hard objectsInadequate head protectionLack of supervision | **High** | **Organisaton**Wearing helmets for some craft and situations e.g. low hanging trees, rocks, vigorous games or activities likely to lead paddle/ craft and head collisions (m) |  |  |
| Medical Incident | Allergic Reaction | **High** | **Organisaton** Ensure appropriately competent staff know how to recognise and respond to anaphylaxis (First Aid minimum) (m)Collect accurate medical information, discuss allergy action plan, ensure info tagged to right person (m)**Leader**Ensure participant carries appropriate medication & that others know how to administer (m)Minimise exposure to triggers:* Jellyfish, wasps, onga onga (m)
* Known food allergy - manage food preparation, clearly labelled food, prevent cross contamination, personal hygiene (m)
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| Pre-existing Medical Condition | **High** | **Organisaton** Ensure appropriately competent staff - First Aid Certificate minimum (m)Collect accurate medical information, discuss & ensure info tagged to right person (m)**Leader**Ensure medication is carried & supervisors know where the medication is and how to administer it (m) |  |  |
| Injury - cuts, grazes, bruises etc | Unsafe behaviourLack of supervisionInadequate footwearDamaged/ unsafe equipment | **Medium** | **Leader**Wear footwear when risk of cuts to feet exists (e)Check equipment before use (e)Check area prior to the activity (m)Through briefing and supervision (m)Clear expectations and boundaries (m) |  |  |
| Emotional distress | Unfamiliar activity /environment, Activity / environment not suitable for participants,Inadequate instruction | **Medium** | **Organisaton**Collect accurate medical/behavioural information, discuss with participant and/or caregiver (m)Choose activity and environment that matches participants skill level and experience level (m)**Leader**Instruction, sequencing and progressions that build competence and confidence(m) |  |  |
| Cold Water Shock | Sudden immersion in cold water  | **Medium**  | **Leader**Avoid very cold water (e)Warn participants of the effect of very cold water (m) |  |  |
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| **Reviewed:** |  | **Date:** |  | **Approved:** |  | **Next Review:** |  |

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| **Specific Site Hazard Analysis:**  | By: |  | Date: |  |

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| Site Specific Hazards - What else could go wrong (at this site)? | Management - How can we control this? |
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|  Specific Hazards on the Day- What could go wrong at this site:1. On this day (weather, tide, current etc)2. With these people (participants, staff etc)?  | Management - How can we control this? |
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| Past Incidents- Any learnings to note? | Management - How can we control this? |
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| **Leadership and Supervision plan:**  | By: |  | Date: |  |

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| Supervision Requirements | - Consider the risk assessment and staff required to manage this activity safely | Contact details (mobile phone no./radio no. etc |
| Who is in charge of the activity? (The Leader) |  |  |
| Who are assisting the leader? |  |  |
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| Staff CompetencyNames | Are there any designated roles based on skills/competency (e.g first aider, cook, driver etc) |  |
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| **Emergency Communication Plan:**  | By: |  | Date: |  |

*This component should help users of the guide to consider site specific characteristics of their activity including details about evacuation procedure, communications (cell coverage), emergency resources and options that are available at the site.*

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| Assistance |
|  | Detail | Location | Phone |
| Emergency | **Police, Fire or Ambulance** |  | 111 |
| Police | **Non-emergency** or from **Sat Phone** | North Comms (covers New Zealand north of Turangi):  | +64 9 571 2800  |
| Central Comms (covers North Island south of Turangi):  | +64 4 381 2000 (ask for Comms) |
| South Comms (whole of the South Island):  | +64 3 363 7400 (ask for Comms). |
| Xxxx Hospital |  |  |  |
| Nearest Medical Centre | Open hours? |  |  |
| 24 Hour Surgery | 24 hrs |  |  |
| Urgent Pharmacy |  |  |
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| Poison Centre |  |  | 0800 POISON (0800 764 766) |
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| Organisation contacts |
|  | Name | Email  | Phone |
| Organisation | Office |  |  |
|  | Names of people who will need to know about an emergency (who are not next of kin) |  |   |
|  | On Call Phone |  |  |
|  | Sat Phone |   |  |
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| Office manager |   |  |  |
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| Legal |   |  |  |
| Insurance |   |   |   |

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| **Participant details/register:**All participants including leaders, assistants, parents, helpers | By: |  | Date: |  |
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| Participant Name | Role | Emergency Contact (next of kin, guardian, spouse etc) | Address | Phone | Critical Personal information |
|  | e.g. participant, leader, parents/guardians,  |  |  |  | Allergies, disabilities, medical conditions, medications carried etc |
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| **Site/Area Map:**  | By: |  | Date: |  |

**Site/Area Map.** *Draw, paste or attach in a map, diagram or photo of your site and note the following if relevant: Access Points, Hazard/out of bounds areas, emergency evacuation/exit points, key locations, locations of landline phones/areas with/without cell reception, emergency service access points and addresses/heli landing area, traffic/parking areas, toilets, water sources, emergency meeting areas, activity areas, drinking water sources, flammable storage areas.*

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| **Resources and Equipment:**  | By: |  | Date: |  |

*Use the Flatwater Floating and Paddling Guideline, Generic Guidelines to fill this out for your specific needs:*

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| Participant | Item | # Check | Item | # Check | Item | # Check |
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| **Post Event Review:**  | By: |  | Date: |  |

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| Post Event Review- Critical learnings from this event and previous events. |  |
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