|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity: Adventure Based Learning (ABL) Activities** | Version: | 1 | Date: | 6 August 2018 |

|  |  |
| --- | --- |
| **Value of this activity – what do we hope to achieve?** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **General Risk Assessment - ABL Activities** |
| **Harm/Loss**What could go wrong? | **Hazard**Why would this happen? | **Risk Rating?** How serious? | **Controls** How can it be prevented? First try to eliminate, then minimise the risk.Who is responsible for implementing the control? | **Check**Controls implemented?Reviewed? | **Residual Risk Rating?**  |
| Serious Injury (fracture, spinal, concussion) or other injury (sprain, strain, bruise).  | Collision with other person, ground or object, due to:* Inattention
* Poor boundaries
* Inadequate supervision
* Fooling around
* Slipping
* Awkward landing
 | **Medium** | **Organisation**Ensure leader has sufficient competence and experience.Provide (or ensure understand) clear operating parameters, e.g. number/age of participants, operational instructions, safe zones, emergency assistance information.**Leader**Choose site for activity carefully to:- avoid hazards, e.g. slopes, uneven ground, fences, vegetation, vehicles, stock- reduce likelihood of impact with structures, concrete surfaces etc- avoid congestion.Ensure understand operating parameters for activity.Identify risks associated with specific activity, e.g. wet and slippery; and discuss with participants.Provide clear activity instructions - including specific safety points ‘what could go wrong?’, clear boundaries and ‘what if?’ Ensure participants are appropriately warmed up.Provide close supervision of participants throughout activity.Ensure appropriate level of challenge to maintain participant interest.**Participant**Follow instructions, participate fully, remain attentive and spot effectively as required.Wear appropriate footwear and clothing (as instructed).Disclose relevant medical information. |  |  |
| Slips, trips and falls, due to:* Poor and/or slippery surface
* Inappropriate footwear
 | **Medium** |  |  |
| General Difficulties – may result in either serious or lessor injury | Unsafe / reckless behaviour | **Medium** | **Organisation**Ensure behavioural expectations are clear to participants and supervising teachers/helpers.**Leader**Provide appropriate supervision and reinforce behavioural expectations.Minimise unstructured free time. |  |  |
| Inappropriate action by/with staff/volunteers | **Medium** | **Organisation**Ensure staff are safety checked - include referee checks.Consider police vetting of volunteers.Provide clear guidelines around appropriate behaviour, e.g. avoid being alone with children, open door policy, involve other adults where possible. |  |  |
| Inappropriate action by/with public | **Low** | **Leader**Provide clear guidelines around behaviour - at least 2 participants together at all times.Provide clear boundaries.Ensure understand who else is in area.Provide visible supervision of minors. |  |  |
| Weather (e.g. heavy rain, wind, lightning) or geological (e.g. earthquake, volcanic) events | **Low** | **Organisation**Consider environmental hazards, including wind effect, flooding potential and land stability.Check weather forecast.Consider how to evacuate if necessary.Brief participants what to do if need to evacuate |  |  |
| Medical Incident | Pre-existing Medical Condition | **High** | **Organisation**Collect accurate medical information, discuss and ensure information is tagged to the right person.Ensure participant carries appropriate medication and that others know how to administer this.Ensure appropriately competent staff - First Aid minimum.**Participant**Honest disclosure of medical information. |  |  |
| Allergic Reaction | **Medium** | **Organisation**As above, and:Discuss allergy action plan, ensure information is tagged to right person.Ensure appropriately competent staff know how to recognise and respond to anaphylaxis.**Leader**Know who is at risk, and be aware of their allergy action plan.Minimise exposure to triggers, including wasps, onga onga, excessive grass.If there are known food allergies, manage food preparation, clearly labelled food, prevent cross contamination, personal hygiene. |  |  |
| Missing person | Wanders off  | **Low** | **Leader**Be familiar with whole of site beforehand.Provide: Clear boundaries (and possibly mark)Clear guidelines around behaviour - 2 participants at all timesMethod of, and regular, accounting for everyone. |  |  |
| Hypothermia (too cold) | Cold and/or windy weather, inadequate clothing and/or shelter | **Medium** | **Organisation**Be aware of weather conditions and plan accordingly, e.g. have contingency plan and consider cancel or alternate activity in poor weather.Brief participants and provide checklist of suitable clothing.**Leader**Check participants clothing (wind and rainproof) is suitable.Have extra clothing, food and hot drinks available in poor weather.Be aware of signs of hypothermia and keep energy levels high. |  |  |
| Hyperthermia (overheating) | Hot weather (strong sun, no breeze) and/or overexertion | **Medium** | **Leader**Ensure participants have plenty to drink, use sun hats and sun screen, and stay in shade, where possible.Ensure extra water, spare sun hats and sun-screen available.Provide/use shaded areas.Adjust activity. |  |  |
| Emotional distress | Unfamiliar environment, routine, stressed, anxious | **Medium** | **Organisation**Collect accurate medical/behavioural information, discuss with participant and/or caregiver.**Leader**Implement appropriate strategies re support etc. |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Reviewed by:** |  | **Date:** |  | **Approved by:** |  | **Next Review:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity Specific Hazard Analysis:**  | By: |  | Date: |  |

|  |  |
| --- | --- |
| Activity Specific Hazards - What else could go wrong (with this particular activity at this site)? | Management - How can we control this? |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Specific Hazards on the Day- What could go wrong at this site:1. On this day (weather, etc)2. With these people (participants, staff etc)?  | Management - How can we control this? |
|  |  |
|  |  |
|  |  |
|  |  |
| Past Incidents- Any learnings to note? | Management - How can we control this? |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Leadership and Supervision plan:**  | By: |  | Date: |  |

|  |  |  |
| --- | --- | --- |
| Supervision Requirements | Consider the 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? |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Staff CompetencyNames | Are there any designated roles based on skills/competency (e.g first aider, cook, driver etc)? |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.*

|  |
| --- |
| 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 |  |  |  |
| Poison Centre |  |  | 0800 POISON (0800 764 766) |

|  |
| --- |
| Organisation contacts |
|  | Name | Email  | Phone |
| Organisation | Office PhSat Phone |  |  |
| Duty Manager | Names of people who will need to know about an emergency (who are not next of kin) |  |   |
|  | On Call Phone |  |  |
| Legal |  |  |  |
| Insurance |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant details/register:**All participants including leaders, assistants, parents, helpers | By: |  | Date: |  |
|  |  |  |  |  |
| 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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Site/Area Map:**  | By: |  | Date: |  |

**Site/Area Map.** *Draw, paste or attach 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.*

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

*Use the Adventure Based Learning Activities Good Practice Guideline and Generic Guidelines to fill this out for your specific needs:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Participant | Item | # Check | Item | # Check | Item | # Check |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Group |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Leader |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Emergency |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Post Event Review:**  | By: |  | Date: |  |

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