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| **Activity: Sliding**  | Version: | 1.0 | Date: | 28 July 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 riskWho is responsible for implementing the control? |
| Injury from collision or impact | Participants colliding with one another  | **High** | Supervision of sliders, no trains, multiple sliders only if side by side and suitable for type of slide (m)Making sure landing zone is clear before next sliders leaves top (m)Safe entry and exit places on slide (m) |  |  |
| Injury from collision or impact | Participants colliding with an object | **High** | Safe runout (m)Avoid objects coming into landing zone i.e. kayakers (e)No objects in the water or bottom of pond i.e. trees under surface (e)Sliders arms in a safe position (m) |  |  |
| Drowning | Non-swimmers or inadequate floating/ swimming skills for conditionsLack of supervision | **High** | Consider non-swimmers wearing PFDs and/or wetsuits (m)Ensure PFD’s are fitted correctly and an appropriate type (m)Identify water competence (such as floating, treading water and swimming ability) and match with the environment and activity (m)Competent leaders and supervisors who have been thoroughly briefed prior to activity (m)Check area prior to activity (m & e)Clear briefing to participants including any safety signals or commands (m) |  |  |
| Injury | Holes or rips in slide surface | **High** | Check slide for any holes, rips in plastic or surfaces likely to cause injury (m) |  |  |
| Head Injury or Concussion | Collisions with hard objects | **High** | Consider helmets when sliding on a hard surface such as when snow tubing or tobogganing (m) |  |  |
| Hypothermia | Cold water, cold and/or windy weather, inadequate clothing | **High** | Monitor participants in cold conditions (m)Wear wet suits for water slides on cold day or in cold water (m)Ensure participants are dressed for conditions i.e. warm clothing if in snow environment (m)Have spare clothing and shelter available (m)Have hot drinks and snacks available (m) |  |  |
| Internal Injury  | High pressure water enters body via anus or vagina | **High** | Wear wetsuits when danger of water entering body at high pressure exists (e) |  |  |
| Cold water shock | Sudden emersion in cold water | **Medium** | Splash face or adapt to water before sliding |  |  |
| Medical Incident | Pre-existing Medical Condition | **Medium** | Collect accurate and current medical information, discuss and ensure info tagged to right person (m)Ensure medication is carried & supervisors know where the medication is and how/ when to administer it (m)Ensure appropriately competent staff - First Aid Certificate minimum (m) |  |  |
| Cuts, abrasions, burns | Unsafe sliding surfaceParticipants try to stop or control speed by grabbing slideSliders leaving boogie boards and sliding on body | **Medium** | Checking slide surface prior to activity (m)Appropriate equipment (m)Brief participants about correct sliding technique, not grabbing sides of slide/ trying to stop or slow themselves (m)Avoiding hot sliding surfaces in summer (e) |  |  |
| Emotional distress | Unfamiliar environmentActivity/ environment not suitable for participantsInadequate supervision | **Medium** | 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)Instruction, sequencing and progressions that build competence and confidence (m) |  |  |
| Allergies and irritation | Reaction to detergents, sand or mud in the eyes | **Low** | Briefing participants on risk and how to avoid (m)Fresh water available to wash eyes (m) |  |  |
| Sickness | Water borne diseases or parasites | **Low** | Check water quality if water is of a questionable quality to swim in (m) |  |  |
| Environmental damage | Use of detergentsErosion damage | **Low** | Don’t use detergents in rivers and waterways (e)Avoid detergents going into rivers and waterways (m)Monitor site for erosion (m) |  |  |

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

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| **Site Specific 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, ground surface, 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 |  |  |  |
| Poison Centre |  |  | 0800 POISON (0800 764 766) |

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| Organisation contacts |
|  | Name | Email  | Phone |
| Organisation | Office PhoneSat 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 |   |   |   |

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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: |  |

*A summary of the resources and equipment that are essential for running the activity safely and distinct from generic outdoor activity equipment. Add to these for the specific event.*

* Participant
* Group
* Leader
* Emergency

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

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| Post Trip Review- Critical learnings from this trip and previous trips  |  |
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