**Curriculum Activity Risk Assessment**

**Bush Orienteering**

Activity scope

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| --- | --- | --- | --- |
| Teachers/leaders: | | | |
| Activity description: | | | |
| Start date: | Finish date: | No. of students (approx.): |  |
| No. groups: | | Supervision ratio (approx.): |  |

Listed below are the minimum recommendations for this type of activity. For any items ticked ‘No’, provide further information on the additional or alternate controls to be implemented for the safe conduct of the activity.

| Minimum supervision |
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| Adequate adult supervision is to be provided. In determining what is adequate, consider the number of students, their individual needs, and the nature of the activity.  If an adult other than a registered teacher is engaged for instruction, a teacher should be present to take overall responsibility. [Blue Card](http://education.qld.gov.au/strategic/eppr/hr/hrmpr010/) requirements **must** be adhered to. |
| Registered teacher with minimum qualifications as outlined below  **OR**  An adult with minimum qualifications as outlined below, in the presence of a registered teacher |
| Further information: |

| Minimum qualifications  *The qualifications listed in this section are minimums for each type of situation. Leaders are encouraged to seek training to raise their qualification level above the minimum listed.* |
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| Current first aid qualifications including Cardio Pulmonary Resuscitation (CPR) or ready access to first aid facilities, including qualified personnel. |
| [Blue Card](http://iwww.qed.qld.gov.au/strategic/eppr/hr/hrmpr010/) requirements met |
| **The leader should be:**  a registered teacher with competence (demonstrated ability to undertake the activity) and qualifications as specified in the guidelines related to each of these disciplines: |
| Further information: |

Hazards and suggested control measures

All persons engaging in this activity should:

* identify the hazards, including any additional hazards not mentioned here
* assess their significance
* manage the potential risks.

Listed below are common hazards/risks and suggested control measures associated with activities. They are by no means exhaustive lists. After checking these, add details of any other hazards/risks or additional controls you intend to implement. For any items not applicable, please tick N/A.

| Hazards/risks | Recommended  control measures | Yes | | No | N/A | If necessary, detail how this will be implemented and any additional controls. |
| --- | --- | --- | --- | --- | --- | --- |
| **Adults supervising students** | | | | | | |
| [Blue Card](http://education.qld.gov.au/strategic/eppr/hr/hrmpr010/) requirements met | |  | |  |  |  |
| Briefings | * Brief parents / guardians on all aspects of their child’s involvement in the team’s program. |  | |  |  |  |
|  | * Brief other team officials prior to departure to the venue regarding any potential hazards and safety controls. |  | |  |  |  |
|  | * Provide any relevant curriculum activity risk assessment guidelines to all team officials of the activity. |  | |  |  |  |
| Emergency plans | * Ensure that all supervisors are aware of the emergency contingency plans for the event. |  | |  |  |  |
| **Students** | | | | | | |
| Briefings | * Brief students prior to departure to the venue on codes of conduct, any potential hazards, and safety controls. |  | |  |  |  |
| Medical conditions | * Obtain parents / guardian’s contact details in case of emergencies |  | |  |  |  |
|  | * Obtain parental permission, including relevant medical information. |  | |  |  |  |
|  | * When students with medical conditions are involved, ensure that relevant medical/emergency action plans and medications are readily available (insulin, Ventolin, Epipen, etc.) |  | |  |  |  |
|  | * Ensure that a first aid kit suitable for the event is available. |  | |  |  |  |
|  | * Consider whether the planned program is suitable for those students with special needs who are attending. |  | |  |  |  |
|  | * Refer to relevant student management/behaviour plans or other student records. |  | |  |  |  |
|  | * Seek advice from relevant advisory visiting teachers or specialist teachers. |  | |  |  |  |
|  | * Provide additional supervision as necessary. |  | |  |  |  |
| Isolation from the group (students becoming lost) | * Take the roll at key times throughout the activity (e.g. departures, transitions). |  | |  |  |  |
|  | * Have head counts at key times throughout the activity. |  | |  |  |  |
|  | * Ensure that team officials have access to phones, emergency phone numbers and a vehicle in case of emergency. |  | |  |  |  |
| **Environmental** | | | | | | |
| Sun safety | * Adopt sun-safe strategies. For example: * ensure that hats, sun-smart clothing and sunscreen are used. |  | |  |  |  |
| Hydration | * Ensure that drinking water is readily available. (Students should not share drinking containers.) |  | |  |  |  |
| Vehicles | * Safe and suitable parking, drop-off and pick-up areas |  | |  |  |  |
| **Activities** | | | | | | |
| Refer to:   * [Curriculum Activity Risk Planner](http://ppr.det.qld.gov.au/education/management/Procedure%20Attachments/Managing%20Risks%20in%20School%20Curriculum%20Activities/Curriculum%20Activity%20Risk%20Planner.DOC) | | |  |  |  |  |
| * [Curriculum Activity Risk Assessment](https://education.qld.gov.au/curriculum/school-curriculum/CARA) | | |  |  |  |  |
| **Note: Risk assessments must be completed for the activities rated as having high or extreme risk. Attach the relevant Curriculum Activity Risk Assessments for each high or extreme risk activity.** | | | | | | |

| Additional control measures *(if required)*  *These would relate to the specific student needs, location and conditions in which you are conducting your activity.* | |
| --- | --- |
| **Hazards/Risks** | **Control Measures** |
|  |  |

| **Submitted by:** | **Date:** |
| --- | --- |
| List the names of those who were involved in the preparation of this risk assessment. | |

| Approval | | | |
| --- | --- | --- | --- |
| X | Approved as submitted: | | |
|  | Approved with the following condition(s): | | |
|  | Not approved for the following reason(s): | | |
| By: | | Designation: | |
| Signed: | | Date: | |
| **Once approved, activity details should be entered on a School Curriculum Activity Register filed in the School Office.** | | | Reference no. |

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| Monitor and review *To be completed during and/or after the activity and/or at the completion of the series of activities.* | Yes | No |
| Are the control measures still effective? |  |  |
| Have there been any changes? |  |  |
| Are further actions required? |  |  |
| Details: | | |