## **RISK ASSESSMENT FOR CAMP**

| Responsibility for risk assessment  |  |                     |                |  |
|---|--|---------------------|----------------|--|
| Location of Event   |  |                     |                |  |
| First Aiders  |  |                     |                |  |
| People with special health needs  |  |                     |                |  |
| Start time  |  |                     |                |  |
| Finish time   |  |                     |                |  |
| Brief Description of scope of activity  |  |                     |                |  |
|   | RISK ASSESSMENT  |                     |                |  |
| <b>Hazard identification</b> (Describe what the hazard is, who it may affect and how) | Likelihood/ Consequence (Refer to table 1 – Risk Rating) | Control<br>Measures | Responsibility | Residual risk<br>rating<br>(after controls<br>applied) |
| LOGISTICS   |  |                     |                |  |
|   |  |                     |                |  |
|   |  |                     |                |  |
| ACCOMMODATION & MEALS   |  |                     |                |  |
|   |  |                     |                |  |
|   |  |                     |                |  |
| ACTIVITIES  |  |                     |                |  |
|   |  |                     |                |  |
|   |  |                     |                |  |

### **CHILD PROTECTION**

| Hazard identification | Likelihood/<br>Consequence | Control<br>Measures | Responsibility | Residual risk rating |
|-----------------------|----------------------------|---------------------|----------------|----------------------|
|                       |                            |                     |                |                      |
|                       |                            |                     |                |                      |
|                       |                            |                     |                |                      |

If an incident occurs, then an INCIDENT FORM should be filled in. Inform the parent/guardian as soon as possible if there is an incident involving specific individuals. Send the incident form to the AYM Children and JYF Coordinator and Committee so that preventative action can be taken in future events, and to the AYM Secretary for record keeping.

# LIST OF USEFUL PEOPLE FOR CAMP PROGRAM (to be completed)

|                           | Name | Contact phone number |
|---------------------------|------|----------------------|
| DRIVERS: Cars and minibus |      |                      |
| First aid person/s        |      |                      |
|                           |      |                      |

| Doctors                      |  |
|------------------------------|--|
| Child Protection Officers    |  |
| Location and number of local |  |
| hospital                     |  |

#### It is important to remember that:

- Both adults and young people on camp will be in 'holiday' mode and might not pay proper attention to things that they would otherwise do
- Young people will more likely be focused on talking with each other rather than road rules or what was said about the program so might need repeating
- Even if something is discussed one day, note that not everyone will remember the next day.

## Table 1 - Risk Rating

| Risks          | Consequences  |   |    |    |    |
|----------------|---------------|---|----|----|----|
| Likelihood     | Insignificant | Insignificant Minor Moderate Major Catastrophic |    |    |    |
| Rare           | 1             | 2   | 3  | 4  | 5  |
| Unlikely       | 2             | 4   | 6  | 8  | 10 |
| Possible       | 3             | 6   | 9  | 12 | 15 |
| Likely         | 4             | 8   | 12 | 16 | 20 |
| Almost Certain | 5             | 10  | 15 | 20 | 25 |

#### Terminologies

#### Likelihoods

| Rare     | May only occur in exceptional circumstances. |
|----------|--|
| Unlikely | Could occur at some time.                    |
| Possible | Might occur at some time.                    |
| Likely   | Will probably occur in most circumstances.   |

Almost Certain Is expected to occur in most circumstances.

#### Consequences

Insignificant No injuries, low financial loss

Minor First aid treatment, on-site release immediately contained, medium financial loss.

Moderate Medical treatment required, on-site release contained with outside assistance, high financial loss.

Major Extensive injuries, loss of production capability, off-site release with no detrimental effects, major financial loss.

Catastrophic Death, toxic release off-site with detrimental effect, huge financial loss.

| Inherent Risk – assumes the | Appropriates control response                                      | Approval by                           |
|-----------------------------|--|---------------------------------------|
| absence of controls         |  |                                       |
| High Risk = 15-20           | Requires detailed research, planning and decision making at senior | Principal and Deputy&Business Manager |
|                             | levels of management   |                                       |
| Significant risk = 10-12    | Senior management attention and action                             | Principal and Deputy&Business Manager |

| Moderate risk = 4-9 | Management control responsibility must be specified | Heads of School                    |
|---------------------|---|------------------------------------|
| Low risk = 1-3      | No major concern and can be managed by routine      | Review by another teaching peer or |
|                     | controls/procedures                                 | immediate Supervisor               |

# **Consolidated list of Preventive Measures**

| Pre-camp preparations | ; |  |
|-----------------------|---|--|
|-----------------------|---|--|

# Daily Risk-reduction actions which will be part of general camp awareness

Everyday precautions, such as drivers obeying road rules are not detailed in this list.

| Travelling       | Coordination of travel arrangements, to minimize any confusions.                           |
|------------------|--|
|                  | Clear briefing when stopping.  |
|                  | Count people in vehicle before re-starting the trip  |
| At camp          | Listen to weather forecasts and evacuate if necessary.                                     |
|                  | Facilities at camp are poor for long-term poor weather. Be prepared to evacuate early.     |
|                  | Medications dispensed appropriately. (P)   |
|                  | Adults inspect how tents are put up. Improve where possible. (P)                           |
|                  | Care around oven/cookers. Care with candles.   |
|                  | Landline is operational for emergency calls.   |
|                  | First Aid kits in known place.   |
|                  | Wash hands frequently (P/R)  |
|                  | Ensure proper hygiene for food handling. (P)   |
|                  | Thorough washing up and cleaning.  |
|                  | Transport to doctor/hospital available if needed. Assessed by Coordinator. (R)             |
|                  | All camp organisers to know that a person has an allergy. (P/R)                            |
|                  | Avoid immediate safety threats (eg jumping from height, sun hat if necessary) (P)          |
|                  | Minimize likelihood of triggers when there are known medical conditions.                   |
|                  | JYFs to carry day packs for their 'things' not just pockets.                               |
| Water activities | Boating only with safety boat in attendance. (P)   |
|                  | Supervising leaders watch for cold-looking young people. (P)                               |
|                  | Rule that water activities, involving immersion above knees needs to be supervised. (P)    |
| Bush-walking,    | Avoid immediate threats (eg jumping from height, sun hat if necessary) (P)                 |
| etc., away from  | Prior to activities away from camp, clear briefing about where our transport will be (P/R) |
| camp             | Mobile phones carried by some of the party (R)   |
|                  | On activities away from camp, carry a First Aid kit (P)                                    |
|                  | All know what our transport arrangements are for any activity away from camp.              |

© The Religious Society of Friends (Quakers) in Australia Incorporated Registered contact address: PO Box 4035 Carlingford North NSW 2118 Phone: 0423 308 550