OUR LADY OF MERCY COLLEGE APPLICATION FOR APPROVAL OF EXCURSION / CAMP

Please ensure that you have read the College Excursions / Camps Policy prior to submitting this application.

This form needs to be submitted for all excursions and camps. **EXCURSION** applications need to be given to **VICE PRINCIPAL** at least 3 weeks prior to the planned event. **OVERNIGHT EXCURSIONS AND CAMP** applications need to be costed and approved by the Bursar (before excursion charges are published), and then given to **PRINCIPAL** at least 6 weeks prior to the planned event. Interstate/overseas trips need to be approved by the College Executive at least 12 months in advance, and detailed applications submitted to **Principal** at least 6 weeks prior to planned event.

| PART A | | |
|--|-------------------------------------|--------|
| Title of Excursion: | | |
| Organiser: | Class/Group: | |
| Location: | | |
| Date/s of Event: Departure Time: | Return Time: | |
| Teacher/s accompanying students: | | |
| Is this an overnight camp? Yes | If Yes, Discuss with Principal | |
| PART B | | |
| Was this Excursion / Camp on the term calenda | ar? Yes / No | |
| Purpose of Excursion / Camp: | | |
| Activities: | | |
| Method of transport (including driver if College | bus): | |
| Parents / Others assisting (if applicable): | | |
| Dress: | | |
| Other needs: | | |
| Is College mobile needed: Yes / No - If No, I | Please supply mobile contact number | |
| Head of LA / Head of Year: | Date: / / | |
| PART C | | |
| Cost of Excursion / Camp: | | |
| Cost of Transport: | Other Costs: | |
| Way in which costs will be met: | | |
| School Budget Department Budget | Student Payment Amoun | nt \$ |
| College Accountant Signature: | Date: / | / |
| Vice Principal's Signature : | Date: / | / |
| Principal's Signature: (if overnight excursion) | Date: / | / |
| Attach with this application form: | | |
| Letter to Parents | YE | S / NO |
| Copy of Excursion / Camp program | mme / Itinerary YES | S / NO |
| List of Students involved/ Medica | I (incl action plan) Attached YES | 5 / NO |
| Risk management plan (<u>Discusse</u> | d with Principal) YES | S / NO |
| Detailed costing sheet for Camps | YES | / NO |



CAMP/EXCURSION PLANNING & RISK MANAGEMENT

Updated: 2020 Review: 2024

DETAILS OF CAMP EXCURSION

PLEASE NOTE

- All camps/excursions must be approved by the Academic Council. Please build into your planning the meeting dates for the Academic Council.
- This form is to be used for approval of <u>ALL</u> camps or excursions taking students out of the College.
- The form is to be submitted to the Deputy Principal Teaching and Learning at least **two weeks** prior to the date of the camp/excursion.

| ATTENDING STAFF CONTACT INFORMATION | | | | | | | |
|---|---------------|--------------|-----------------------|-----|--|--|--|
| | Name | Contact Mobi | le HOLA Approval | wwc | | | |
| Teacher Making Request | | | | | | | |
| Teacher/Supervisor 1 | | | | | | | |
| Teacher/Supervisor 2 | | | | | | | |
| Teacher/Supervisor 3 | | | | | | | |
| Teacher/Supervisor 4 | | | | | | | |
| Teacher/Supervisor 5 | | | | | | | |
| Teacher/Supervisor 6 | | | | | | | |
| Teacher/Supervisor 7 | | | | | | | |
| Teacher/Supervisor 8 | | | | | | | |
| Teacher/Supervisor 9 | | | | | | | |
| Teacher/Supervisor 10 | | | | | | | |
| Teacher/Supervisor 11 | | | | | | | |
| Teacher/Supervisor 12 | | | | | | | |
| | SAT PHONE | | | | | | |
| | COURSE | DETAILS | | | | | |
| Class | Year | Group | Course | | | | |
| | | | | | | | |
| No. of Stude | nts Attending | No. Educa | ators/Parents/Volunte | ers | | | |
| | | | | | | | |
| Educator to Child Ratio. Does this warrant a higher ratio? Please provide details | | | | | | | |
| Excursion Destination and address | | | | | | | |
| | | | | | | | |



| Proposed Activities | | | |
|--|----------------------|-------------------------------------|-----------------------|
| Curriculum Link, Purpo Camp/Excursion | ose, Aims of the | | |
| Date & Time Departing the College | Meet Point to Depart | Date & Time Arriving at the College | Meet Point of Arrival |
| | | | |

| | MODE OF TRANSPORT | | | | | | |
|------------------|------------------------------|-----------------------|--|--------------------------------|---|-----------------------------|--|
| College Bus | Please Tick If applicable | Bus Licence Y/N | License Photocopied and Attached Y/N | Booked on Book IT Y/N | Informed Principal Secretary Y/N | Informed Maintenance Y/N | |
| | | | | | | | |
| External Bus | Please Tick If applicable | Bus Company Name | | Contact Name | | Ph: | |
| Hire | | | | | | | |
| Flights | Please Tick If applicable | Flight Company Name | | Contact Name | | Ph: | |
| | | | | | | | |
| Walking | Y/N | | | | | | |
| Own Transport | Y/N | | | | | | |

| ITEMS TO TAKE ON EXCURSION | | | | | |
|--|--|---|--|--|--|
| Camp/Excursion Risk Management | | List of adults participating in the excursion | | | |
| First Aid Kit with EpiPen and Asthma Puffer | | Contact information for each adult | | | |
| List of Students attending the excursion | | Mobile phone / other means of communicating with the service and emergency services | | | |
| Contact Information for all students | | Other items, please list: | | | |
| Medical Information for all students | | | | | |



| EMERGENCY CONTACT DETAILS | | | | | | |
|--------------------------------------|-----------------------------|-------------------------------|--|--|--|--|
| ТҮРЕ | CONTACT NUMBER | ADDDRESS IF APPLICABLE | | | | |
| Fire, Police Ambulance | 000 or 112 (Mobile Phone) | N/A | | | | |
| Nearest Hospital/Medical Centre | | | | | | |
| Nearest Police Station | | | | | | |
| Staff Emergency Contact | | | | | | |
| Our Lady of Mercy College | Office - (08) 9720 0300 | 100 Leisure Drive, Australind | | | | |
| HOLA | | 100 Leisure Drive, Australind | | | | |
| Principal | Rob Crothers - 0430 955 544 | 100 Leisure Drive, Australind | | | | |
| External Provider – Venue | | | | | | |
| External Provider – Accommodation | | | | | | |
| External Provider - Caterer | | | | | | |
| Other | | | | | | |

| | ITINERARY | | | | | |
|------|-----------|------------------|--|--|--|--|
| Date | Time | Activity Details | | | | |
| | | | | | | |
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DETAILS OF RISK MANAGEMENT RISK MANAGEMENT PLAN For each inherent risk (orange), **Level of Risk Risk Management Strategies** list factors which could lead to (to assess the degree of (To reduce, transfer, avoid or contain risk eventuating risk, use the grid notes risk) on the following page likelihood x consequence) **PEOPLE:** Attributes people bring to an activity: skills, attitudes, physical fitness, health, age, fears, numbers etc. **EQUIPMENT:** Resources that impact on the activity: clothing, helmets, vehicle, canoes, protective gear, harnesses, ropes, gloves, descenders, gloves, court/field surface **ENVIRONMENT:** Factors that impact on the activity: weather, terrain, site specific issues, access etc.



NOTES ON ANALYSING RISKS FOR EXCURSIONS

Assess the **likelihood** that the event will occur, and the seriousness of the **consequences** if it does, using the table below. Then the grid to identify the level of risk

| | ALMOST CERTAIN | Almost certain to occur in most circumstances | | CRITICAL | Critical incident (e.g. Death or permanent disability of adult or child; high level of distress to other parties). Sustained negative publicity or damage to reputation from a national perspective or from the community welfare perspective. |
|------------|-------------------|--|-------------|---------------|---|
| ГІКЕГІНООБ | LIKELY | Likely to occur frequently | CONSEQUENCE | MAJOR | Multiple injuries requiring specialist medical treatment or hospitalisation; and/or major occupational health safety and welfare liability incident/issue. Major incident which damages public or parent confidence. One or more children are lost from the main group. |
| LIKEI | POSSIBLE | Possible and likely to occur at some time | CONSE | MODERATE | Serious injuries and/or illness. Complex welfare and/or health care issue. Serious disruption or incident, resulting in distress to children and adults. |
| | UNLIKELY | Unlikely to occur but could happen | | MINOR | Minor first aid or minor occupational health safety and welfare liability incident/issue (e.g. minor cuts, bruises, bumps). Minor behavioural issues. |
| | RARE | May occur but only in rare and exceptional circumstances | | INSIGNIFICANT | No treatment required. |

| | LEVEL OF RISK | | | | | | |
|-------------|---------------|----------|----------|----------|----------|-------------------|--|
| | | | LIKEL | IHOOD | | | |
| Щ | | RARE | UNLIKELY | POSSIBLE | LIKELY | ALMOST CERTAIN | |
| Ž | CRITICAL | MODERATE | HIGH | HIGH | EXTREME | EXTREME | |
| SUE | MAJOR | MODERATE | MODERATE | HIGH | HIGH | EXTREME | |
| SEC | MODERATE | LOW | MODERATE | MODERATE | HIGH | HIGH | |
| CONSEQUENCE | MINOR | LOW | LOW | MODERATE | MODERATE | MODERATE | |
| ŏ | INSIGNIFICANT | LOW | LOW | LOW | MODERATE | MODERATE | |



| EMERGENCY RESPONSE PLAN | | | | | |
|------------------------------|------------------|-----------------------|--|--|--|
| | CHAIN OF COMMAND | | | | |
| Excursion Leader | | | | | |
| Staff Member 1 | | | | | |
| Staff Member 2 | | | | | |
| First Aid Person | | First Aid Cert Expiry | | | |
| Communications Person | | Contact Number | | | |

IMMEDIATE ACTION

Take Charge / Secure the Scene

Immediately close down the activity and ensure all staff and participants are in a stable position and situation. Remove yourself and group from any danger.

Assess the Situation

Identify the mechanism of injury / causative factors, alternative actions available, possible access, resources that can be used, deployment of staff etc.

| | PRIMARY RESPONSE | | | |
|-----------------|---|--|--|--|
| Danger | Terrain, weather, human factors, vehicles / craft, animals, water etc | | | |
| Response | To voice, pressure, pain | | | |
| Airways | Look, listen, feel | | | |
| Breathing | Frequency, depth, regularity, sounds, smell | | | |
| Circulation | Frequency, regularity, strength | | | |
| Cuts | Identify and treat serious / deadly bleeding | | | |
| Cervical Spine | Do the circumstances cause concern about the possibility of spinal injury? | | | |
| Disability | Any obvious deformity. Check distal pulse. | | | |
| Exposure | Is there any risk from the elements – wind, heat, water | | | |
| Treat for Shock | Rest and reassure, Position of comfort, Shade, padding, insulation, shelter | | | |

SECONDARY RESPONSE

Monitor & Record Vital Signs

As per Patient Monitoring & Vital Signs Chart - Personal Accident Report

Physical Examination

Head to toe physical examination – record findings.

| Plan | Identify injuries and how they might best be treated given the current circumstances. |
|----------------------------|---|
| Requests for Assistance | Do we need outside assistance? If so, what level of assistance is required? How urgent is the situation? |
| Communication | Staff will take student to the nearest medical centre/hospital, if possible, student will ring parents and then staff will reassure parents. If a serious accident, the Principal and HOLA need to be notified. |



Incident Recording

Complete personal accident report form in file ASAP and get a copy of medical report from medical centre/hospital for insurance, parents and school.

TERTIARY RESPONSE

DEBRIEFING: For serious accidents students will have a meeting with the Excursion Leader and will discuss what happened, so what and now what.

MEDIA STATEMENTS: The Principal will be contacted, and arrangements will be made.

POLICE: The Police Service is the statutory authority in charge of any emergency and staff will defer to their involvement in any situation. Staff should cooperate with the Police and Emergency Services in providing information relevant to the evacuation and treatment of the injured person.

TRANSPORT OF STUDENTS: By car or ambulance to nearest medical centre/hospital accompanied by a staff member.

EMERGENCY PHONE NUMBERS: Refer to contact details above and risk management plan

DETAILS ON STUDENTS ATTENDING

STUDENT/PARENT CORRESPONDENCE

- Camp/Excursion Coordinator will insert all correspondence to parents

STUDENTS ATTENDING

- Camp/Excursion Coordinator will insert the Student list

STUDENT MEDICAL & EMERGENCY CONTACT INFORMATION

- Camp/Excursion Coordinator will insert all the Student Medical & Emergency Contact Information

FINANICAL DETAILS OF CAMP/EXCURSION

FINANCIAL ARRANGEMENTS

- Where applicable, monies for the camp/excursion must be handed to the Business Manager before the date of the camp/excursion.
- For reasons of security, any money collected must be sent to Reception daily, not retained in any venue by the teacher.
- Please consult with the Business Manager before setting costs.

| Cost of Camp/Excursion | | Total Cost of Camp | | Cost Per Student | |
|--|---------------------------------|--------------------|----------------|-------------------------|----------------|
| | | | | | |
| Departmental & Business Manager Approval | Head of Learning Area – Sign | | Date Signed | Business Manager – Sign | Date Signed |
| | | | | | |



CHECKLIST

FINAL CHECKLIST

To be completed by the Vice Principal in consultation with the teacher after this form has been signed by the Head of Learning Area and the Business Manager. ALL letters, student details, risk management documentation, and any other relevant documents must be included with this.

| management documentation, and any other relevant documents must be included with this. | | | | |
|---|--|--|--|--|
| Has the camp/excursion been approved by the Head of Learning Area and the Academic Council? | | | | |
| Has the Business Manager been consulted to finalise financial details? A list of students must be given to the Business Manager to make sure that they are financial <u>before</u> they are approved to go on the trip? | | | | |
| Has written information been sent to parents informing them of the camp/excursion details including return time? | | | | |
| Has written parental permission been obtained for each student, using the Maze Camp/Excursion Student Medical and Permission form? | | | | |
| Where applicable, have students not attending the camp/excursion been provided for? | | | | |
| Have relief arrangements been made with Human Resources? | | | | |
| Has the Days in Lieu form been completed? (see Principal PA if unsure if applicable) | | | | |
| Have you completed this form in full? (to be taken with you on your camp | | | | |
| FIRST AID: | | | | |
| 1. Do you have a First Aid Kit which includes an EpiPen? | | | | |
| 2. Have you checked that students on medication, especially asthma puffers and EpiPen's, have it with them? | | | | |
| Have you emailed a list of student attendees to ALL STAFF-at least <u>one week</u> in advance? | | | | |

| | FINAL APPROVAL | | | | |
|----------------------------|----------------|--|--|--|--|
| APPROVAL OF CAMP/EXCURSION | | | | | |
| Vice Principal | Date: | | | | |



| OFFICE USE ONLY | Please Tick |
|---|-------------|
| Attached Cover Letter | |
| Attached Student List | |
| Attached Student Medical Details | |
| Checked all Medical & Permission Forms received | |
| Checked Copies of Licenses if applicable | |
| Checked First Aid Certificate Expiry | |
| Scanned a copy of the signed off Risk Management and save in appropriate folder | |
| Email a scanned copy to the Organiser & HOLA | |
| Photocopied 3 copies of this form, 1x Front Office, 1x Principal, 1x Archiving | |
| Original copy to Organiser | |