



## CAMP/EXCURSION PLANNING & RISK MANAGEMENT

**Updated: 2023**  
**Review: 2027**

### 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 ALL 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 Mobile	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
<b>No. of Students Attending</b>		<b>No. Educators/Parents/Volunteers</b>
<b>Educator to Child Ratio. Does this warrant a higher ratio? Please provide details</b>		
<b>Excursion Destination and address</b>		



<b>Proposed Activities</b>			
<b>Curriculum Link, Purpose, Aims of the Camp/Excursion</b>			
<b>Date &amp; Time Departing the College</b>	<b>Meet Point to Depart</b>	<b>Date &amp; Time Arriving at the College</b>	<b>Meet Point of Arrival</b>

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

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









### 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

<b>LIKELIHOOD</b>	<b>ALMOST CERTAIN</b>	Almost certain to occur in most circumstances	<b>CONSEQUENCE</b>	<b>CRITICAL</b>	<ul style="list-style-type: none"> <li>Critical incident (e.g. Death or permanent disability of adult or child; high level of distress to other parties).</li> <li>Sustained negative publicity or damage to reputation from a national perspective or from the community welfare perspective.</li> </ul>
	<b>LIKELY</b>	Likely to occur frequently		<b>MAJOR</b>	<ul style="list-style-type: none"> <li>Multiple injuries requiring specialist medical treatment or hospitalisation; and/or major occupational health safety and welfare liability incident/issue.</li> <li>Major incident which damages public or parent confidence.</li> <li>One or more children are lost from the main group.</li> </ul>
	<b>POSSIBLE</b>	Possible and likely to occur at some time		<b>MODERATE</b>	<ul style="list-style-type: none"> <li>Serious injuries and/or illness.</li> <li>Complex welfare and/or health care issue.</li> <li>Serious disruption or incident, resulting in distress to children and adults.</li> </ul>
	<b>UNLIKELY</b>	Unlikely to occur but could happen		<b>MINOR</b>	<ul style="list-style-type: none"> <li>Minor first aid or minor occupational health safety and welfare liability incident/issue (e.g. minor cuts, bruises, bumps).</li> <li>Minor behavioural issues.</li> </ul>
	<b>RARE</b>	May occur but only in rare and exceptional circumstances		<b>INSIGNIFICANT</b>	<ul style="list-style-type: none"> <li>No treatment required.</li> </ul>

### LEVEL OF RISK

LEVEL OF RISK						
LIKELIHOOD						
		RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
<b>CONSEQUENCE</b>	CRITICAL	MODERATE	HIGH	HIGH	EXTREME	EXTREME
	MAJOR	MODERATE	MODERATE	HIGH	HIGH	EXTREME
	MODERATE	LOW	MODERATE	MODERATE	HIGH	HIGH
	MINOR	LOW	LOW	MODERATE	MODERATE	MODERATE
	INSIGNIFICANT	LOW	LOW	LOW	MODERATE	MODERATE



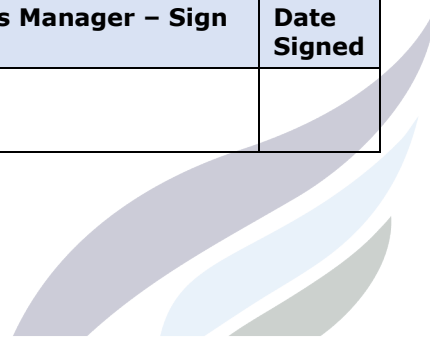
<b>EMERGENCY RESPONSE PLAN</b>			
<b>CHAIN OF COMMAND</b>			
<b>Excursion Leader</b>			
<b>Staff Member 1</b>			
<b>Staff Member 2</b>			
<b>First Aid Person</b>		<b>First Aid Cert Expiry</b>	
<b>Communications Person</b>		<b>Contact Number</b>	
<b>IMMEDIATE ACTION</b>			
<b>Take Charge /Secure the Scene</b>			
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.			
<b>Assess the Situation</b>			
Identify the mechanism of injury / causative factors, alternative actions available, possible access, resources that can be used, deployment of staff etc.			
<b>PRIMARY RESPONSE</b>			
<b>Danger</b>	Terrain, weather, human factors, vehicles / craft, animals, water etc		
<b>Response</b>	To voice, pressure, pain		
<b>Airways</b>	Look, listen, feel		
<b>Breathing</b>	Frequency, depth, regularity, sounds, smell		
<b>Circulation</b>	Frequency, regularity, strength		
<b>Cuts</b>	Identify and treat serious / deadly bleeding		
<b>Cervical Spine</b>	Do the circumstances cause concern about the possibility of spinal injury?		
<b>Disability</b>	Any obvious deformity. Check distal pulse.		
<b>Exposure</b>	Is there any risk from the elements – wind, heat, water		
<b>Treat for Shock</b>	Rest and reassure, Position of comfort, Shade, padding, insulation, shelter		
<b>SECONDARY RESPONSE</b>			
<b>Monitor &amp; Record Vital Signs</b>			
As per Patient Monitoring & Vital Signs Chart – Personal Accident Report			
<b>Physical Examination</b>			
Head to toe physical examination – record findings.			
<b>Plan</b>	Identify injuries and how they might best be treated given the current circumstances.		
<b>Requests for Assistance</b>	Do we need outside assistance? If so, what level of assistance is required? How urgent is the situation?		
<b>Communication</b>	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.		



<b>Incident Recording</b>	Complete personal accident report form in file ASAP and get a copy of medical report from medical centre/hospital for insurance, parents and school.
<b>TERTIARY RESPONSE</b>	
<b>DEBRIEFING:</b> For serious accidents students will have a meeting with the Excursion Leader and will discuss what happened, so what and now what.	
<b>MEDIA STATEMENTS:</b> The Principal will be contacted, and arrangements will be made.	
<b>POLICE:</b> 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.	
<b>TRANSPORT OF STUDENTS:</b> By car or ambulance to nearest medical centre/hospital accompanied by a staff member.	
<b>EMERGENCY PHONE NUMBERS:</b> Refer to contact details above and risk management plan	

<b>DETAILS ON STUDENTS ATTENDING</b>
<b>STUDENT/PARENT CORRESPONDENCE</b>
- Camp/Excursion Coordinator will insert all correspondence to parents
<b>STUDENTS ATTENDING</b>
- Camp/Excursion Coordinator will insert the Student list
<b>STUDENT MEDICAL &amp; EMERGENCY CONTACT INFORMATION</b>
- Camp/Excursion Coordinator will insert all the Student Medical & Emergency Contact Information

<b>FINANCIAL DETAILS OF CAMP/EXCURSION</b>				
<b>FINANCIAL ARRANGEMENTS</b>				
<ul style="list-style-type: none"> <li>Where applicable, monies for the camp/excursion must be handed to the Business Manager before the date of the camp/excursion.</li> <li>For reasons of security, any money collected must be sent to Reception daily, not retained in any venue by the teacher.</li> <li>Please consult with the Business Manager before setting costs.</li> </ul>				
<b>Cost of Camp/Excursion</b>	<b>Total Cost of Camp</b>		<b>Cost Per Student</b>	
<b>Departmental &amp; Business Manager Approval</b>	<b>Head of Learning Area – Sign</b>	<b>Date Signed</b>	<b>Business Manager – Sign</b>	<b>Date Signed</b>





### 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.***

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	
<b>FIRST AID:</b> 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

<b>Date:</b> _____
_____ <b>Director of Teaching and Learning</b>







Our Lady of  
Mercy College

---

<b>OFFICE USE ONLY</b>	<b>Please Tick</b>
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	

