**Risk Analysis Tools**

**DEECD Consequences Criteria**

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Health and Safety Consequence Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insignificant</td>
<td>First aid only – no measurable impact or lost time</td>
</tr>
<tr>
<td>Minor</td>
<td>Medically treated injury Peer support for stress event</td>
</tr>
<tr>
<td>Moderate</td>
<td>Hospital treatment (outpatient), less than 3 days lost time Stress event requiring professional support</td>
</tr>
<tr>
<td>Major</td>
<td>Long term injury or illness (hospital admission) Possible permanent disability Stress event requiring clinical support</td>
</tr>
<tr>
<td>Severe</td>
<td>Fatality and/or permanent disability Stress event requiring extensive clinical support for multiple individuals</td>
</tr>
</tbody>
</table>

**DEECD Likelihood Criteria**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Description</th>
<th>Indicative Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost Certain (&gt;95%)</td>
<td>Expected to occur</td>
<td>Prone to occur regularly Is anticipated for each repetition of the activity or event</td>
</tr>
<tr>
<td>Likely (66 – 95%)</td>
<td>Probably will occur (”no surprise”)</td>
<td>May be anticipated multiple times over a period of time May occur once every few repetitions of the activity or event</td>
</tr>
<tr>
<td>Possible (26 – 65%)</td>
<td>May occur at some stage</td>
<td>May occur several times across DEECD or a region over a period of time</td>
</tr>
<tr>
<td>Unlikely (5 – 25%)</td>
<td>Would be surprising</td>
<td>May occur somewhere within DEECD over an extended period of time</td>
</tr>
<tr>
<td>Rare (&lt;5%)</td>
<td>May never occur</td>
<td>May occur somewhere, sometime (”once in a life time / once in a hundred years”)</td>
</tr>
</tbody>
</table>

Note:
1. The indicative frequency may be relevant when assessing risk related to repeated activities or when objectives are to be delivered over discrete period of time but should not be the sole basis for assessment.
2. Likelihood may also involve consideration of exposure (e.g. if you live in a glass house you may be more prone to broken windows).
## DEECD Risk Rating Matrix

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Insignificant</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost Certain</td>
<td>Medium</td>
<td>High</td>
<td>Extreme</td>
<td>Extreme</td>
<td>Extreme</td>
</tr>
<tr>
<td>Likely</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>Extreme</td>
<td>Extreme</td>
</tr>
<tr>
<td>Possible</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>Extreme</td>
</tr>
<tr>
<td>Unlikely</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Rare</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

## DEECD Acceptability Chart

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme</td>
<td>Immediately consider whether this activity should cease. Any decision to continue exposure to this level of risk would be made at Executive Officer level, would be subject to comprehensive analysis to generate a detailed risk treatment plan and be the subject of on-going oversight and high level review.</td>
</tr>
<tr>
<td>High</td>
<td>Consider whether this activity should continue. This decision would normally be made at senior levels, would be based on detailed analysis to generate a risk treatment plan and be subject to on-going review to ensure treatments remain effective and the benefits balance the risk.</td>
</tr>
<tr>
<td>Medium</td>
<td>Exposure to the risk may continue provided it has been appropriately assessed, has been mitigated to As Low As Reasonably Practical (ALARP) and is subject to frequent review to ensure the risk analysis and treatment remain valid. Permanent/long term actions to reduce the risk should be considered.</td>
</tr>
<tr>
<td>Low</td>
<td>Exposure to this risk is acceptable but is subject to periodic review to ensure the risk does not increase and evolving treatment(s) or accepted standards do not vary.</td>
</tr>
</tbody>
</table>
St. Albans Heights Primary School
Activities Checklist
SAHPS Activities Policy Appendix C

Name of the Excursion: 
Group/s involved: 
Organising teacher: 
Proposed date/s:

PRIOR TO THE EXCURSION

Check school calendar to avoid clashes. Advise Leadership via an email

Ensure staff to student ratio 1:20 and confirm attending staff.

Get a minimum of 2 quotes for buses or pre purchase train tickets

Cost excursion.

Have costing checked by Michele and check if EMA can be used.

Fill in details in the order book for the bus and one for the venue.

Write excursion in the school diary, office planner and on the electronic calendar.

Write excursion note.

Get notice checked by the team leader and AP or Principal.

Email the note to Carole for printing.

Send home notice (if requiring money) 3 weeks prior to the excursion with a firm end date.

Notify Emergency Management via the online school activity notification form.
Please forward a copy of confirmation to Principal (Helen)

Inform the team of the timetable for the day’s activity.

Inform Leadership Team of yard duty swaps made and record them on whiteboard

7 days before the excursion check with the office to see if all students have paid.

Check consent forms for parent contact details

Make arrangements for students not attending.

Speak to First Aid Officer (Coral) to organise first aid kit.

Inform Canteen (if applicable) as soon as possible

ON EXCURSION DAY

Leave a copy of SAHPS excursion details information at the office

Take permission notes on the excursion

Take first aid kit

Collect epipens and asthma equipment

Submit this form to the Excursion Manager

Signed: __________________________ (Organising teacher)  Date: ____________

Signed: __________________________ (Principal)  Date: ____________

All activity permission notes are to be on the SAHPS School Activity Permission Note template
(SAHPS Activity Policy Appendix D).
EXCURSION TITLE

Date:
Time:
Transport:
Where:
Cost:
EFTPOS can only be used for amounts of $10 or more.
Money and note to be returned by:
Grades involved:
What to bring: Packed lunch and recess, snack or fruit, in a labeled plastic bag.
Teachers attending:

Brief of how this excursion relates to what you are learning in class. Any additional information.

Helen Otway       Principal

PERMISSION FORM

I permit /do not permit my child ...................................................... in Grade:........ to attend the name of excursion on the date. I authorise the teacher in charge to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed:...........................................(Parent/Guardian)
School Activities Principal Checklist

This checklist should be used in conjunction with the Proforma for activities requiring school council approval.

<table>
<thead>
<tr>
<th>Excursion/program name:</th>
<th>Date(s):</th>
</tr>
</thead>
</table>

- The educational purpose of the program has been established and is relevant to the school’s curriculum.
- The exact location of the excursion participants at all times has been documented, including during travel.
- I have appointed a teacher-in-charge for the excursion and have made relevant contact details available to the 24 hour school contact person.
- The teacher-in-charge has informed me that staff have been briefed on their roles and responsibilities during the excursion.
- External providers, if used, are appropriate for the activity have demonstrated that they hold a current public liability insurance policy (minimum $10 million) which covers the program activity.
- Activities conducted on public lands, such as State Forest or National Parks, comply with current permit and access requirements.
- A member of staff with appropriate qualifications has been designated as being responsible for first aid.
- A 24 hour school contact person has been designated and provided with a briefing about their role and the necessary information to enact their responsibilities.
- Staff who are not registered teachers have received a satisfactory Police Check or after July 2007 a Working with Children Check.
- All participating staff, including the school contact person, understand their specific roles and are familiar with the program itinerary, risk management plans and emergency response plan.
- Copies of the following completed documents will be lodged with the principal or nominee and the designated school contact, before the program commences.
  - Signed, informed consent from parents/guardians
  - Completed medical form for all students and staff
  - Detailed itinerary, with specific locations and contact numbers
  - If appropriate, a copy of map(s): including map name, access routes and grid references for specific locations used
  - Staff and student equipment & clothing lists
  - Group equipment list(s) if necessary
  - A supervision strategy (maintaining as a minimum the prescribed staffing allocation for adventure activities) which outlines the staffing allocations for activities and for non-programmed periods (this may form part of the detailed itinerary that is also required)
  - Completed staffing details pro forma
  - Risk management plans for all adventure activities
  - Emergency response plan including contacts for police, ambulance, doctor, hospital, fire brigade, 24 hour school contact number to be held by staff on the excursion and by the nominated school contact person

The completed Proforma for excursions and activities requiring school council approval has been approved and minuted at a school council meeting.

The Student Activity Locator online form (EduMail password required) has been submitted three weeks prior to the excursion.

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