|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity: Environmental Service**  | Version: | 1 | Date: | October 2021 | Next review date: | 2022 |

|  |  |
| --- | --- |
| **Value of this activity – what do we hope to achieve?** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Note: this Risk Assessment is ***NOT*** exhaustive. You should complete a risk assessment of your ***specific*** area, activity, and group then add the hazards you identify.

|  |
| --- |
| **General Risk Assessment**  |
| **Harm**What could go wrong? | **Hazard**Why would this happen? | **Risk Rating?** How serious? | **Controls** How can it be prevented? First try to e)liminate, then m)inimise the riskWho is responsible for implementing the control? | **Check**Controls implemented and monitored?By who? | **Residual Risk Rating?**  |
| Fatality / Serious Injury | Vehicle incident - Public roads - farm vehicles  | **High** | **Organisation**Ensure vehicles/trailers are fit and safe for purpose (m)Make sure drivers are competent and safe for the driving plan (m)Provide hi-vis clothing if working alongside roads (m) **Driver**Obey road rules & drive defensively (m)Ensure are well rested before driving (m)Aware of road conditions & reduce speed accordingly (m)Ensure not distracted while driving by technology/texts/phone calls, unruly passengers (m)**Leader** Manage group to avoid farm vehicles and roadways (e) Manage group to be visible and aware of traffic if working near roads (m) **Participant** Move carefully and be aware of traffic near roads (m)  |  |  |
| Livestock – farm animals E.g., bulls  |  | **Leader**Check with landowner about where livestock are and keep group away (e) Have clear boundaries to keep participants away from livestock (e)Provide adequate supervision and behaviour management to ensure live stock are not disturbed (m) **Participant** Avoid and do no not upset livestock (m)  |  |  |
| Farm machinery, effluent storage,  |  | **Leader** Be familiar with the site and know where machinery, effluent storage and other farm hazards are (m)Check with land owner about new and existing hazards (m)Have clear and enforceable boundaries to keep participants away from farm hazards (e) **Participants** Respect and keep within boundaries (e)Avoid farm machinery and other farm equipment (e) |  |  |
| Drowning – waterways  |  | **Organisation** Choose activity areas which are away from waterways (e)Leader suitably experienced, trained, competent, in managing groups around waterways (m)**Leader** Have clear (marked) boundaries and instruct participants on where they can go (m) Supervision of any activities in or around water (m) |  |  |
| Weather or earthquake related events - flood, tsunami, wind, land / mud slide, rock fall, avalanche | **High** | **Organisation**Check site beforehand - consider environmental hazards (include flooding potential, land stability & wind effect) (m)Check with land owner - previous history, recent changes etc. (m)Check weather / tide forecast (m)**Leader**Check site beforehand - consider: - environmental hazards (proximity to coastline, rockfall hazard etc) (m)Ensure know how to raise alarm (m)Plan how to evacuate - consider alternative routes (m)Move to safe location e.g., open area and higher ground (m) Brief participants, what to do if… (m) |  |  |
| Hypothermia (too cold) | Cold and/or windy weather, inadequate clothing &/or shelter | **High** | **Organisation**Be aware of weather conditions and plan accordingly e.g., contingency plan and consider cancel or alternate activity in poor weather (e).Brief participants and provide checklist of suitable clothing gear etc to bring (m).**Leader**Check participants’ clothing (thermal, wind & rainproof) is suitable (m)Have extra clothing, food and hot drinks available in poor weather (m)Be aware of signs of hypothermia and the need to keep energy level high (m) |  |  |
| Hyperthermia (overheating) | Hot weather (strong sun, no breeze) &/or overexertion | **High** | **Leader**Ensure participants have plenty to drink, use sun hats & sun screen and stay in shade, where possible (m)Ensure extra water, spare sun hats & sun-screen available (m)Provide/use shaded areas (m) |  |  |
| Emotional distress  | Inappropriate action by/with public | **Medium** | **Leader**Provide clear guidelines around behaviour - at least 2 participants together at all times (m)Provide clear boundaries (m)Ensure understand who else is in area (m)Provide visible supervision of minors (m) |  |  |
| Inappropriate action by/with staff/volunteers | **Medium** | **Organisation**Ensure staff are safety checked – including referee checks (m)Consider police vetting of volunteers (m)Provide clear guidelines around appropriate behaviour - avoid being alone with children, open door policy, involve other adults where possible (m)Ensure supervisors not distracted – don’t have their own young children there etc. (m) |  |  |
| Killing animals  | **Medium** | **Organisation**Provide clear explanations of the tasks that participants will participate in (m)**Leader**Disclose and describe tasks that may be upsetting to participants and give them the choice to not participate or observe (m) |  |  |
| Medical Incident | Allergic Reaction | **High** | **Organisation**Collect accurate medical information, discuss allergy action plan, ensure information is tagged to right person (m)Ensure participant carries appropriate medication & that others know where it is and how to administer it(m) Ensure appropriately competent staff know how to recognise and respond to anaphylaxis (current First Aid minimum) (m)**Leader**Minimise exposure to triggers:* Move group away from wasps and ongaonga (e)
* Known food allergy - manage food preparation, prevent cross contamination, personal hygiene (m)

**Participant** * Disclose allergy and treatment to leaders.
* Carry personal medication and ensure others know where it is and how to administer it
 |  |  |
| Pre-existing Medical Condition | **High** | **Organisation**Collect accurate medical information, discuss & ensure information is tagged to right person (m)Ensure participant carries appropriate medication & that others know where it is and how to administer it (m)Ensure appropriately competent staff – current First Aid minimum (m) **Leader** Ask participants to verbally disclose any new or updated medical information (m) Ensure updated information shared with staff who will be supervising those participants (m) **Participant** Honestly disclose pertinent medical information (m)  |  |  |
| Minor injury –cuts, grazes, bruises etc. | Unsafe / reckless behaviourUsing tools incorrectly  | **Medium** | **Organisation**Ensure behavioural expectations are clear to participants and supervising teachers/helpers (m).Ensure leaders are able to brief and monitor correct safe use of tools (m) **Leader**Provide appropriate supervision and reinforce behavioural expectations (m).Minimise unstructured free time (m).**Participant** Use tools only as instructed (m)  |  |  |
| Missing person | Wanders off and/or doesn’t know how to return to site | **Medium**  | **Leader**Check whole site beforehand - know where participants could go (m) Provide (and possibly mark) clear boundaries (m) Method of, and regular, accounting for everyone (buddy up / number off) (m) **Participant** Respect and stay within boundaries, do not wander off (m)  |  |  |
| Damage to environment  | Fire* Spark from tool use causes fire

- smoking  | **High** | **Organisation**Check fire risk (m) **Leader**Identify and avoid high risk areas and conditions (dry vegetation, wind etc) (m) Ensure actual & likely wind strength & direction ok (m).Have fire defences in place (fire extinguisher, blanket, water &/or sand bucket), and know how to use them (m) **Participant**No smoking (e) |   |  |
| Water / soil contamination from - Toileting - Chemical spills- Overspraying - Damage from vehicles - Fire  | **Medium** | **Organisation** Ensure toilets, or the means to create privacy and a leave no trace toilet are provided (m) Ensure leaders are trained in chemical use e.g., Growsafe (m) **Leader**Ensure no rubbish or food scraps are left behind (m) Trained people only to use chemicals (m) Use chemicals as directed by manufacturers’ instruction (m) Minimise use of vehicles on the site (m) Minimise chance of fire (m)  |  |  |
| Plants die - incorrect planting technique - trampled  | **Medium**  | **Organisation** Provide sufficient plants that can reasonably be planted by the group, and no more to prevent wastage (m) Provide plants appropriate to the venue e.g., species that will thrive in that environment (m) Ensure leaders are trained and competent in required techniques (m) **Leader** Provide clear instructions on how to plant (m) Monitor quality of planting, and give more coaching when necessary (m) If participants are not planting effectively, cease their activity (e)**Participants** Follow instructions and use the demonstrated planting techniques (m) If bored, or tired, take a break rather than planting poorly (m)  |  |  |
| Ineffective weeding techniques resulting in more weeds | **Medium**  | **Organisation** Ensure leaders are adequately trained in weeding techniques and tool use (m) **Leader** Ensure participant and assistant leaders use proper weeding techniques (m)  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Reviewed by:** |  | **Date:** |  | **Approved by:** |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Site Specific Hazard Analysis:**  | By: |  | Date: |  |

|  |  |
| --- | --- |
| Site Specific Hazards What else could go wrong (at this site)? | Management - How can we control this? |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Specific Hazards on the DayWhat could go wrong at this site?1. On this day (weather, ground surface etc)2. With these people (participants, staff etc)  | Management - How can we control this? |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Past IncidentsAny learnings to note? | Management - How can we control this? |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Leadership and Supervision plan:**  | By: |  | Date: |  |

|  |  |  |
| --- | --- | --- |
| Supervision Requirements | Consider the risk assessment and staff required to manage this activity safely | Contact details (mobile phone no./radio no. etc) |
| Who is in charge of the activity? (the leader) |  |  |
| Who are assisting the leader? |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Staff CompetencyNames | Are there any designated roles based on skills/competency (e.g. first aider, driver etc) |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Group members requiring specific management strategies:** Provide **specific management strategies** for participants requiring special attention |
| **Health** (e.g. asthma, allergies, medical conditions, current injury) |
| **Behaviour** (e.g. poor listeners, ADHD, socially inept, short tempers, disobedience/untrustworthy) |
| **Capabilities** (e.g. strength, fitness, physical disability) |

|  |
| --- |
| **Staffing and Supervision Structure:** Specifically describe the **supervision structure** required for the event |
| Supervision structure (includes allocation of roles and allocation of students to supervisors)(e.g. Number of groups and size, number of supervisors/leaders per group, leaders not directly supervising a group and their role) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Communication Plan:**  | By: |  | Date: |  |

*This component should help users of the guide to consider site specific characteristics of their activity including details about evacuation procedure, communications (cell coverage), emergency resources and options that are available at the site.*

|  |
| --- |
| Assistance |
|  | Detail | Location | Phone |
| Emergency | **Police, Fire or Ambulance** |  | 111 |
| Police | **Non-emergency** |  | 105 |
| Police | from **Sat Phone** | North Comms (covers New Zealand north of Turangi):  | +64 9 571 2800  |
| Central Comms (covers North Island south of Turangi):  | +64 4 381 2000 (ask for Comms) |
| South Comms (whole of the South Island):  | +64 3 363 7400 (ask for Comms). |
| Xxxx Hospital |  |  |  |
| Nearest Medical Centre | Open hours? |  |  |
| 24 Hour Surgery | 24 hrs |  |  |
| Urgent Pharmacy |  |  |  |
| Poison Centre |  |  | 0800 POISON (0800 764 766) |

|  |
| --- |
| Organisation contacts |
|  | Name | Email  | Phone |
| Organisation | Office PhSat Phone |  |  |
| Duty Manager | Names of people who will need to know about an emergency (who are not next of kin) |  |   |
|  | On Call Phone |  |  |
| Legal |  |  |  |
| Insurance |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant details/register:**All participants including leaders, assistants, parents, helpers | By: |  | Date: |  |
|  |  |  |  |  |
| Participant Name | Role | Emergency Contact (next of kin, guardian, spouse etc) | Address | Phone | Critical Personal information |
|  | e.g. participant, leader, parents/guardians,  |  |  |  | Allergies, disabilities, medical conditions, medications carried etc |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Site/Area Map:**  | By: |  | Date: |  |

**Site/Area Map.** *Draw, paste or attach in a map, diagram or photo of your site and note the following (if relevant): access points, hazard/out of bounds areas, emergency evacuation/exit points, key locations, locations of landline phones/areas with/without cell reception, emergency service access points and addresses/heli landing area, traffic/parking areas, toilets, water sources, emergency meeting areas, activity areas, drinking water sources, flammable storage areas.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Resources and Equipment:**  | By: |  | Date: |  |

*A summary of the resources and equipment that are essential for running the activity safely and distinct from generic outdoor activity equipment. Add to these for the specific event.*

* Participant
* Group
* Leader
* Emergency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Post Event Review:**  | By: |  | Date: |  |

|  |  |
| --- | --- |
| Post Trip ReviewCritical learnings from this trip and previous trips. |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |