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| **Activity: Inland Waterway Swimming** | Version: | 1.0 | Date: | 06 June 2018 |

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| **Value of this activity – what do we hope to achieve?** |  |
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| **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?Reviewed? | **Residual Risk Rating?**  |
| Drowning | Non- floaters/ swimmers or inadequate floating/ swimming skills for conditionsLack of supervision | **High** | **Organisation** Competent leaders and supervisors who have been thoroughly briefed prior to activity (m)Consider non- floaters/ swimmers wearing PFDs and or wetsuits (m)**Leader**Ensure PFD’s are fitted correctly and an appropriate type (m)Identify water competence (such as safe entry/exit, floating, treading water, surface dive, and swimming ability) and match with the environment and activity (m)Check area prior to activity (m & e)Clear briefing to participants, set boundaries and check for understanding (m) |  |  |
| Hypothermia (too cold) | Cold water, cold and/or windy weather, inadequate clothing  | **High** | **Organisation** Avoid doing activity on cold days or time of year when water is cold (e)**Leader**Ensure participants are dressed for conditions i.e. thermal clothing, wetsuits, wind protection (m)Have spare clothing and shelter available (m)Have hot drinks and snacks available (m)Monitor participants and consider use of a buddy system to assist regular checks (m) |  |  |
| Hyperthermia (overheating) / Dehydration | Hot weather (strong sun, no breeze) &/or overexertion | **High** | **Leader**Ensure participants have plenty to drink, use sun hats & sun screen and choose shady sites, where possible (m)Adjust activity to conditions (m)Ensure extra water, spare sun hats & sun-screen available (m)Monitor participants regularly (m) |  |  |
| Spinal injuriesHead injuries Concussion | Collisions with hard objects, other participantsDiving/ jumping into shallow waterLack of supervision | **High** | **Leader**No diving or jumping into shallow water or water of an unknown depth (m)Supervisor checks area prior to activity and monitors any diving, jumping, rope swing sties (m) Briefing participants to avoid diving, jumping onto other participants in the water (m)Identify and assess in water hazards such as trees, rocks (m) |  |  |
| Medical Incident | Allergic Reaction | **High** | **Organisation** Ensure appropriately competent staff know how to recognise and respond to anaphylaxis (First Aid Certificate minimum) (m)Collect accurate medical information, discuss allergy action plan, ensure info tagged to right person (m)**Leader** Ensure participant carries appropriate medication & that others know how to administer (m)Minimise exposure to triggers:* Jellyfish, wasps, onga onga (m)
* Known food allergy - manage food preparation, clearly labelled food, prevent cross contamination, personal hygiene (m)
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| Pre-existing Medical Condition | **High** | **Organisation** Ensure appropriately competent staff - First Aid minimum (m)Ensure medication is carried & supervisors know where the medication is and how to administer it (m)**Leader**Collect accurate medical information, discuss & ensure info tagged to right person (m) |  |  |
| Injury - cuts, grazes, bruises etc | Unsafe behaviourLack of supervisionInadequate footwear | **Medium** | **Leader**Check area prior to the activity (m)Through briefing and supervision (m)Clear expectations and boundaries (m)Wear footwear when risk of cuts to feet exists (e)Avoid/ monitor slippery banks (m)Identify and assess in water hazards such as trees, rocks (m) |  |  |
| Emotional distress | Unfamiliar environment, Activity/ environment not suitable for participants,Inadequate supervision | **Medium** | **Organisation** Competent leaders and supervisors (m)Collect accurate medical/behavioural information, discuss with participant and/or caregiver (m)Choose an environment that matches participants water competence and experience level (m) |  |  |
| Cold Water Shock | Sudden immersion in cold water  | **Medium**  | **Leader**Avoid very cold water (e)Warn participants of the effect of very cold water (m) |  |  |
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| **Reviewed by:** |  | **Date:** |  | **Approved by:** |  | **Next Review:** |  |

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

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| Site Specific Hazards - What else could go wrong (at this site)? | Management - How can we control this? |
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|  Specific Hazards on the Day- What could go wrong at this site:1. On this day (weather, tide, current etc)2. With these people (participants, staff etc)?  | Management - How can we control this? |
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| Past Incidents- Any learnings to note? | Management - How can we control this? |
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| **Leadership and Supervision plan:**  | By: |  | Date: |  |

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| Supervision Requirements | - Consider the 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? |  |  |
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| Staff CompetencyNames | Are there any designated roles based on skills/competency (e.g first aider, cook, driver etc) |  |
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| **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.*

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| Assistance |
|  | Detail | Location | Phone |
| Emergency | **Police, Fire or Ambulance** |  | 111 |
| Police | **Non-emergency** or 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 |  |  |
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| Poison Centre |  |  | 0800 POISON (0800 764 766) |
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| Organisation contacts |
|  | Name | Email  | Phone |
| Organisation | Office |  |  |
|  | Names of people who will need to know about an emergency (who are not next of kin) |  |   |
|  | On Call Phone |  |  |
|  | Sat Phone |   |  |
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| Office manager |   |  |  |
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| Legal |   |  |  |
| Insurance |   |   |   |

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| **Participant details/register:**All participants including leaders, assistants, parents, helpers | By: |  | Date: |  |
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| 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 |
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| **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.*

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

*Use the* ***Inland Waterway Swimming Activities GPG*** *and the* ***General Guidance for Organised Outdoor Activities*** *to fill this out for your specific needs:*

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| Participant | Item | # Check | Item | # Check | Item | # Check |
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| Leader |  |  |  |  |  |  |
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| Emergency |  |  |  |  |  |  |
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| **Post Event Review:**  | By: |  | Date: |  |

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| Post Event Review- Critical learnings from this event and previous events. |  |
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