



# Appendix V – Tool kit for safety management systems

This appendix contains a selection of forms that reflect current best practice procedures for EOTC safety. They are included to assist schools to refine their own systems and meet their obligations under various acts.

- Not all forms will be necessary for all events or all schools.
- If used, the forms should be adapted to your school's needs and requirements.
- A CD-ROM version of the tool kit is included with this guide so schools can adapt these forms.
- Note that the forms include some instructions to the school that can be deleted when the forms are adapted.
- The forms may be freely photocopied by any organisation.

See Section 4, Safety Management Systems, Figures 4.2, 4.3 and 4.4 for a guide to what forms and procedures are recommended for putting the five-stage process into action for different types of events.

The forms are based on existing forms from a variety of sources including:

- Department for Education and Employment. (1998). *Health and safety of pupils on educational visits. A good practice guide*. Department for Education and Employment, London, U.K. Available at: [www.dfes.gov.uk/h\\_s\\_ev](http://www.dfes.gov.uk/h_s_ev)
- Education Outdoors New Zealand. (1995). *Quality management and safety systems for EOTC, outdoor education and outdoor recreation* (3 Secondary School examples). [eonz.resources@xtra.co.nz](mailto:eonz.resources@xtra.co.nz)
- Knol, C. (2002). *Education outside of the classroom – The missing manual*. Available at: [www.safeoutside.org](http://www.safeoutside.org)
- South Australia Department of Education and Training. *Camps and excursions guidelines for schools and preschools*. [www.dete.sa.gov.au](http://www.dete.sa.gov.au)
- Warner, G, (ed.) (1998). *Outdoor safety management systems for primary and intermediate schools*. Education Outdoors New Zealand. [eonz.resources@xtra.co.nz](mailto:eonz.resources@xtra.co.nz)

## ▶ Key to who is responsible for which forms...



Parent/s



Teacher in charge of event



Principal



Board of trustees



EOTC Co-ordinator



Students



Volunteer helpers



Outside provider

 ***Tool kit for safety management systems***

**List of Sample Forms**

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## EOTC event proposal

*Not all sections will be relevant to every proposed EOTC activity:*

Class:

Teacher in charge (TIC):

The TIC should complete this form at the outset of planning for the EOTC activity. The TIC should already have received approval in principle for the proposed activity.

When approval is given, one copy of this form should be retained by the principal/ board of trustees and another by the TIC. The principal/board should be informed of any subsequent changes in planning, organisation and/or staffing.

**1. Purpose of EOTC event.**


**2. Specific educational objectives and curriculum links.**


**3. Site/s where event will take place.**


**4. Dates and times.**

Date of departure	<input style="width: 95%; height: 20px;" type="text"/>	Date of return	<input style="width: 95%; height: 20px;" type="text"/>
Time	<input style="width: 95%; height: 20px;" type="text"/>	Time	<input style="width: 95%; height: 20px;" type="text"/>

**5. Transport arrangements.** Include names of transport company, volunteer drivers and vehicle registration numbers.


**6. Details of outside provider/s to be used in the EOTC activities (if any).**

Company <input style="width: 95%; height: 20px;" type="text"/>	Company <input style="width: 95%; height: 20px;" type="text"/>
Address <input style="width: 95%; height: 20px;" type="text"/>	Address <input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Phone <input style="width: 95%; height: 20px;" type="text"/>	Phone <input style="width: 95%; height: 20px;" type="text"/>
Manager <input style="width: 95%; height: 20px;" type="text"/>	Manager <input style="width: 95%; height: 20px;" type="text"/>

**7. Proposed cost and financial arrangements.**


**8. Details of programmed activities.**


**9. Details of any hazardous activity and the associated planning, organisation and staffing.**  
(please attach RAMS or SAP form/s).


**10. Names, relevant experience, qualifications and specific responsibilities of staff accompanying the party.**


**11. Names, relevant experience, qualifications and specific responsibilities of other adults accompanying the party.**


**12. Name, address and telephone number of the school contact person who holds all information about the EOTC event in case of emergency.**


**13. Existing knowledge of EOTC event site and whether a pre-visit is intended.**


**14. Size and composition of the group:**

Age range

Number of boys  Number of girls

Adult to student ratio  Leader to participant ratio

**15. Information on parental consent:**

Consent may precede or follow approval. Please attach copy of information being sent to parents and the parental consent form.

**16. Names and brief details of students with special educational or medical needs:**


Teacher in charge: full name

Signed  Date



### Event approval from board and principal

To be completed by the principal and board of trustees chairperson.

To the teacher in charge:

Tick

We have studied this application and are satisfied with all aspects including the planning, organisation and staffing of the EOTC event. Approval is given.

- a. Please ensure that we have all relevant information including: a final list of students; staff and volunteers; details of parental consent; and a detailed itinerary (including maps) at least seven days before the group is due to leave.
- b. Your report and evaluation of the EOTC event, including details of any incidents, should be with us as soon as possible but no later than 14 days after the group returns.

We have studied this application and require the following information or specific changes before approval can be given.

Principal's name

Signed

Date

Board of trustees chairperson's name

Signed

Date

A copy of the completed application for approval and details of any subsequent changes should be retained by the Principal/Board.



This form provides information about the venue/facility to be used

Venue:

Address:

Distance from school:

Date:

Liaison person/contact:

Organisation:

Staff member assessing venue:

List of activities available at venue:

Activity 1:

Activity 2:

Activity 3:

Activity 4:

Activity 5:

Activity 6:

Activity 7:

Activity 8:

Activity 9:

Activity 10:

1. Is venue appropriate for activities planned? Yes / No
2. Is there suitable vehicle access for emergencies? Yes / No
3. Is there a supply of fresh water on site? Yes / No
4. Is communication available at the venue in an emergency? Yes / No
5. Communication method/s available (cellphone, telephone, VHF radio, etc including numbers /call sign)? Please list.


6. Are there hazards that require specific management strategies? Yes / No

7. If so, what are they?


8. What strategies are in place to manage the hazards so that the venue is safe and effective for use?


9. Does the facility have a current building Warrant of Fitness? Yes / No

10. Are there any age constraints or special conditions for use of any of the activities you offer?


11. Are there suitable and adequate hygiene/toilet arrangements for off-site activities?  
(e.g. rafting, camping). Yes / No

12. Additional notes relevant to safety.


## **Introduction to sample forms 4 and 5.**

### **Information to parents/caregivers**

Parents should be sent full information of the EOTC event. This will usually include a cover letter, the parental consent form and health profile form. Depending on the nature of the event, some of these may be combined.

#### **1. Cover letter**

Following is a recommended checklist of things to include:

- Date of letter
- Name and dates of event
- Start and finish times
- Group involved
- Venue address, phone number and description
- Curriculum objectives/purpose of event
- Transport arrangements
- Staffing, including relevant experience and qualifications
- Costs
- Clothing and equipment required
- Rules – school and event rules (for example, smoking, alcohol and illegal drugs, unsafe behaviour policies)
- Contingency plans
- Dates by which to return consent and health profile forms
- Other
- Signature of author

#### **2. Parental consent and risk disclosure**

See Sample form 4.

#### **3. Health profile**

See Sample form 5.

Students over 18 years of age should receive the same information as above.



To be distributed with full information details of the EOTC event.

It is important that this Parental consent and risk disclosure form and the Health profile form are completed by all adult and student participants in the EOTC event, to comply with school health and safety requirements.

The purpose of the forms is to enable the school to ensure that optimal staffing levels are provided, the specific needs of participants are met and the educational value and safety of events is maximised.

Details on these forms will remain confidential to school staff, contractors and volunteers associated with supervising activities on the EOTC event.

For safety reasons, please provide us with information that is accurate and complete.

Please return this form to the school by [ ] / [ ] / [ ]

A separate Health Profile form is to be completed for each person attending the event.

School/group: [ ]

Details of event:

Location: [ ]

Start date: [ ] Time [ ] Finish date: [ ] Time [ ]

PARTICIPANT INFORMATION FORM

Please complete these details:

Name student ID [ ]

Address [ ]

[ ]

Telephone [ ] Cell phone [ ]

Year or class level [ ] Age [ ]

Form teacher [ ]

Family doctor's name [ ] Ph [ ]

Address [ ]

Community service card number [ ]

Medic Alert Number (if applicable) [ ]

THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.

**EMERGENCY CONTACT DETAILS** (please provide at least 2 sets of contact details)

<b>1</b> Name	<input type="text"/>	(Emergency contact)
Relationship	<input type="text"/>	
Address	<input type="text"/>	
<input type="text"/>		
Day Phone	<input type="text"/>	Evening Phone <input type="text"/>
Cell Phone	<input type="text"/>	
<b>2</b> Name	<input type="text"/>	(Alternative emergency contact)
Relationship to participant	<input type="text"/>	
Address	<input type="text"/>	
<input type="text"/>		
Day Phone	<input type="text"/>	Evening Phone <input type="text"/>
Cell Phone	<input type="text"/>	

**Parental consent**

I agree to my child/myself taking part in the EOTC event and have read the information sheet. I agree to their / my participation in the activities described. I acknowledge the need for them / me to behave responsibly.

**Acknowledgment of risk**

I have read the EOTC event information sheet and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards. I understand that my child has been involved in the development of safety procedures. I will do my best to ensure that my child and I follow these procedures.

I know that I am able to ask any questions of the school about the activities I / my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that I/they may withdraw from the activity if I/they feel at risk. This must be done in consultation with the person in charge.

I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

Print name

Signed

To be read and signed by adult participant or parent/caregiver of child participant.

Date



This profile is designed to assist in the care of all participants at EOTC events, including adults. One form must be completed for EACH participant.

Name  Medic Alert number  (if applicable)

1. Please tick if you have any of the following:

- |                     |                          |                        |                          |                  |                          |
|---------------------|--------------------------|------------------------|--------------------------|------------------|--------------------------|
| Migraine            | <input type="checkbox"/> | Epilepsy               | <input type="checkbox"/> | Asthma           | <input type="checkbox"/> |
| Diabetes            | <input type="checkbox"/> | Travel sickness        | <input type="checkbox"/> | Fits of any type | <input type="checkbox"/> |
| Chronic nose bleeds | <input type="checkbox"/> | Heart condition        | <input type="checkbox"/> | Dizzy spells     | <input type="checkbox"/> |
| Colour blindness    | <input type="checkbox"/> | Other (please specify) | <input type="text"/>     |                  |                          |

For overnight events

Sleepwalking  Bedwetting

2. Are you currently taking medication? Yes  No

If YES, please state: Ailment/s   
 Name of medication/s:   
 Dosage and time/s to be taken   
 Other treatment:

3. Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities? Yes  No

If YES, please state the injury/illness.

4. Are you allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
What treatment is required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

5. When was your/your child's last tetanus injection?

6. Outline any dietary requirements.


7. What pain/flu medication may your child be given if necessary?


8. To the best of your knowledge, have you/your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes  No

If YES, please give brief details.


9. Is there any information the staff should know to ensure the physical and emotional safety of you/your child? (For example cultural practices; disability; anxiety about heights/darkness/small spaces; pregnancy; behaviour or emotional problems).

Yes  No

If YES, please state or attach the information.


I also agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.

I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.

I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Any medical costs not covered by ACC or a community service card will be paid by me.

If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.

Print name

Signed

To be read and signed by adult participant or parent/caregiver of child participant.

Date

**This form or a copy must be taken on the event. A copy should be retained by the school contact.**

**Swimming consent**  
**- for activities where being able to swim is essential**



*Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability*

Swimming ability

- Is your child able to swim 50 metres? Yes  No  Don't know
- Is your child water confident in a pool? Yes  No  Don't know
- Is your child confident in deep water? Yes  No  Don't know
- Is your child able to tread water? Yes  No  Don't know
- Is your child able to survival float? Yes  No  Don't know
- Is your child confident in the sea or in open inland water? Yes  No  Don't know
- Is your child safety-conscious in and around water? Yes  No  Don't know

1. I would like  (name) to take part in the specified event. Yes  No
2. I have read the information provided about the event and agree to my child taking part in the activities. Yes  No
3. I consent to any emergency treatment required by my child during the course of the event. Yes  No
4. I confirm that my child is in good health and I consider him/her fit to participate. Yes  No

Signed:  Date:

Full name of parent/caregiver:

**The group leader should take this form or a copy on the event. A copy should be retained by the school contact.**

Consider the need to gain similar information from adult participants as well.



## Student contract

*To be read and signed by all participating students.*

Name:

I understand that this event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom. I realise that this require me to take on genuine responsibility for my own learning and safety and that of others.

I agree to do the following to make this happen:

- Show courtesy and consideration to others.
- Follow the rules and instructions of staff and other supervisors at the event.
- Take part in all activities within challenge-by-choice options.
- Look after myself and my personal belongings.
- Declare medical conditions that could affect participation in the event.
- Accept the rules set by the school for the event, even if they are different from what is accepted at home.

I understand that my parents / caregivers will be contacted and I may be sent home at their expense if:

- my actions are considered unacceptable by staff;
- I breach the school drugs and alcohol policy;
- my actions put me or others in any danger.

Signed

Date

Name

**The content of this contract should be composed in conjunction with the students and be appropriate to their age and the nature of the event activities. See also: Section 2, Student Responsibilities.**



### Record of Medication Administered

Student name

Date	Time	Medication	Dosage	Signed

Student name

Date	Time	Medication	Dosage	Signed

**Staff/volunteer competence**



*This form is to be completed by all adult participants.*

Name:

Category (circle one)

Teacher

Other school staff

Parent/caregiver

Other volunteer (please specify)

**I have the following skills/experience/qualifications [Tick ✓ or Cross x ]**

Qualification	Current	Not current	Notes (recent experience)
Car driver's license	<input type="checkbox"/>	<input type="checkbox"/>	
Passenger service license	<input type="checkbox"/>	<input type="checkbox"/>	
First aid certificate	<input type="checkbox"/>	<input type="checkbox"/>	Valid until: Date lapsed:
Teacher registration	<input type="checkbox"/>	<input type="checkbox"/>	
CPR certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Life saving certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Instructor / coaching qualifications relevant to the activity (list below or attach)			
Swimming ability (please describe)			
Other significant skills or experience relevant to the activity (list below)			

I certify that the above information is correct.

Signed:

Name:

Date:



To be read and signed by all volunteer helpers on an EOTC event.  
These may be kept on file and used repeatedly.

**For parents/volunteers who have been invited to assist on the event**

Name

Address

Telephone  (home)  
 (work)  
 (cell phone)

I am the parent/caregiver of  (name)

OR

I am a volunteer helper  (please tick)

---

**As a parent / volunteer helper taking part in the school EOTC event:**

- I am willing to comply with requests of staff and will follow safety procedures they have set.
- I am willing to assist in aspects of running the event, based on information I have supplied on the Staff and Volunteer Competence form (sample form 9).
- I agree there is no place for alcohol on a school EOTC event.
- I accept the terms of my involvement as stated above.

Signed:

Date:

Name



Transport of students by: **volunteer / contractor**  
Circle one

	<b>Tick</b>
You hold an appropriate current drivers licence/s for the vehicle you will be driving (tick one)	<input type="checkbox"/>
Your licence is:	
Full car licence	<input type="checkbox"/>
Passenger service licence	<input type="checkbox"/>
Large passenger service and heavy traffic	<input type="checkbox"/>
The vehicle you will be driving is registered	<input type="checkbox"/>
The vehicle you will be driving is road worthy and has a current (tick one):	
Warrant of Fitness	<input type="checkbox"/>
Certificate of Fitness	<input type="checkbox"/>
The vehicle you will be driving is covered by one of the following insurances (tick one):	
third party property	<input type="checkbox"/>
comprehensive	<input type="checkbox"/>
Each passenger in the vehicle will use a seat belt (if fitted and required)	<input type="checkbox"/>
The seating capacity of the vehicle will not be exceeded	<input type="checkbox"/>

Signed:  Date:

Name:

The following information is to be entered when passengers are allocated

Event:

Passengers:




**Introduction to sample forms 12 and 13.**

***Steps to follow when assessing risks***

<p><b>1. Identify the risks (losses or damage) that could result from the activity.</b></p> <ul style="list-style-type: none"><li>• Physical injury</li><li>• Social/psychological</li><li>• Material (gear or equipment)</li><li>• Programme interruption</li></ul>
<p><b>2. List the factors that could lead to each risk/loss.</b></p> <ul style="list-style-type: none"><li>• People</li><li>• Equipment</li><li>• Environment</li></ul> <p><i>(see over for factors to consider)</i></p>
<p><b>3. Think of strategies that could reduce the chances of each factor leading to the risk/loss.</b></p> <ul style="list-style-type: none"><li>• Eliminate if possible</li><li>• Isolate if can't eliminate</li><li>• Minimise if can't isolate</li><li>• Cancel if can't minimise</li></ul>
<p><b>4. Make an emergency plan to manage each identified risk/loss.</b></p> <ul style="list-style-type: none"><li>• Step by step management</li><li>• Equipment/resources required</li></ul>
<p><b>5. Continual monitoring of safety during the activity.</b></p> <ul style="list-style-type: none"><li>• Assess new risks</li><li>• Manage risks</li><li>• Adapt plans</li></ul>

There is a range of formats available to assist with safety management planning. The following are two such formats that can be used:

**Sample form 12** Risk analysis management system (RAMS)

**Sample form 13** Safety action plan (SAP)

**Risk assessment checklist  
factors to consider**

**- for physical and emotional safety**  
(when completing SAP, RAMS or other risk assessment process)

<b>People</b>	<b>Resources and Equipment</b>	<b>Environment</b>
<ul style="list-style-type: none"> <li>• Who?</li> <li>• Age?</li> <li>• How many?     Students</li> <li>    Staff</li> <li>    Adults</li> <li>• Volunteer helpers</li> <li>• Outside providers/ instructors</li> <li>• Experience</li> <li>• Ratios</li>   <li>• Cultural safety:     Head touching</li> <li>    Swimming for Māori/     Pasifika/Somali girls</li> <li>    Observing site significance     for cultural groups</li>   <li>• Physical size/shape</li>   <li>• Fitness</li> <li>• Anxieties/feelings</li> <li>• Motivation</li>   <li>• Student needs:     Educational</li> <li>    Medical</li> <li>    Language abilities</li> <li>    Cultural</li> <li>    Behaviour</li> <li>    Physical disability</li>   <li>• Social and psychological factors:     Get-home-itis</li> <li>    Risk shift</li> <li>    Dropping your guard</li>   <li>    Unsafe act/s by participants</li>   <li>• Error/s of judgment by teacher/instructor</li> </ul>	<ul style="list-style-type: none"> <li>• Information to     Parents or     Whānau</li>   <li>• Plans and systems</li>   <li>• Clothing</li>   <li>• Footwear</li>   <li>• Food and drink</li>   <li>• Transport</li>   <li>• Toilets</li>   <li>• Safe drinking water</li>   <li>• First-aid kit and knowledge</li>   <li>• Special equipment     Rope</li> <li>    Canoes/kayaks</li> <li>    Maps/compass</li> <li>    Cameras</li>   <li>• Equipment maintenance, quantity, quality</li>   <li>• Safety equipment</li>   <li>• Are sleeping arrangements/ facilities culturally appropriate?</li> </ul>	<ul style="list-style-type: none"> <li>• Weather     Forecast</li> <li>    Sun</li> <li>    Rain</li> <li>    Wind</li> <li>    Snow</li> <li>    Temperature</li> <li>    Season</li>   <li>• Terrain – where?     What?</li> <li>    Familiar</li> <li>    Unfamiliar</li>   <li>    Bush</li> <li>    Mountain</li> <li>    Sea</li> <li>    River</li> <li>    Beach</li>   <li>• Accessibility to help     Telephone</li> <li>    Doctor</li> <li>    Ranger</li>   <li>• Emergency services</li>   <li>• Security</li>   <li>• Animals/insects</li>   <li>• Road use</li>   <li>• Traffic density</li>   <li>• Fences</li>   <li>• Human created environments</li>   <li>• Is the site tapu?</li>   <li>• Consent and information from landowner/local iwi</li> </ul>



Activity:

Instructors:  Date:

Group:  Location:

Risks (potential losses)

1	4
2	5
3	6

	Causal factors (lemons)	Risk reduction strategies
<b>People</b> skills, attitudes, age, fitness, ratios, experience, health etc		
<b>Equipment</b> clothing, shelter, transport, activity specific gear, safety gear etc		
<b>Environment</b> weather, terrain, water, season etc		

### **Critical incident management**

Emergency procedures to manage each identified risk      Emergency gear required

<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		
<b>6.</b>		

**National standards applicable**


**Policies and guidelines recommended (programme specific)**


**Minimum skills required by staff/volunteers**


**Final approval**

	<b>Accept</b>	<b>Reject</b>

**Comments**




**Outdoor Safety Action Plan**

Activity:

Date:

Teacher in charge:

Class level:

No. of staff:

No. of children:

No. of helpers:

Time of departure:

Location:

Approved by:

Time of return to school:

What could go wrong?	What would cause it to go wrong?	How could we prevent it from going wrong?	Whose responsibility is it?	When/where will it be done?	Emergency plan

Group members requiring special consideration		
Health:		
Behaviour:		
Other:		
<p><b>Pre-activity checklist</b></p> <p>Off site venue visited <input type="text"/></p> <p>Trip application approved <input type="text"/></p> <p>Permission slips returned <input type="text"/></p> <p>Medical records checked <input type="text"/></p> <p>SAP form to all teachers <input type="text"/></p>	<p><b>On the day</b></p> <p>Medication <input type="text"/></p> <p>First aid kit <input type="text"/></p> <p>Cell phone <input type="text"/></p> <p>Intentions left at office <input type="text"/></p> <p>Equipment checked <input type="text"/></p>	<p><b>Comments</b></p>

**On completion of the SAP, does the activity still provide the opportunity to meet your intended outcomes? Yes/No**



**Contracting Checklist**

*To be completed by the contracting agency  
(if there is more than one contractor, a form should be completed by each one)*

The following checklist is sent to you as an outside provider to assess the level of safety management expertise provided by your organisation.

Name of organisation	<input type="text"/>	
	<input type="text"/>	
Contact person	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
Phone and fax	<input type="text"/>	
Email	<input type="text"/>	
Length of time as contractor	<input type="text"/>	
Date	<input type="text"/>	
Please return this form by:	<input type="text"/> / <input type="text"/> / <input type="text"/>	to <input type="text"/>

Please complete the following:

	Yes	No
<ul style="list-style-type: none"> <li>Do you have selection standards for your staff? What are these?</li> </ul> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Do you have training standards for your staff? What are they?</li> </ul> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Do these standards comply with nationally accepted best practice standards?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Does your organisation regularly monitor compliance with these standards? How does it do this?</li> </ul> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Does your organisation have safety policies and guidelines for each activity, including vehicle use?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Are these documented?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>May our staff sight these safety guidelines?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>Your organisation's safety performance.</b>		
• Are records kept of incidents and accidents?	<input type="checkbox"/>	<input type="checkbox"/>
• Are logs kept of equipment use? (for example ropes)	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a safety management plan for each activity? (for example RAMS or SAP)	<input type="checkbox"/>	<input type="checkbox"/>
• Safety management plans (including emergency procedures) for all activities this school will be involved in are attached.	<input type="checkbox"/>	<input type="checkbox"/>
• Can you supply a list of instructors who will be used for our event, with their CVs and logbooks?	<input type="checkbox"/>	<input type="checkbox"/>
• Can you confirm that if personnel are changed for any reason, people of equal professional capability only will be used.	<input type="checkbox"/>	<input type="checkbox"/>

---

**Referees:**  
Please supply the names and contact details of two supporting referees that your organisation has supplied services for in the past.

**Referee one:**

Name:

Contact Details

**Referee two**

Name:

Contact details

The information supplied above is correct.

Signed:  Position:

Name:  Date:



This is an agreement between:

School:

and

Provider:

For provision of the following services:

The provider will take all practicable steps to ensure the health and safety of the school students and staff attending this event (Health and Safety in Employment Act 1992, Section 1.1., 1.2.1 and 1.2.2).

**Please tick all information you have attached**

**Provider responsibilities – provide the school with the following:**

- How the expected learning outcomes of the activity/ies will be met.
- A summary of experienced staff to student ratios required for each activity (that meet relevant best practice requirements).
- Student supervision policies that the school must comply with.
- Safety management plans and policies, for example RAMS and SAP for each activity.
- Staff profiles that include relevant qualifications/experience (see over).
- Details of facilities and equipment to be provided.
- A written quote for the equipment and services to be provided.
- A learning environment that is safe for the students and meets the stated educational outcomes.
- A list of equipment and clothing required by students for the activities.
- The preparation required by students to participate safely in the activities.

**School responsibilities – provide the provider with the following:**

- The intended learning outcomes that are based on the achievement objectives in the relevant curriculum areas.
- Opportunity to be involved in planning, implementation and evaluation stages of event.
- Name and contact numbers of the liaison person for this event.
- Adequate staff and supervisors to meet best practice requirements (see over).
- Details of facilities and equipment supplied by the school (if applicable).
- Health and behavioural profiles of the students involved in the event.
- Copy of student contract.
- Adequately prepared and equipped students (gear checked).
- Appropriate support for students with special needs.

**The school or provider reserves the right to withdraw any or all participants from the event if safety is compromised.**

Signed:  (School) Date:

Name:

Signed:  (Provider) Date:

Name:



Outside provider contract for services



Schools often find it necessary to employ extra staff for EOTC activities. This draft may be a starting point for that process. Schools will need to add clauses to cover matters relevant to their circumstances, for example, reimbursement for expenses, use of equipment, acknowledgment of school policy, termination of service etc.

Between [ ] the contractor

and [ ] the school

Contract start date [ ] Time [ ]

Contract finish date [ ] Time [ ]

Contractor's role: Services to be provided

The Contractor will provide the services set out in this schedule. The Contractor will provide those services to accepted best practice standards and as specified in the attached Code of Professional Practice (Appendix IV).

The Contractor will meet the requirements of the Health and Safety in Employment Act, 1992; be enthusiastic and promote the school when dealing with the public and the providers of service to the school.

Daily starting and finishing times are: start [ ] finish [ ]

A lunch break of 30 minutes will be provided each day. [ ]

This event requires student supervision and lunch to occur concurrently. [ ]

Payment

The school will pay the Contractor for [ ] hours at the rate of \$ [ ] incl GST per hour.

OR

The school will pay the Contractor the sum of \$ [ ] incl GST, upon receipt of an invoice.

Declaration

I declare that I do not have any convictions relating to dangerous driving, violent or sexual offending, and I agree to police vetting if required.

Signed by [ ] Date [ ]

Name [ ]



**EOTC event planning checklist**

*(Adapted from Thames South School)  
To be adapted to particular school and/or event requirements.*

**Have you?**

	Yes	No	N/A
1. Followed the approval process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identified your specific objectives and noted the learning outcomes you expect and any pre-event teaching required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Established a budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Had student costs approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Arranged for permission to pre-visit the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Pre-visited the site and checked the facilities? Booked the venue if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Collated a list of participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Worked out how many staff, parent helpers, or student leaders will be needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Met ratios set by the principal and EOTC coordinator and committee and are these consistent with best practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Found out what prior experience or knowledge the students will need to participate safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Arranged for and received written parental consent and health information from parents/caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Filed parental consent and health information forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Arranged for children to bring appropriate clothing and/or equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Raised funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Identified the time required for travel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Identified the time required for activities, tasks and experiences in the programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Carried out risk identification and safety management procedures (for example SAP, RAMS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parent and other volunteer helpers**

Make sure all helpers:

1. Have been checked out and vetted if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are aware of their responsibilities and what is expected of them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have a list of the children's names that they are directly responsible for and health information where appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have a copy of the event programme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are aware of the pick up, drop off points and times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have appropriate experience and skills for assigned tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have ready access to a first aid kit (ideally, each activity group should have their own first aid kit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Transport**

Are drivers required?

1. Do they comply with the school transport policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do they require a map or route to get to the destination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is public transport being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has it been booked and confirmed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are drivers aware of pick up and drop off points and times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you need to allow for transportation problems? For example, dense traffic, winter road conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
<b>Equipment</b>			
Have you:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Analysed students' medical information and collated lists for group leaders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Arranged a first aid kit for each group leader, plus individual medication where needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Established first aid and emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Obtained safety and emergency equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Arranged to take a cell phone, fully charged with spare battery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Familiarised yourself with emergency services in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Left route details and trip details with the school contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Outside contractors and instructors</b>			
Checking them out:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Has the Contracting Checklist (see sample form 14) and the Agreement between School and Outside Provider (see sample form 15) been completed and returned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the leaders trained and experienced in the activities they will be involved with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are they trained and experienced in outdoor first aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can they communicate in a manner appropriate to the students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are they familiar with the terrain and equipment to be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have their referees been contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were they recommended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Review and evaluation</b>			
1. Has a debrief been held with all staff, contractors and volunteers involved in the event, to discuss:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• accidents and incidents			
• improvements for future			
• what worked well, positive outcomes of the EOTC event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this been documented and filed with management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have the educational objectives and expected learning outcomes been assessed, achieved and communicated to families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a student participant evaluation been done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a trip log or report been put into the school newsletter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are any special projects or follow up activities being done to extend learning from the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



It is useful to compile a list of **applicable** emergency numbers prior to an EOTC event. Put copies with each cell phone taken and the land line telephone so they are accessible to all supervisors during the event.

Event location:  Date/s

**People in charge if an incident occurs:**

On site  At School   
 Phone  Phone

Emergency contact number	Name	Telephone
Emergency services		
Fire, Ambulance, Police Principal		111 School: Home: Mobile:
Board of trustees chairperson		Work: Home: Mobile:
School media spokesperson		School: Home: Mobile:
Nearest doctor – Medical centre		
Nearest hospital – Emergency department		
Nearest police station		
Community constable		
Department of Conservation		
Mountain radio service		
Nearest fire station		
Regional Council		
National Poisons Centre		
Camp manager		
Coast guard		
Civil Defence		
Rape Crisis		
Child, Youth, Family Service (CYFS)		
Animal Control		
Meteorological Service		
School Trustees Association		0800 STA HELP
OSH		
Group Special Education (Ministry of Education) Trauma help		
Surf club		

**Communication lines during a serious incident on an EOTC event:**

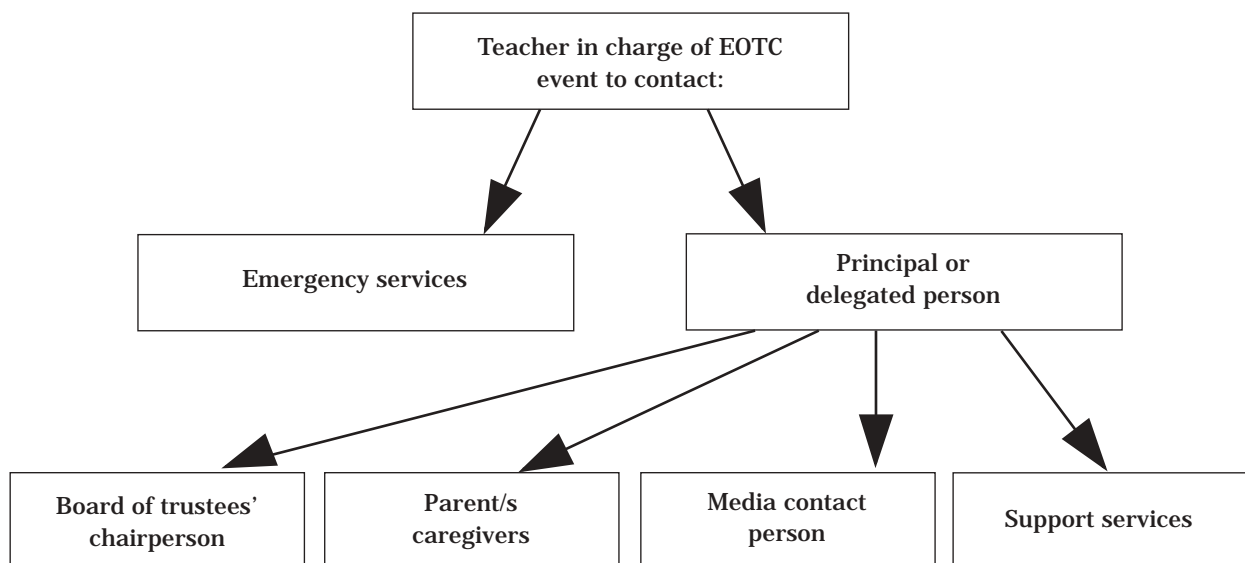
The teacher in charge of the EOTC event or other delegated person will:

- contact emergency services if necessary;
- as soon as practicable, phone the principal or other delegated person.

The principal (or other delegated person) will contact the:

- board of trustees chairperson;
- parents/caregivers of the student/s involved;
- school media contact person (if other than the principal);
- support services for victims and others that were present when the incident occurred (for example, victim support, counsellor/s, Group Special Education – Ministry of Education).

It is very important for a school to have this procedure clearly outlined.





**Incident report sheet**

*This sheet can also be used for OSH reports.*

Organisation:  Incident number:

Accident  or near accident  or incident

Injury  Death  Illness  Equipment Damage

Location:  Date:  Time of Day:

Days Lost? (Y/N)  How Many?  E = ended course participation

**Weather:**

Temperature  Clouds  Precipitation  Visibility  Wind

**Type of injury/illness:** (Indicate in the box with an "X")

- |  |                                   |   |                                    |                                     |
|--|-----------------------------------|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Abrasion        | <input type="checkbox"/> Fatigue  | <input type="checkbox"/> Cold injury      | <input type="checkbox"/> Asthma    | <input type="checkbox"/> Urinary    |
| <input type="checkbox"/> Burn            | <input type="checkbox"/> Puncture | <input type="checkbox"/> Hypothermia      | <input type="checkbox"/> Infection | <input type="checkbox"/> Fever/Flu  |
| <input type="checkbox"/> Concussion      | <input type="checkbox"/> Sprain   | <input type="checkbox"/> Hyperthermia     | <input type="checkbox"/> Allergy   | <input type="checkbox"/> Dermatitis |
| <input type="checkbox"/> Bruising        | <input type="checkbox"/> Strain   | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Cardiac   | <input type="checkbox"/> Other:     |
| <input type="checkbox"/> Laceration/Cuts | <input type="checkbox"/> Fatigue  | <input type="checkbox"/> Respiratory      | <input type="checkbox"/> Menstrual |                                     |

**Programme Type:**

**Activity being taken at the time** (Indicate in the grey box with an "X")

- |   |                                    |                                       |  |   |
|---|------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Camping        | <input type="checkbox"/> Abseiling | <input type="checkbox"/> Rafting      | <input type="checkbox"/> Caving          | <input type="checkbox"/> Other:<br>please specify |
| <input type="checkbox"/> Canoeing       | <input type="checkbox"/> Cooking   | <input type="checkbox"/> Ropes Course | <input type="checkbox"/> Skiing          |   |
| <input type="checkbox"/> Kayaking       | <input type="checkbox"/> Cycling   | <input type="checkbox"/> Initiatives  | <input type="checkbox"/> Solo            | _____   |
| <input type="checkbox"/> Rock Climbing  | <input type="checkbox"/> Tramping  | <input type="checkbox"/> Swimming     | <input type="checkbox"/> Vehicle         | _____   |
| <input type="checkbox"/> Mountaineering | <input type="checkbox"/> Running   | <input type="checkbox"/> Sailing      | <input type="checkbox"/> Service Project |   |

**Person in charge**

Name:

Age:  Gender (M/F):

**Person involved in incident**

Name:

Address:

Age:  Gender (M/F):  Phone/Contact No.

**Narrative:** (describe what you believe happened).

Date / Time	Event

**Privacy**

*Information collected on this form is for the purposes of:*

- identifying incident trends;
- informing safety management policy; and
- improving safety management procedures.

Details will be kept confidential to school management and Ministry staff responsible for EOTC. Schools and individuals will not be identified in any data analysis reports.





Person in charge:

<b>Event date/s</b>	<b>Start</b>	<b>Finish</b>
<b>Location</b>	<b>Town/city</b>	<b>Venue</b>
<b>Attendance numbers</b>	<b>Boys</b> <b>Girls</b>	<b>Age range</b>
<b>Staffing numbers</b>	<b>Teachers</b>	<b>Volunteers</b>
	<b>Contractors</b>	<b>Senior students</b>
<b>Accommodation numbers</b>	<b>Adults</b>	<b>Nights</b>
	<b>Students</b>	<b>Nights</b>
<b>Transport used</b>		
<b>Distance travelled</b>		
<b>Curriculum areas</b>	<b>Learning outcomes:</b>	<b>Achieved</b> <b>Yes      No</b>
<b>Costs</b>		

Item	Rating out of 10 1=low 10=high	Comment
1. Pre-event organisation		
2. Objectives met		
3. Travel arrangements		
4. Instruction		
5. Equipment		
6. Suitability of venue		
7. Accommodation		
8. Food		
9. Evening activities		
10. Other		

**Signed:**

**Date:**

**Name**