

# TRANSPORT RISK ASSESSMENT (OTHER THAN AS PART OF AN EXCURSION)

KATH DICKSON FAMILY DAY CARE METROPOLITAN AND EAST COAST SERVICES | 1300 336 345

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|--|--|
| Educator Name  |  |
| Activity<br>Eg collecting children from school   |  |
| Start Date:  | End Date:  |
| Pickup location and destinations<br>Include each location travelled to or from<br>E.g. each child's home address or each school                            |  |
| Estimated time of travel between the different locations<br>E.g. Departing the service, arriving at children's homes or schools and arrival at the service |  |
| Means of transport   |  |
| Total number of children being transported   |  |
| Have requirements for seatbelts or child restraints been met for each child?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| The number of educators / responsible adults, appropriate to provide supervision, and whether any adults with specialised skills are required.             |  |
| Full names and contact number of each adult involved in the transportation of children   |  |
| Educator to child ratio, including whether this excursion warrants a higher ratio. If yes, detail in the risk assessment table below.                      |  |
| Any water hazards on proposed route travelled and at each stop?<br>E.g. Bridge, causeway, risk of flooding, beach, lake, dam                               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Comment:                 |
| Proposed route – please attach a map or written description of the route   |  |

Describe the process for entering and exiting the service premises and the pick-up location or destinations (as required); (include how each child is accounted for):

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Describe the process for embarking and disembarking the vehicle at the pickup location or destination, including how each child is to be accounted for on embarking and disembarking

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**TRANSPORTATION CHECKLIST**

The following items to be readily available when transporting children– please tick

- |   |
|---|
| <input type="checkbox"/> First Aid Kit  |
| <input type="checkbox"/> Contact information for each child   |
| <input type="checkbox"/> List of children involved  |
| <input type="checkbox"/> List of adults involved in transport   |
| <input type="checkbox"/> Contact information for each adult   |
| <input type="checkbox"/> Mobile phone/ other means of communicating with the service and emergency services |
| <input type="checkbox"/> Medication, health plans, and risk assessment for individual children              |
| <input type="checkbox"/> Other items specific to the excursion - please list below                          |
| <input type="checkbox"/>  |
| <input type="checkbox"/>  |
| <input type="checkbox"/>  |

| Risk Matrix  |               |          |          |          |          |                |
|--------------|---------------|----------|----------|----------|----------|----------------|
| Consequences | Likelihood    |          |          |          |          |                |
|              |               | Rare     | Unlikely | Possible | Likely   | Almost Certain |
|              | Major         | Moderate | High     | High     | Critical | Critical       |
|              | Significant   | Moderate | Moderate | High     | High     | Critical       |
|              | Moderate      | Low      | Moderate | Moderate | High     | High           |
|              | Minor         | Very low | Low      | Moderate | Moderate | Moderate       |
|              | Insignificant | Very low | Very low | Low      | Moderate | Moderate       |

Use the table below to identify and assess risks to the safety, health or wellbeing of children being transported, and specify how these risks will be managed and minimised (regulation 102C(1)).

| Risk assessment |                                 |                              |  |     |      |
|-----------------|---------------------------------|------------------------------|--|-----|------|
| Activity        | Hazard identified               | Risk assessment (use matrix) | Elimination/control measures   | Who | When |
|                 | Transport in a personal vehicle |                              | Ensure children are securely restrained in car seats or seatbelts for the return journey |     |      |
|                 |                                 |                              |  |     |      |
|                 |                                 |                              |  |     |      |
|                 |                                 |                              |  |     |      |

Risk assessment

| Activity | Hazard identified | Risk assessment (use matrix) | Elimination/control measures | Who | When |
|----------|-------------------|------------------------------|------------------------------|-----|------|
|          |                   |                              |                              |     |      |
|          |                   |                              |                              |     |      |
|          |                   |                              |                              |     |      |

Risk assessment

| Activity | Hazard identified | Risk assessment (use matrix) | Elimination/control measures | Who | When |
|----------|-------------------|------------------------------|------------------------------|-----|------|
|          |                   |                              |                              |     |      |
|          |                   |                              |                              |     |      |
|          |                   |                              |                              |     |      |

Risk assessment

| Activity | Hazard identified | Risk assessment (use matrix) | Elimination/control measures | Who | When |
|----------|-------------------|------------------------------|------------------------------|-----|------|
|          |                   |                              |                              |     |      |
|          |                   |                              |                              |     |      |
|          |                   |                              |                              |     |      |

PLAN AND REVIEW

|  |  |
|--|--|
| Full Name:                                       |  |
| Date:  |  |
| Signature  |  |
| Prepared in consultation with                    |  |
| Name:  |  |
| Signature  |  |
| Role/ Position                                   |  |
| Vehicle Safety information reviewed and attached | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Risk assessment to be evaluated and reviewed on: |  |

A risk assessment must be undertaken prior to an excursion being undertaken (and before seeking authorisation for that excursion to be undertaken). If the excursion is a 'regular outing'\*, a risk assessment must be undertaken *at least* annually.