  

**Student Activity**

**Foreign / Domestic Trip**

**Plan and Risk Assessment**

|  |  |
| --- | --- |
| Name of Task / activity / Event |  |
| Society / Club / Group |  |
| Locations Travelled to |  |
| Date |  |
| Start Time |  |
| End Time |  |
| Safety Contact for trip |  |
| Safety Contact Number |  |

|  |
| --- |
| **Part A – Journey / travel / Event Details** |
| Name of Activity: | specific location(s) Travelled to: |
| ADDRESS AND EIRCODE/POSTCODE OF DESTINATIONS: |
| DETAILED ITINERARY OF TRIP: |
| Purpose of the TRIP: |
| Expected number of TRAVELLING PARTY: |
| Other Clubs/Societies attending: |
| Methods of transport to be used (TICK ALL THAT APPLY):AIRPLANE [ ]  Train [ ]  PUBLIC BUS [ ]  PRIVATE BUS [ ]  TAXI [ ]  PRIVATE CAR [ ]  OTHER [ ]  |
| TRANSPORT COMPANY USED and number of vehicles: |
| DURATION OF TRANSPORT (FOR BUSES ENSURE APPROVED BUS COMPANY USED): |
| IS transport DEparting or arriving to UCC? (IF YES, THIS PLAN AND RISK ASSESSMENT MUST BE FORWARDED TO UCC BUILDING & ESTATES) |
| IF YES TO ABOVE, HOW ARE ATTENDEES MARSHALLED / KEPT SAFE BEFORE COLLECTION AND AFTER DROP-OFF (IDENTIFICATION AND NUMBER OF MARSHALS) |
| Availability and standards of transportation are acceptable (i.e. equivalent to IRISH standards) and understood to the traveller, and any perceived unsafe transport methods will not be used |

|  |
| --- |
| **Part B – Event Organisers (ADD AS REQUIRED)** |
| Role | Name | Contact Details |
| TRIP Manager / Coordinator |  |  |
| TRIP Safety coordinator (Person responsible for safety) |  |  |
| Other committee members / organisers |  |  |
| Other committee members / organisers |  |  |
| Other committee members / organisers |  |  |
| **PART C – Personnel TRAVELLING (ADD AS REQUIRED)** |
| Name | STUDENT NUMBER |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Part D – Weather & ACCOMODATION** |
| contingency plan in event of weather / other unforseen distruptions: |
| DETAILS OF ACCOMODATION: (ADDRESSES / WEBSITE FOR ACCOMODATION / DURATION OF STAY): |
| HOW ARE ROOMS ALLOCATED? |
| **Part E – INTERNATIONAL TRIPS ONLY** |
| Any travel to countries with MAJOR SECURITY / public health issues, pandemics or outbreaks of infectious diseases with relevance to human health? (<https://www.dfa.ie/travel/travel-advice/a-z-list-of-countries/>)  |
| Confirm no significant events (e.g. civil unrest, strikes, riots, political demonstrations, upcoming elections, etc.) due to take place during the period of travel |
| ARe vacinations required, and if so what arrangements are in place to ensure these are undertaken before departure? (CONSULT UCC STUDENT HEALTH DEPARTMENT) |
| Is long haul air flights > 4 hours involved or multiple flights within a relatively short periods involved or lengthy car, train or boat journeys with staff seated and immobile for lengthy periods? |
| Embassy numbers for each country if foreign trip: |
| Are copies of travel documentation separate from originals being stored |
| Embassy numbers for each country if foreign trip: |
| Are copies of travel documentation separate from originals being stored |
| has there been Consideration for hygiene standards such as sanity of drinking water and food vendors (e.g. only drink bottled water) |
| Is there sufficient local currency for duration of stay and toallow for contingencies and can debit/credit cards be accepted in the countries travelled to |
| Is there Confirmed mobile phone reception available in the country(ies)/region(s) to be visited? |
| **Part F – Emergency Procedures & Welfare Requirements** |
| Method for recording medical information & EMERGENCY CONTACT(S) of travelling group (IF APPLICABLE): |
| First-Aid Facilities being brought on trip / at locations: |
| Name of First Aider(S) travelling: | Phone: |
| First-Aid Box Location: |
| Emergency Numbers (EMERGENCY NUMBER IN COUNTRY BEING TRAVELLED TO e.g. 999): |
| Address and phone number of nearest Emergency department to locations being travelled to: |
| Are there known or pre-existing medical conditions which have the potential to affect or impact the traveller’s ability and fitness to travel / TRAvellers traveling against medical advice? |

In the event of a medical emergency abroad, you must contact AIG Lifeline Plus Assist 24 hour emergency helpline, quoting our travel policy number which is: PAE61285

Telephone: 0044 1243 621 053.

|  |
| --- |
| **Part G – RISK MATRIX** |
| Once the risks are identified and the existing controls are input, the risk needs to be assessed using the UCC Student Activity risk matrix:Likelihood This is a measure of how likely the risk described is to occur. When people are working safely there is less chance that an accident will occur.

|  |  |  |
| --- | --- | --- |
| **RATING** | **SCORE** | **likelihood** |
| Almost Certain | 5 | Expected to occur or a common occurrence |
| Likely | 4 | Will probably occur in most circumstances |
| Possible | 3 | Might occur at some point |
| Unlikely | 2 | Small chance of occurring at some point |
| Rare | 1 | Only in exceptional circumstance |

Likelihood will be influenced by the number of people on trip, and the steps already in place to prevent occurrence.ImpactImpact is a measure of how serious an injury or health effect could be, as a consequence of unsafe working or of an accident.

|  |  |  |
| --- | --- | --- |
| **RATING** | **SCORE** | **Consequence** |
| Severe | 5 | Fatality or multiple fatalities |
| Major | 4 | Major Injury, resulting in disability |
| Moderate | 3 | Injury Requires, Doctor's or Hospital attendance |
| Minor | 2 | Minor Injury, First Aid required |
| Insignificant | 1 | Minor Injury, First Aid not required |

The severity can be influenced by the following: the environment, the number of people at risk, and the steps already taken to control the hazardRisk ProfileWhen the impact and likelihood are determined – the matrix below can be used to determine the risk profile. The likelihood figure multiplied by the impact figure results in the risk profile.E.g. It is unlikely (2) that a major (4) event may occur = 2x4 = 8Results in a medium risk profile.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Further ActionsOnce the risk profile is determined the table below can be used to define how the risks identified and assessed are to be managed going forward.

|  |  |  |  |
| --- | --- | --- | --- |
| **Level of Risk** | **Level of Concern** | **Management** | **Other Actions Required** |
| **RED: High** | An AMBER- high risk is unacceptable. | Societies / Sport Office & Health and Safety Officer for Student Activity consideration is required and a detailed mitigation plan must be developed and reviewedActivity cannot proceed until risk is reduced. | Report to the Societies / Sport / relevant Office & Health and Safety Officer for Student Activity |
| **YELLOW: Medium** | A YELLOW- medium risk is tolerable if additional actions / mitigation is put in place prior to commencement of event. | A mitigation / action plan must be developed, implemented and monitored locally.Existing controls, consequences and likelihood do not substantially change. | Organising Committee to ensure mitigation / actions are developed and put in place prior to event |
| **GREEN: Low** | GREEN-low risks are tolerable.Manage by well established, routine processes and procedures and be mindful of changes to the nature of the risks | Review every 6 months or as and when a change occurs. | Monitor and reduce risk further if possible |

 |

 |

| **Part H – Risk Assessment** |
| --- |
| **Activity / area covered** **(e.g. weekly meetings)** |  | **Persons at risk****(society members / staff / members of the public, etc)** |  | **Location of Event** |  |
| **Hazard**(Anything with the potential to cause injury or ill health) | **Risk / consequence**(How someone will be harmed by the hazard) | **Current Controls**(measures in place to remove the hazards, or reduce the risk of them causing harm to as low a level as possible) | **Assessment of Risk** | **Further Actions Required** (additional controls needed to reduce risk to as low as possible)* **Detail date to be completed by and person responsible**
 |
| **Impact** | **Likelihood** | **Risk Rating (Impact x Likelihood)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Part I – COMMUNICATION AND DECLARATION** |
| **Communication**USE CHECKBOX TO CONFIRM YOU Have informed:H&S officer [ ]  sports Office (If applicable) [ ]  societies Office (If applicable) [ ]  BUILDING AND ESTATes Office (If applicable) [ ]  |
| **Declaration**All Activity will be undertaken In full accordance with safety procedures specified in the Relevant health and safety policies, safety statement and the specific risk assessment FOR TRIP.In the case of foreign trips, a safety pack will be prepared and distributed to all of travelling party.All incidents will be reported to the health and safety officer for student activity and the relevant office. |
| Prepared By |
| Name | SIGNED | Role | Date |