# **Step 1 – To be completed by Supervisor/Activity Organiser**

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| **OFF-CAMPUS ACTIVITY ORGANISER/ Supervisor DETAILS** | | | |
| Name: |  | Role: |  |
| Email: |  | Phone: |  |
| **UNIVERSITY CONTACT PERSON (someone in your area who is aware of the plan and who you will call in to e.g supervisor or Head of School, this person is NOT attending the off campus activity)** | | | |
| Name: |  | Role: |  |
| Email: |  | Phone: |  |

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| **GENERAL ACTIVITY DETAILS** | | | | |
| Destination |  | | | |
| Description of activity: |  | | | |
| Departure Date: |  | | Departure Time: |  |
| Return Date: |  | | Return Time: |  |
| Category and number of attendees:  *Recommended staff:student ratio:*   * *Low risk: 1:15* * *Medium risk: 1:10* * *High or Very High risk: 1:5* | | **Staff**  University Staff: …….  Volunteers: …….  Total Staff: ……. | | **Students**  Undergrad: …….  Postgrad: …….  Total Students……. |
| Total attendees: | |  | | |
| Staff : Student Ratio | | **\_1\_:\_\_\_\_\_\_** | | |
| Will the majority of attendees be under 18 of age at the time of the activity? | | Yes(activity leader will need to have DCSI screening clearance and the  activity will require authorisation from the Head of School / Branch)No | | |

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| **EMERGENCY PLANNING** | | |
| First Aid Kit (if required) | Location of nearest Doctor’s Surgery/Hospital: |  |
| **First Aider Contact Details** (recommended first aider : attendants ratio: 1:50 for low risk / non-remote; 1:10 for high risk / remote) | | |
| Name: | Contact Number | |
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| **COMMUNICATION (IN ADDITION TO A CHARGED MOBILE PHONE AND CHARGER)** | | | |
| ***Note:*** *If the activity is in a location that does not have reliable mobile phone coverage, then it is a requirement for SET Faculty to have at least two other forms of communication, for regular check-in as well as communication in the event that emergency assistance is required* | | |
| **Item** | Required | Notes |
| **Satellite Phone** (Used for regular check-in as well as communication in the event that emergency assistance is required) |  | Recommended if the area that does not have reliable mobile phone coverage |
| **Satellite SPOT\* GPS device** (for regular check-in as well as communication in the event that emergency assistance is required) |  | Recommended if the area that does not have reliable mobile phone coverage  **\* SPOT,** a 2 way satellite messenger device, with regular check-in capability, text messaging and SOS. |
| **UHF Handheld Radio** (Used for communication within the group undertaking the activity) |  |  |
| Other: |  |  |
| Staff/students trained in the use of communications equipment (Satellite phone/ UHF Radio) | | | |
| **Communication, first aid and contingency planning needs must be considered for each off campus activity, such as what communication tools are needed and what methods used to communicate, how first aid/ medical assistance can be accessed in an emergency and other emergency scenarios.**  **SET Faculty has defined remote activities that these considerations specifically apply to including but not limited to activities that;**   **take place in an area that does not have reliable mobile phone coverage,**   **more than 5km from a frequently used road, dwelling or other facility with radio or telephone**  **communication; or**   **off-road areas including waterways, estuarine and oceanic locations where traffic is infrequent or where topography would make it difficult to summon assistance in an emergency; or**   **where it takes more than one hour on foot to reach medical or emergency support (not including first**  **aiders).**  **If unsure please discuss with your Supervisor / seek advice from the HSW Team as necessary.** | | | |

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| **ITINERARY** | | | |
| **DESTINATION AND MEETING POINT** | **DATES AT SITE** | **UNI & SITE CONTACT DETAILS** | |
| 1. |  | Uni Contact  (name & no.): |  |
| Site Contact  (name & no.): |  |
| 2. |  | Uni Contact  (name & no.): |  |
| Site Contact  (name & no.): |  |
| 3. |  | Uni Contact  (name & no.): |  |
| Site Contact  (name & no.): |  |
| 4. |  | Uni Contact  (name & no.): |  |
| Site Contact  (name & no.): |  |
| *If additional rows are required, please attach separate sheet* | | | |

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| **MAP SHOWING ACTIVITY LOCATION AND PROPOSED ROUTE** |
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| **Transportation** | | | | |
| Walking to the site | Public Transportation | | | |
| Hire Bus/Vehicle/trailer | Hire Company: |  | | |
| University Vehicle | Private Vehicle (only allowed with special conditions – refer to section 5 of <http://www.adelaide.edu.au/policies/3823/?dsn=policy.document;field=data;id=7425;m=view>) | | | |
| Vehicle Type: |  | | Registration number (if known) |  |
| Current driver’s licence (if vehicles to be driven) | | | | |
| 4WD training (if 4WD to be used) – available through private providers | | | | |
| If travelling long distance, provisions are in place to allow for adequate rest/stopping overnight/including another driver. | | | | |
| Vehicles have first aid kit, fire extinguisher and suitable tools for the type of journey  (e.g. jack, pump, shovel, wheel brace, spare tyre etc) | | | | |

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| **CALL IN PROCEDURE** | | |
| **Activity Contact Person** (the remote person who will initiate the call in) |  | Ph: |
| **Alternative Contact Person** (e.g. motel, park ranger, other offsite contact etc.) |  | Ph: |
| **University Contact Person** (the person who will receive the call in) |  | Ph: |
| **Alternative University Contact Person** |  | Ph: |
| **Communication Methods:** Specify the exact method of how the communication will be made, e.g. Telephone 8123-4567, SMS 0412345678, Facebook messenger johnsmith123, WhatsApp message 0412345678 etc  **Those checking in must continue to check in until they receive an acknowledgement from the Contact Person they are calling in with.** | | |
| Primary communication method and number (phone is preferred) |  | |
| Alternative communication method and details |  | |
| Time of day to make communication |  | |
| How often to make communication | Mon / Tues / Wed / Thurs / Fri / Sat / Sun / Every day | |
| Additional communication times: (e.g. Before leaving for return leg of journey, upon safe arrival back at work / home, etc) | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

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| **MISSED CALL IN PROCEDURE** |
| **If Activity Contact has not called the University Contact Person at the nominated time:**   1. After 10 minutes: **University Contact Person** tries to call Activity Contact 2. After 20 minutes: Either of the **Primary Contacts** attempts to contact the other via alternative communication methods 3. After 30 minutes: Either party tries to contact the **Alternative Contact persons** and continues to attempt until the 4. After 60 minutes: If no contact has been made, contact **Head of School** and **Security** and provide the following information:  * Field trip duration and location * Total number of people on the activity * Contact details of the **Activity Contact Person** * Contact details of the **Activity Organiser** and **University Contact Person**   Advice can be sought from University Security regarding necessary organisations (e.g. local police, State Emergency Services etc) and key University contact personnel so a response can be actioned. |

A copy of this document should be with all those who are part of the process, original is with the activity supervisor.