

## Queensland Representative School Sport

## Risk Assessment Form

## Part 1 - Confirmation of annual training completion:

QRSS Induction including concussion (state and non-state staff):	Completed <input type="checkbox"/>
DoE MAST (Mandatory All Staff Training):	Completed <input type="checkbox"/>
Student Protection Training (state and non-state staff):	Completed <input checked="" type="checkbox"/>
First Aid:	Completed <input type="checkbox"/>

## Activity Scope

QRSS Official Name: B D SSS QRSS Team/Age Group: Yr 7 - 10 girls

Activity description: volley ball interschool competition

Start date: 14.2.24 Finish date: \_\_\_\_\_ No. of students (approx.): 160  
Supervision ratio (approx.): 1:8

## Minimum supervision

Adequate adult supervision is to be provided at all times. In determining what is adequate, consider the number of students, their individual needs, and the nature of the activity.

If an adult other than a registered teacher is engaged for instruction, a teacher must be present to take overall responsibility. **Blue card** requirements **must** be adhered to.

## QRSS Team / Event Officials

(List the names of those who were involved in the preparation of this risk assessment.)

Official's Name	Role	Date
<u>Michael Reid</u>	<u>Convenor</u>	<u>27.2.24</u>

## Approval (To be submitted to appropriate QRSS officer as outlined in the handbook)

<input checked="" type="checkbox"/>	Official - I have read the Risk Assessment handbook, understand the requirements and have fulfilled my responsibilities. I am aware that I need to check the CARA guidelines to ensure the most recent updates by the Department are considered.	Signature: <u>[Signature]</u>	Date: <u>27.2.24</u>
<input checked="" type="checkbox"/>	Approved and submitted by DC/RSSO into the Risk Register	Signature: <u>[Signature]</u>	Date: <u>27.02.24</u>
<input type="checkbox"/>	Responsible Officer* approval for high risk and extreme activities (if required)	Signature: _____	Date: _____
<input type="checkbox"/>	QRSS Sport Officer (if required)	Signature: _____	Date: _____
		Register number: _____	

\*Includes RSSO, Principal, Deputy Principal, Head of Department, Committee Chair

## Monitor and review to be completed during and/or after the activity and/or at the completion of the series of activities.

	Yes	No
Are the control measures still effective?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have there been any changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are further actions required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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**Part 2 - Risk Assessment**

Officials in charge of a QRSS trial/event at any level of competition should:

- Identify potential hazards
- Assess their significance
- Manage the potential risks through the identified control measures according to the guidelines in the Risk Assessment handbook

Item for Consideration	Select your role	Assessment		Hazard	Control Measures
		<ul style="list-style-type: none"> <li>• Tick Not Applicable if not relevant</li> <li>• Tick Planning/Control Measures where requirements comply</li> </ul>		<ul style="list-style-type: none"> <li>• List identified hazards and control measures</li> </ul>	
Blue cards (non-DoE staff working with students)	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input checked="" type="checkbox"/> Convenor	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Planning / Control Measures according to handbook		Current Blue Card
Reporting student injury / concussion	<input checked="" type="checkbox"/> Manager <input checked="" type="checkbox"/> Coach <input checked="" type="checkbox"/> Convenor	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Planning / Control Measures according to handbook	Injury during game	Contact parent through coaches
Storage and sharing of student information (medical details, media consent, emergency contact)	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Convenor	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Planning / Control Measures according to handbook		
Communication - QRSS Team and Event Officials (briefing on facilities, playing conditions, location, student needs, emergency action plans)	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input checked="" type="checkbox"/> Convenor	<input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Planning / Control Measures according to handbook		
Emergency action plans	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input checked="" type="checkbox"/> Convenor	<input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Planning / Control Measures according to handbook		
Athlete special needs / inclusion / disability	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Convenor	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Planning / Control Measures according to handbook		
Venue – surface, boundary/surrounds, facilities, trip hazards, entry/exit points	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input checked="" type="checkbox"/> Convenor	<input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Planning / Control Measures according to handbook	water on court	warn & cancel if necessary
Equipment – objects, faults, nets, boards, vehicles, umpire stands etc	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input checked="" type="checkbox"/> Convenor	<input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Planning / Control Measures according to handbook	Pads not set up properly	inspect before each game
Playing conditions / weather	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input checked="" type="checkbox"/> Convenor	<input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Planning / Control Measures according to handbook		
Sun safety	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Convenor	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Planning / Control Measures according to handbook		
Hydration	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input checked="" type="checkbox"/> Convenor	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Planning / Control Measures according to handbook		
Other (eg. transport and accommodation)	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Convenor	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Planning / Control Measures according to handbook		

