

EMR Snorkelling SOP – Pre snorkel operation risk assessment form

EMR weather assessment (completed at least 3 hours prior to the planned activity start time).

Forecast notes: (use internet search such as met service and swell maps appropriate for your site to determine information on wind direction, wind speed, rain, tide, temperature, visibility and swell)

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Weather assessment decision (circle one) Proceed or Delay or Relocate

Water quality assessment (for brackish waters, waters proximate to sewage and run-off inlets, at places of animal access and at populated beaches or city ports)

Water quality assessment decision (circle one) NA or Proceed or Delay or Relocate

Once on site. This form must be completed at the start of any guided snorkel operation. Notes within the grid are there for guidance only. Use your judgement very carefully, be conservative and allow for specific local conditions. Threat each column separately and feel free to add your own notes. Tick your score in each column and then add your score up.

Site name:Date:

Name of school/group:

Score	Age	Experience of supervisors and/or volunteers	Environment (marine life, tidal movement)	Weather (variable on the day)
1	Adult group	Majority of parents experienced water people (free divers etc.)	Safe entry No current	
2	13 - 18			Wind coming from suitable direction for the snorkel site
3	11 - 12			Visibility
4	9 - 10		Wrong tide for site	
5	7 – 8	Never met the adult supervisors	Oysters	
6	5 – 6	Non-experienced snorkelers	Strong current	Swell and wind direction unfavourable
Score				

Total score (all 4 columns from previous page):

Notes:

low risk – 9 Conditions suitable	4	Medium Risk – 17	10	High Risk – 22 Hazards beyond the experience of the group. Consider and document additional procedures	18	Unacceptable Risk 23 + Hazards beyond the experience of the group. Alternative location should be assessed.
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Check cell phone reception YES NO PATCY (if no discuss closest reception point or alternative communication options)

Any additional hazards not on Site Specific RAMs form? Refer to hazard ID (EMR SOP Manual)

Management of Area Specific Hazards (M.A.S.H)

Area specific significant hazard	Management/control	Eliminate or Minimise

Once participants arrive:

Total number of

Students.....Teachers.....Parents/schoolhelpers.....

EMR volunteers.....EMR coordinators.....

(for head count in the event of an emergency)

☛ Medical conditions and swimming ability must be discussed and documented below;

☛ Teacher declaration needs to be signed on the back of this form;

☛ Adult participants and supervisors forms complete.

Procedures to be activated (if applicable but not limited to)

☛ Increased supervision

☛ Boundary restrictions

☛ limiting extent of participation (50 m distance rule reduced)

☛ Extended briefing for supervising adults - site specific and/or dynamic hazard management

☛ Provide specialised equipment such as personal floatation device (snorkel vest)

☛ In some cases withdrawal from activity if safety is compromised

Medical condition and swimming ability management notes: (epilepsy, diabetes, asthma, heart condition, allergy (including a reaction to seawater), seizures of any type for example)

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Is there an 'action plan for anaphylaxis' if anaphylaxis condition identified?

Have any of the participants/students had a reaction to seawater?

Teacher/group leader medical, supervision declaration and risk acknowledgment

As the school teacher in charge/representative on the day responsible for the schools Health & Safety, I confirm that I have collected the relevant consent forms for the students to participate in the snorkelling activity today. I can confirm that I have disclosed any medical conditions/swimming ability issues to the EMR leader and discussed the management of any of these conditions and that all students/group are in my opinion fit to participate. I can also confirm that the adults and volunteers that the school has provided are suitable to the best of my knowledge for the in water supervision role (*The role of 'supervisors' is to assist and supervise the student's in-water and are expected to be confident swimmers, fit, healthy and free from the influence of drugs or alcohol*)

Risk disclosure statement

I hereby acknowledge the risks associated with snorkelling. I fully understand and have read the potential risks and risk reduction strategies identified in the Site Specific RAMS provided by EMR for the snorkelling activity.

Name of school/group: Date:

Name of school H & S representative:
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Signature:
.....

Safety briefing record (please tick):

- Participant briefing complete
- Separate briefing for 'supervising' adults and 'shore observer' role's complete
- Incorporated Management of Area Specific Hazards

Name of EMR snorkel leader:
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Signature:
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Volunteer hours

Hours contributed by EMR volunteer staff.....

Hours contributed by school helpers/casual volunteers

EMR snorkel leader post activity review notes:

What went well?

What went wrong?

Ideas for improvements?

Any incidents or free lessons to report?

Any new hazards to report?